20323

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION, APPELLATE PANEL

Derrick L. Williams, Commissioner
Susan S. Barden, Commissioner
Avery B. Wilkerson, Jr., Commissioner

WCC File No. 0822094
Appellate Case No. 2012-213196

Thomas Karabees, Jr., Employee .....Respondent,

v.

State Board for Tech. & Comp. Education, Employer, and State Accident Fund.....Appellants.

RECORD ON APPEAL
VOLUME 1

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APPELLATE PANEL

DECISION AND ORDER

OF

THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 0822094

Thomas Karabees, Jr.,	EMPLOYEE CLAIMANT/RESPONDENT,
-V-	
State Board for Tech. & Comp. Education,	EMPLOYER, and
State Accident Fund,	DEFENDANTS/APPELLANTS.

Appellate Panel Review held in Columbia, South Carolina on July 17, 2012 per notices timely and properly served on all parties of interest.

Appellate Panel Decision and Order filed

9/10, 2012

Claimant/Respondent represented by Thomas M. White, Esquire of Goose Creek, South Carolina

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

STATEMENT OF THE CASE

The parties were heard by Commissioner T. Scott Beck on January 4, 2012 in North Charleston, SC. On March 8, 2012 he issued the following Order:

> Based upon the above Findings of Fact and Conclusions of Law, it is, therefore,
>
> ORDERED, ADJUDGED AND DECREED that the Claimant has a compensable injury to his left shoulder, neck and back and has reached maximum medical improvement as of March 8, 2011; and
>
> IT IS FURTHER ORDERED that the Claimant is permanently and totally disabled as a result of his on the job injuries; and
>
> IT IS FURTHER ORDERED that the Claimant is entitled to lifetime causally related medical care.
>
> AND IT IS SO ORDERED!

Within the statutory period, counsel for the Defendants timely filed a Request for Commission Review (Form 30) setting forth grounds for appeal, copies of which were furnished to all interested parties, prior to oral argument presented before the Appellate Panel on July 17, 2012. All proper testimony has been taken. Such, together with all documentary evidence, has been delivered by oral argument to the individual members of the Full Commission and has since been under study and consideration. By appeal, Defendants respectfully submit the following:

I. **WHETHER THE SINGLE COMMISSIONER ERRED IN FINDING OF FACT #3 AS IT IS NOT SUPPORTED BY SUBSTANTIAL EVIDENCE.**

II. WHETHER THE SINGLE COMMISSIONER ERRED IN FINDING OF FACT #4 AS IT IS NOT SUPPORTRED BY SUBSTANTIAL EVIDENCE.

III. WHETHER THE SINGLE COMMISSIONER ERRED IN FINDING OF FACT #5 AS IT IS NOT SUPPORTED BY SUBSTANTIAL EVIDENCE.

IV. WHETHER THE SINGLE COMMISSIONER ERRED IN FINDING OF FACT #6 AS IT IS NOT SUPPORTED BY SUBSTANTIAL EVIDENCE.

V. WHETHER THE SINGLE COMMISSIONER ERRED IN FINDING OF FACT #7 AS IT IS NOT SUPPORTED BY SUBSTANTIAL EVIDENCE.

VI. WHETHER THE SINGLE COMMISSIONER ERRED IN ORDERING TT BENEFITS FROM 11/3/09 CONTINUING AS IT IS NOT SUPPORTED BY SUBSTANTIAL EVIDENCE.

In an appellate review, the Panel shall, pursuant to S.C. Code Ann. §42-17-50 (1985), review the Award, weigh the evidence as presented at the initial Hearing and, if good grounds be shown therefore, make its own Findings of Fact and reach its own Conclusions of Law consistent with or inconsistent with those of the Hearing Commissioner. After careful review in the instant case, the Commission, by unanimous vote, has determined all of the Hearing Commissioner's Findings of Face and Conclusions of Law are correct as stated. The Order is sustained in it's entirety.

FINDINGS OF FACT

1. The parties to the proceedings are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act. This finding is based upon the stipulations and admissions of the parties.

2. The Claimant's applicable compensation rate is the sum of $661.29 based upon an average weekly wage of $1,225.64.

3. The Claimant has had multiple injuries and continues to treat with Dr. Nolan. The Claimant has reached maximum medical improvement as of March 8, 2011.

4. The Claimant has suffered from multiple sclerosis since 2001 but he worked full-time until he went out of work due to his injuries and at no time was he taken out of work by a doctor due to his multiple sclerosis and missed no time from his job prior to his injury because of his multiple sclerosis.

5. The fact that the Claimant was already on Social Security Disability based on his multiple sclerosis is not dispositive in this matter as there is direct medical testimony to the contrary and this testimony is from the Claimant's authorized treating pain management physician.

6. Claimant's last visit with Dr. Lucas prior to his injury was on September 18, 2008. At that time, Dr. Lucas found, "He generally is doing fairly good". He suggested a follow-up in six months.

7. The Claimant has an extensive educational background to include a Master's Degree.

8. Claimant suffered a rotator cuff tear to his shoulder which was repaired by surgery on January 20, 2009. The Claimant was released on May 13, 2009 for his shoulder with an 8% rating to the upper extremity which converts to a 13.3% shoulder rating.

9. Claimant suffered a C5-6 disc protrusion and degenerative disc disease at L5-S1 and was determined not to be a surgical candidate.

10. Dr. Nolan, the authorized treating physician, assigned a combined impairment rating for the lumbar/cervical spine at 15% to the whole person.

11. Dr. Nolan, the authorized treating physician, indicated Claimant could not work due to his work injuries and this finding is supported by the vocational expert's report of September 16, 2011. Claimant is permanently and totally disabled.

12. Claimant is entitled to lifetime causally related medical care.

RULINGS OF LAW

Accordingly, as provided by §42-17-40 S.C. Code Ann., it is the determination and finding of these Commissioners:

1. Pursuant to §42-1-130 and §42-1-140, at the time of the accident the Claimant and Defendant/Employer were covered parties under the provisions of the South Carolina Workers' Compensation Act.

2. Under §42-1-160, the Claimant suffered a compensable injury by accident arising out of and in the course and scope of his employment.

3. Pursuant to §42-15-60, the Defendants are responsible for payment to the providers for medical expenses incurred by the Claimant for treatment of his on the job injuries and entitled to lifetime causally related medical care.

4. Pursuant to §42-9-10, the Claimant is permanently and totally disabled.

ORDER

Based upon the above Findings of Fact and Conclusions of Law, it is, therefore,

ORDERED, ADJUDGED AND DECREED that the Claimant has a compensable injury to his left shoulder, neck and back and has reached maximum medical improvement as of March 8, 2011; and

IT IS FURTHER ORDERED that the Claimant is permanently and totally disabled as a result of his on the job injuries; and

IT IS FURTHER ORDERED that the Claimant is entitled to lifetime causally related medical care.

AND IT IS SO ORDERED!

S.C. WORKERS' COMPENSATION COMMISSION

DERRICK L. WILLIAMS

SUSAN S. BARDEN

AVERY B. WILKERSON, JR.

Dated: 9/10, 2012

At Columbia, South Carolina

STATE OF SOUTH CAROLINA COUNTY OF CHARLESTON Thomas Karabees, Jr., Claimant, v. State Board for Tech. & Comp. Education, Employer, SC State Accident Fund, Carrier.	BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION W.C.C. FILE NO. 0822094 CONSENT ORDER

The parties agree that the grounds of appeal listed in the Appellate Panel Order dated September 10, 2012 are incorrect and erroneously list the grounds of appeal from the Form 30 dated March 30, 2011 as opposed to the grounds of appeal in the Form 30 dated March 14, 2012. The correct grounds of appeal are as follows:

1. Whether the Single Commissioner erred in finding that the Claimant is permanently and totally disabled as it is not supported by substantial evidence;

2. Whether the Single Commissioner erred in failing to find that the Claimant's Multiple Sclerosis affects his ability to work;

3. Whether the Single Commissioner erred in Finding of Facts #4, 5, 11 & 12, as these findings are not supported by the substantial evidence;

4. Whether the Single Commissioner erred in Rulings of Law #3 & 4, as they are not supported by substantial evidence; and

5. Whether the Single Commissioner erred in not finding that Claimant cannot work due to his Multiple Sclerosis?

IT IS THEREFORE SO ORDERED.

Commissioner

Dated: February ____, 2013
Columbia, South Carolina

WE CONSENT

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CERTIFICATE OF SERVICE

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

By Valerie Deller on March 12, 2013

DECISION AND ORDER

OF

THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 0822094

Thomas Karabees, Jr., EMPLOYEE/CLAIMANT,

vs

Trident Technical College, EMPLOYER, and

State Accident Fund, CARRIER, DEFENDANTS.

Hearing:	Held in, Charleston South Carolina, on January 4, 2012
Appearances:	Claimant represented by Thomas M. White, Esquire of The Steinberg Law Firm
	Defendants represented by Margaret M. Urbanic, Esquire of Clawson & Staubes

Purpose of Hearing: To determine the issues as set forth on Form 50 and 51.

Decision and Order: By, Commissioner T. Scott Beck

Filed: March 8, 2012

STIPULATIONS

At the call of the case, the attorneys representing their respective parties, stipulated as follows:

1. That the Claimant and the Defendants were subject to and bound by the terms and conditions of the South Carolina Workers' Compensation Act.

2. Jurisdiction and sufficiency of the notice of the hearing were admitted.

3. At the time of the hearing, the average weekly wage of the Claimant was the sum of $1,225.64 with an applicable compensation rate of $661.29.

4. Venue for this hearing was properly had in Charleston County, South Carolina.

MEDICAL EVIDENCE/RATINGS - APA SUBMISSIONS

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

CLAIMANT'S APA SUBMISSIONS

1. Concentra		Records, 11/11/08	Pages 1 - 7
2. Dr. John Lucas	Charleston Neurology Assoc.	Deposition 5/6/10 - Records, 3/4/10 - 10/4/01	Pages 8 - 49
3. Dr. Wilson/Dr. Kupferman	S.C. Sports Medicine	Records, 11/15/10 - 1/3/02	Pages 50 - 69
4. Tricounty Radiology Assoc.		Records, 4/8/09 - 12/1/08	Pages 70 - 72
5. Trident Surgery Center		Records, 1/20/09 - 1/19/09	Pages 73 - 76
6. Dr. Edward Nolan		Records, 7/27/11 - 12/8/09	Pages 77 - 133

7. Hangar Prosthetics		Records, 11/22/07	Pages 134
8. Exhibit		Deposition of Dr. Nolan, 9/14/10	Pages 135 - 151
9. Exhibit	David Price, M.Ed.	Vocational Assessment, 9/16/11	Pages 152 - 158

DEFENDANT'S APA SUBMISSIONS

1. EXHIBIT: Deposition transcript of Dr. John Lucas		5/6/10	Pages 152 – 167
2. EXHIBIT: Deposition transcript of Dr. William Wilson		3/16/10	Pages 168 – 173
3. EXHIBIT: Election form and Retirement paperwork		11/7/08 and 4/2/09	Pages 174 – 181
4. Trident Sports Medicine		6/14/07 – 11/14/08	Pages 182 - 185
5. Tricounty Radiology		11/14/09	Pages 186 – 188
6. Dr. Seth Kupferman, MD/William E. Wilson, MD/ SC Sports Medicine		5/13/09 11/13/09	Pages 189 – 190
7. Carolina Family Medicine		1/3/08	Pages 191 – 192
8. Select Physical Therapy		12/1/08 – 10/08/09	Pages 193 – 451
9. J. Edward Nolan, MD / Trident Pain Center		5/19/10	Pages 452 – 454
10. Select Physical Therapy		9/30/11 – 10/5/11	Pages 455 – 466
11. Trident Pain Center		8/30/11	Pages 467 – 468
12. AMA Conversion Chart (Criteria for converting whole person impairment to regional spine impairment.)			Pages 469
13. Excerpts from Claimant's Employment File			Pages 470 – 488

CLAIMANT'S BIOGRAPHICAL

NAME: Thomas Karabees

AGE: 63 years old

SEX:	Male
MARITAL STATUS:	Married with three children – two grandchildren
EDUCATION:	College graduate; Masters degree and additional degree in computer systems engineering
WORK HISTORY:	U.S. Marines; Trident Technical College – instructor – 31 years

STATEMENT OF THE CASE

The Claimant seeks benefits under the South Carolina Workers' Compensation Act based upon an injury at work that occurred on October 31, 2008. This is an admitted case and the Claimant is now at maximum medical improvement. The Claimant contends that he is permanently and totally disabled as a result of his on the job injury of October 31, 2008.

The Defendants deny the Claimant is permanently and totally disabled and it is their position that he is not working because of his multiple sclerosis and that any award should be based upon the impairment ratings of the authorized treating physicians.

EVIDENCE OF THE CASE

The Claimant testified in his own behalf. The Claimant is 62 years of age and has been married for 32 years and has three children and two grandchildren.

He graduated from his school in 1966 and received a college degree in math and then later went and received his Masters degree in 1976 and a subsequent Masters degree in computer systems engineering in 1985.

The Claimant joined the Marines after college and served for 8 years. He left in 1978. He served in Viet Nam as a combat engineer and did nuclear security. He got out as a lieutenant and had no service related disability. After getting out of the Marines, he went to work at Trident Technical College and began there in 1978 and worked there for 31 years until he was forced to leave his job because of this injury.

He taught math and physics and then did industrial programs. He did work with industry and would often be at plants such as DAC or Robert Bosch. He ran the apprenticeship program and also worked as a safety instructor.

He described the job as being physical at times. He had to lift 50-60 pounds as he had to supervise and demonstrate engineering work and working on equipment and would oftentimes have to lift motors, compressors and drive shafts. He would also have to do a lot of climbing at times.

The Claimant had no previous workers' compensation claims. He had never been involved in an automobile wreck where he was injured and had no personal injury claims. He had no previous injuries to his neck, low back or left shoulder.

The Claimant prior to his injury was able to do very physical things, although he had been diagnosed as having multiple sclerosis. He was a Scout Master and did trips one week in a month. He would take hiking trips on the Appalachian Trail. He canoed and cayacked with the Scouts. He also taught martial arts for a nonprofit organization.

He was originally diagnosed with multiple sclerosis in October of 2001 and treated with Dr. Lucas who he has seen since 2001. His symptoms were numbness into his hands and some leg symptoms.

Prior to this injury, his multiple sclerosis was stable. He was seeing Dr. Lucas every six months. When he was seen in March of 1008, he was doing his job and his right leg was dragging some but he had been able to do all aspects of his job without limitations.

On September 18, 2008, he saw Dr. Lucas and was doing okay and had no major complaints. This was approximately six weeks prior to his injury of October 31, 2008. On October 31, 2008, he was carrying a laptop and projector and tripped and fell down a flight of steps. He fell the entire flight. Since then, he had been having low back mid back, neck and left shoulder pain.

The Claimant had seen multiple doctors to include Dr. Kupferman, who did surgery on his left shoulder in January of 2009 and then he began seeing Dr. Wilson for neck and back pain. Dr. Wilson deemed he was not a surgical candidate and referred him to Dr. Nolan for treatment of his low back and neck. Dr. Nolan has been treating the Claimant since December 8, 2009.

The Claimant kept working after the fall and worked until his surgery. Following his surgery, he was out of work for about three weeks. He went back to the same job.

The Claimant was trying to do his job but could not do it physically. He was having problems with his left shoulder and was very limited in how much he could lift and his back was in severe pain. He was not able to climb.

The Claimant saw Dr. Lucas in March of 2009 after this fall and was told he was doing fine neurologically. He had no multiple sclerosis attacks or flares and had no new complaints or difficulties related to his multiple sclerosis. Dr. Lucas did note that he had fallen injuring his shoulder and was having neck and back pain.

The Claimant left work on April 11, 2009 and was seeing Dr. Kupferman and Dr. Wilson. Initially, the Defendants refused to provide treatment for the neck and low back and were only treating the low back and shoulder.

The Claimant left his job because he could not do the job and could not climb cause of his pain levels and he was also taking medication to include Oxycontin.

The Claimant hired an attorney and brought a claim and he was able to get treatment for his low back and neck.

The Claimant had been treating with Dr. Nolan since December 8, 2009. He was referred to Dr. Nolan by Dr. Wilson who referred him for a mid back and cervical MRI on November 14, 2009.

The Claimant continued to see Dr. Lucas and after March of 2009, did not see him again until September of 2009.

Dr. Wilson placed the Claimant under restrictions and had MRI's done in November of 2009.

The Claimant left work on April 11, 2009 and has not worked since. He has been treating continually with Dr. Nolan for his neck and low back and is continuing to get ongoing treatment.

It is his understanding that he is as good as he is going to get but he has not been released by Dr. Nolan to return to any sort of work.

The Claimant's original plan was to continue working until he could no longer work. He had no set plans to retire.

The Claimant now has low back pain that radiates up into the back. He is in constant pain with his low back and estimates the pain level on a daily basis is about 4 or 5 out of 10. Any standing, sitting and walking elevates that pain to a 7 or 8 out of 10. He gets relief by changing positions and ultimately reclining.

He has sharp shooting pains in his neck. Constant pain is there also. The baseline is about 4 or 5 out of 10 and it elevates to 7 or 8 with activity.

His legs both hurt. His right is worse than his left and he has shooting pain into both legs and that pain level is about 4 out of 10. He also has pain in his shoulder and arms.

The Claimant estimated he could sit about 30 minutes before he would have to get up. Standing was about 30 minutes and he could walk with a cane for about 20 or 30 minutes. He had never had to use a cane prior to his injury and has only had to use the cane because of the weakness in his legs. Claimant estimated that he probably reclines in a recliner about 50% of every day. He alternates positions for approximately an hour or two, then reclines.

He estimated his lifting was less than 10 pounds. Any sort of bending, squatting, stooping or kneeling was very limited. He did not participate in any activities and was no longer involved in Scouts or martial art.

Claimant mainly stayed home. He would watch television. He has had to hire someone to do his yard work. Claimant does not feel there is any way he could work in any capacity because of his need to recline periodically throughout the day. He also has days when he is in severe pain when he is down most of the day.

The medical records reveal Claimant was injured in October of 2008 and treated with various doctors. The medical records of Dr. Lucas do not reveal he was having any significant problems with multiple sclerosis and just prior to his fall, his multiple sclerosis appeared to be stable and was not flared up in any way. At no point had Dr. Lucas written him out of work or told him when he would have to leave work. Dr. Lucas saw him approximately six weeks prior to his injury and his multiple sclerosis appeared to be stable and he saw him in March of 2009 and, again, his multiple sclerosis was stable.

Dr. Nolan has given an opinion that the Claimant has been unable to work because of his job injury and that he did not leave work because of his multiple sclerosis. Dr. Nolan gave reports that he had not been able to work due to the multiple injuries from his fall in October of 2008 and testified in his deposition that Claimant suffers from multiple sclerosis but did not leave work because of that and he left because of his job injuries.

The Claimant had surgery to his shoulder due to a labral tear and impingement. He was also released by Dr. Kupferman as being at maximum medical improvement with an 8% impairment to the left upper extremity. Dr. Nolan, who has been treating the Claimant, found him to be at maximum medical

improvement on March 8, 2011. Dr. Nolan has given multiple opinions that the Claimant cannot work due to his job injury. On October 12, 2010, Dr. Nolan gave an opinion that he did not feel the Claimant could work due to multiple injuries from the fall in October of 2008. It is his opinion that the Claimant's inability to work was directly related to his work injury and not his multiple sclerosis as he was working without any significant limitations prior to his work injury. On January 24, 2011, Dr. Nolan noted the Claimant could not work due to the multiple injuries from the fall in October of 2008. On July 27, 2011, Dr. Nolan gave the Claimant an 8% rating to the whole person due to his lumbar injury, 8% impairment to the whole person for his neck injury with a 23% regional spine impairment. He has a combined 15% whole person impairment. Dr. Nolan goes on to state, "I also do not feel he can work in his present condition due to multiple injuries from the fall in October of 2008. He would not be able to sit, stand, walk for long periods and would have to lie down periodically throughout the day which is not conducive to gainful employment. He also most likely would miss an excessive amount of work due to his pain."

Claimant was evaluated by David Price who issued a report dated September 16, 2011. He found the Claimant was totally and permanently disabled from the performance of gainful employment and he was not a valid candidate for vocational rehabilitation.

FINDINGS OF FACT

Based on the stipulations of the parties, testimony and evidence received and produced at the Hearing, the undersigned

Commissioner finds the following facts based on a preponderance of the evidence

1. The parties to the proceedings are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act. This finding is based upon the stipulations and admissions of the parties.

2. The Claimant's applicable compensation rate is the sum of $661.29 based upon an average weekly wage of $1,225.64.

3. The Claimant has had multiple injuries and continues to treat with Dr. Nolan. The Claimant has reached maximum medical improvement as of March 8, 2011.

4. The Claimant has suffered from multiple sclerosis since 2001 but he worked full-time until he went out of work due to his injuries and at no time was he taken out of work by a doctor due to his multiple sclerosis and missed no time from his job prior to his injury because of his multiple sclerosis.

5. The fact that the Claimant was already on Social Security Disability based on his multiple sclerosis is not dispositive in this matter as there is direct medical testimony to the contrary and this testimony is from the Claimant's authorized treating pain management physician.

6. Claimant's last visit with Dr. Lucas prior to his injury was on September 18, 2008. At that time, Dr. Lucas found, "He generally is doing fairly good". He suggested a follow-up in six months.

7. The Claimant has an extensive educational background to include a Master's Degree.

8. Claimant suffered a rotator cuff tear to his shoulder which was repaired by surgery on January 20, 2009. The Claimant was released on May 13, 2009 for his shoulder with an 8% rating to the upper extremity which converts to a 13.3% shoulder rating.

9. Claimant suffered a C5-6 disc protrusion and degenerative disc disease at L5-S1 and was determined not to be a surgical candidate.

10. Dr. Nolan, the authorized treating physician, assigned a combined impairment rating for the lumbar/cervical spine at 15% to the whole person.

11. Dr. Nolan, the authorized treating physician, indicated Claimant could not work due to his work injuries and this finding is supported by the vocational expert's report of September 16, 2011. Claimant is permanently and totally disabled.

12. Claimant is entitled to lifetime causally related medical care.

RULINGS OF LAW

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

1. Pursuant to §42-1-130 and §42-1-140, at the time of the accident the Claimant and Defendant/Employer were covered parties under the provisions of the South Carolina Workers' Compensation Act.

2. Under §42-1-160, the Claimant suffered a compensable injury by accident arising out of and in the course and scope of his employment.

3. Pursuant to §42-15-60, the Defendants are responsible for payment to the providers for medical expenses incurred by the Claimant for treatment of his on the job injuries and entitled to lifetime causally related medical care.

4. Pursuant to §42-9-10, the Claimant is permanently and totally disabled.

ORDER

Based upon the above Findings of Fact and Conclusions of Law, it is, therefore,

ORDERED, ADJUDGED AND DECREED that the Claimant has a compensable injury to his left shoulder, neck and back and has reached maximum medical improvement as of March 8, 2011; and

IT IS FURTHER ORDERED that the Claimant is permanently and totally disabled as a result of his on the job injuries; and

IT IS FURTHER ORDERED that the Claimant is entitled to lifetime causally related medical care.

AND IT IS SO ORDERED!

T. Scott Beck, Commissioner

CERTIFICATE OF SERVICE

This is to certify the undersigned has this date served this order in the above entitled action upon all parties to this cause by sending an electronic copy hereof by electronic mail addressed to the attorney or attorneys for said parties or by depositing a copy hereof, postage paid, in the United States certified mail addressed to any unrepresented party.
March 8, 2012

By: Amy Bracy, Administrative Assistant to Commissioner Beck

APPELLATE PANEL

DECISION AND ORDER

OF

THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 0822094

Thomas Karabees, EMPLOYEE CLAIMANT/RESPONDENT,

- V-

State Board for Tech. & Comp. Education EMPLOYER, and

State Accident Fund, DEFENDANTS/APPELLANTS.

Appellate Panel Review held in Columbia, South Carolina on July 19, 2011 per notices timely and properly served on all parties of interest.

Appellate Panel Decision and Order filed

10/26, 2011

Claimant/Respondent represented by Thomas M. White, Esquire of Goose Creek, South Carolina

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

STATEMENT OF THE CASE

The parties were heard by Commissioner T. Scott Beck on January 5, 2011 in North Charleston, SC. On March 18, 2011, he had issued the following Order:

> Based upon the above Findings of Fact and Conclusions of Law, it is, therefore,
>
> ORDERED, ADJUDGED AND DECREED that the Claimant continue to see his authorized treating physician, Dr. Nolan, and this matter shall be reset upon proper application by either party; and
>
> IT IS FURTHER ORDERED that the Clamant shall be entitled to temporary total disability benefits from November 3, 2009 to date and continuing with past due benefits to be paid in a lump sum through the offices of Claimant's attorney and as of March 15, 2011 the amount of $46,951.59 will be owed and weekly benefits shall continue to be paid directly to the Claimant and may only be stopped by compliance with Commission regulation; and
>
> IT IS FURTHER ORDERED that all other issues are reserved until a subsequent hearing.
>
> AND IT IS SO ORDERED!

Within the statutory period, counsel for the Defendants timely filed a Request for Commission Review (Form 30) setting forth six grounds for appeal, copies of which were furnished to all interested parties, prior to oral argument presented before the Appellate Panel on July 19, 2011. All proper testimony has been taken. Such, together with all documentary evidence, has been delivered by oral argument to the individual members of the Full Commission and has since been under study and consideration. By appeal, Defendants respectfully submit the following:

I. WHETHER THE SINGLE COMMISSIONER ERRED IN FINDING OF FACT #3 AS IT IS NOT SUPPORTED BY SUBSTANTIAL EVIDENCE.

II. WHETHER THE SINGLE COMMISSIONER ERRED IN FINDING OF FACT #4 AS IT IS NOT SUPPORTED BY SUBSTANTIAL EVIDENCE.

III. WHETHER THE SINGLE COMMISSIONER ERRED IN FINDING OF FACT #5 AS IT IS NOT SUPPORTED BY SUBSTANTIAL EVIDENCE.

IV. WHETHER THE SINGLE COMMISSIONER ERRED IN FINDING OF FACT #6 AS IT IS NOT SUPORTED BY SUBSTANTIAL EVIDENCE.

V. WHETHER THE SINGLE COMMISSIONER ERRED IN FINDINGS OF FACT #7 AS IT IS NOT SUPOPRTED BY SUBSTANTIAL EVIDENCE.

VI. WHETHER THE SINGLE COMMISSIONER ERRED IN ORDEREDING TT BENEFITS FROM 11/3/09 CONTINUING AS IT IS NOT SUPPORTED BY SUBSTANTIAL EVIDENCE.

In an appellate review, the Panel shall, pursuant to S.C. Code Ann. §42-17-50(1985), review the Award, weigh the evidence as presented at the Initial Hearing and, if good grounds be shown therefore, make its own Findings of Fact and reach its own Conclusions of Law consistent with or inconsistent with those of the Hearing Commissioner. After careful review in the instant case, the Commission, by unanimous vote, has determined all of the Hearing Commissioner's Findings of Fact and Conclusions of Law are correct as stated. The Order is sustained in it's entirety.

FINDINGS OF FACT

1. The parties to the proceedings are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act. This finding is based upon the stipulations and admissions of the parties.

2. The Claimant's applicable compensation rate is the sum of $661.29 based upon an average weekly wage of $1,225.64.

3. The Claimant has had multiple injuries and continues under the care of his authorized treatment physician, Dr. Nolan, and he is not yet at maximum medical improvement and is entitled to additional medical care and treatment.

4. The sole issue for determination is the Claimant's entitlement to temporary total disability benefits from November 3, 2009 to the present and continuing as this is based upon the testimony of his treating physician on page 140 and 141 and APA page 80 and 81.

5. The Claimant has suffered from multiple sclerosis since 2001 but he worked full-time until he went out of work due to his injuries and at no time was he taken out of work by a doctor due to his multiple sclerosis and missed no time from his job prior to his injury because of his multiple sclerosis.

6. The fact that the Claimant was already on Social Security Disability based on his multiple sclerosis is not dispositive in his matter as there is direct medical testimony to the contrary and this testimony is from the Claimant's authorized treating pain management physician.

7. The past due temporary total disability benefits will be paid in a lump sum to the offices of Claimant's attorney and benefits shall continue to be paid weekly directly to the Claimant.

RULINGS OF LAW

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

1. Pursuant to §42-1-130 and §42-1-140, at the time of the accident the Claimant and Defendant/Employer were covered parties under the provisions of the South Carolina Workers' Compensation Act.

2. Under §42-1-160, the Claimant suffered a compensable injury by accident arising out of and in the course and scope of his employment.

3. Pursuant to §42-15-60, the Defendants are responsible for payment to the providers for medical expenses incurred by the Claimant for treatment of his on the job injuries.

4. Pursuant to §42-9-10, the Claimant is entitled to compensation for a period of temporary total disability and to ongoing temporary total disability as he is not yet at maximum medical improvement.

ORDER

Based upon the above Findings of Fact and Conclusions of Law, it is, therefore,

ORDERED, ADJUDGED AND DECREED that the Claimant continue to see his authorized treating physician, Dr. Nolan, and this matter shall be reset upon proper application by either party; and

IT IS FURTHER ORDERED that the Claimant shall be entitled to temporary total disability benefits from November 3, 2009 to date and continuing with past due benefits to be paid in a lump sum through the offices of Claimant's attorney and as of March 15, 2011 the amount of $46,951.59 will be owed and weekly benefits shall continue to be paid directly to the Claimant and may only be stopped by compliance with Commission regulation; and

IT IS FURTHER ORDERED that all other issues are reserved until a subsequent hearing.

AND IT IS SO ORDERED!

FULL AFFIRMATION

S.C. WORKERS' COMPENSATION COMMISSION

AVERY B. WILKERSON, JR.

DAVID W. HUFFSTETLER

DERRICK L. WILLIAMS

Dated: 10/26, 2011

At Columbia, South Carolina

CERTIFICATE OF SERVICE

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

This 26 day of October, 2011

By Vallerie D. Bolden

Administrative Assistant to the Commissioner

Margaret M. Urbanic

Thomas M. White

DECISION AND ORDER

OF

THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 0822094

Thomas Karabees, Jr., EMPLOYEE/CLAIMANT,

vs

State Board of Technical and Comprehensive Education, EMPLOYER, and

State Accident Fund, CARRIER, DEFENDANTS.

Hearing:	Held in Charleston, SC South Carolina, on January 5, 2011
Appearances:	Claimant represented by Thomas M. White, Esquire of The Steinberg Law Firm
	Defendants represented by Margaret M. Urbanic of the Clawson & Staube Law Firm

Purpose of Hearing: To determine the issues as set forth on Form 50 and 51.

Decision and Order: By T. Scott Beck, Commissioner

Filed: March 18, 2011

STIPULATIONS

At the call of the case, the attorneys representing their respective parties, stipulated as follows:

1. That the Claimant and the Defendants were subject to and bound by the terms and conditions of the South Carolina Workers= Compensation Act.

2. Jurisdiction and sufficiency of the notice of the Hearing were admitted.

3. At the time of the hearing, the average weekly wage of the Claimant was the sum of $1,225.64 with an applicable compensation rate of $661.29.

4. Venue for this hearing was properly had in Charleston County, South Carolina.

MEDICAL EVIDENCE/RATINGS - APA SUBMISSIONS

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

1. Concentra		Records, 11/11/08	Pages 1 - 7
2. Dr. John Lucas	Charleston Neurology Assoc.	Deposition 5/6/10 - Records, 3/4/10 - 10/4/01	Pages 8 - 49
3. Dr. Wilson/Dr. Kupferman	S.C. Sports Medicine	Records, 11/15/10 - 1/3/02	Pages 50 - 69
4. Tricounty Radiology Assoc.		Records, 4/8/09 - 12/1/08	Pages 70 - 72
5. Trident Surgery Center		Records, 1/20/09 - 1/19/09	Pages 73 - 76
6. Dr. Edward Nolan		Records, 11/23/10 - 12/8/09	Pages 77 - 133
7. Hangar Prosthetics		Records, 11/22/07	Pages 134

8. Exhibit		Deposition of Dr. Nolan, 9/14/10	Pages 135 - 151

DEFENDANT=S APA SUBMISSIONS

1. Exhibit: Deposition transcript of Dr. John Lucas	5/6/10	Pages 152 - 167
2. Exhibit: Deposition transcript of Dr. William Wilson	3/16/10	Pages 168 - 173
3. Exhibit: Election form and Retirement Paperwork	11/7/08 and 4/2/09	Pages 174 - 181
4. Trident Sports Medicine	6/14/07 - 11/14/08	Pages 182 - 185
5. Tricounty Radiology	11/14/09	Pages 186 - 188
6. Seth Kupferman, MD / William E. Wilson, MD / SC Sports Medicine & Orthopaedic Center	5/13/09 11/13/09	Pages 189 - 190
7. Carolina Family Medicine	1/3/08	Pages 191 - 192
8. Select Physical Therapy	12/1/08 - 10/08/09	Pages 193 - 451
9. J. Edward Nolan, MD / Trident Pain Center	5/19/10	Pages 452 - 454

CLAIMANT=S BIOGRAPHICAL

NAME: Thomas Karabees

AGE: 62 years old

SEX: Male

MARITAL STATUS: Married with three children - two grandchildren

EDUCATION: College graduate; Masters degree and additional degree in computer systems engineering

WORK HISTORY: **U.S. Marines; Trident Technical College - instructor 31 years**

STATEMENT OF THE CASE

The Claimant seeks benefits under the S.C. Workers= Compensation Act based upon an injury at work that occurred on October 31, 2008. This is an admitted case and the Claimant is not yet at maximum medical improvement. The issue for a determination is Claimant=s entitlement to temporary total disability benefits. Claimant contends he is entitled to temporary total disability benefits from November 3, 2009 to present and continuing. Claimant further requests past due benefits be paid in a lump sum.

Defendants deny that the Claimant is entitled to temporary total disability benefits and contend that he left work because of his multiple sclerosis and his leaving work was not because of his on the job injury.

EVIDENCE OF THE CASE

The Claimant testified in his own behalf. The Claimant is 62 years of age and has been married for 32 years and has three children and two grandchildren.

He graduated from high school in 1966 and received a college degree in math and then later went and received his Masters degree in 1976 and a subsequent Masters degree in computer systems engineering in 1985.

The Claimant joined the Marines after college and served for 8 2 years. He left in 1978. He served in Viet Nam as a combat engineer and did nuclear security. He got out as a lieutenant and had no service related disability.

After getting out of the Marines, he went to work at Trident Technical College and began there in 1978 and worked there for 31 years until he was forced to leave his job because of this injury.

He taught math and physics and then did industrial programs. He did work with industry and would often be at plants such as DAC or Robert Bosch. He ran the apprenticeship program and also worked as a safety instructor.

He described the job as being physical at times. He had to lift 50-60 pounds as he had to supervise and demonstrate engineering work and working on equipment and would oftentimes have to lift motors, compressors, drive shafts. We would also have to do a lot of climbing at times.

The Claimant had no previous workers= compensation claims. He had never been involved in an automobile wreck where he was injured and had no personal injury claims. He had no previous injuries to his neck, low back or left shoulder.

The Claimant prior to his injury was able to do very physical things although he had been diagnosed as having multiple sclerosis. He could hike the Appalachian Trail and worked as a Scout Master. He was originally diagnosed with multiple sclerosis in October of 2001 and treats with Dr. Lucas who he has seen since 2001. His symptoms were numbness into his hands and some leg symptoms.

Prior to this injury, his multiple sclerosis was stable. He was seeing Dr. Lucas every six months. When he was seen in March of 2008, he was doing his job and his right leg was dragging some but he had been able to do all aspects of his job without limitations.

On September 18, 2008, he saw Dr. Lucas and was doing okay and had no

major complaints. This was approximately six weeks prior to his injury of October 31, 2008. Prior to October 31, 2008, he had lost no time from work due to his multiple sclerosis and his job had not been modified in any way.

On October 31, 2008, he was carrying a laptop and projector and tripped and fell down a flight of steps. He fell the entire flight. Since then, he had been having low back, mid back, neck and left shoulder pain.

The Claimant had seen multiple doctors to include Dr. Kupferman, who did surgery on his left shoulder in January of 2009 and then be began seeing Dr. Wilson for neck and back pain. Dr. Wilson deemed he was not a surgical candidate and referred him to Dr. Nolan for treatment to his low back and neck. Dr. Nolan has given an opinion that he is not at maximum medical improvement for his neck and that is not an issue in this case. He had been seen by Dr. Nolan the day before the hearing.

The Claimant kept working after the fall and worked until his surgery. Following his surgery, he was out of work for about three weeks. He went back to the same job.

The Claimant was trying to do his job but could not do it physically. He was having problems with his left shoulder and was very limited in how much he could lift and his back was in severe pain. He was not able to climb.

The Claimant saw Dr. Lucas in March of 2009 after this fall and was told he was doing fine neurologically. He had no multiple sclerosis attacks or flares and had no new complaints or difficulties related to his multiple sclerosis. Dr. Lucas did note that he had fallen injuring his shoulder and was having neck and back pain.

The Claimant left work on April 11, 2009 and was seeing Dr. Kupferman and Dr. Wilson. Initially, the Defendants refused to provide treatment for the neck and low back and were only treating the low back and shoulder.

The Claimant left his job because he could not do the job and could not climb because of his pain levels and he was also taking medication to include Oxycontin.

The Claimant hired an attorney and brought a claim and he was able to get treatment for his low back and neck.

The Claimant has been treating with Dr. Nolan since December 8, 2009. He was referred to Dr. Nolan by Dr. Wilson who referred him for a mid back and cervical MRI on November 14, 2009. Following that, he began treating with Dr. Nolan.

The Claimant continued to see Dr. Lucas and after March of 2009, did not see him again until September of 2009.

Dr. Wilson placed the Claimant under restrictions and had MRI=s done in November of 2009.

The Claimant left in April of 2009 and retired. At that time, he had discussions with Human Resources and his employer about workers= compensation and was told he could apply but it would take months and he chose to retire because he could not be without some sort of income. His retirement was based on his years in which was 31 years. He is now getting his retirement money.

The Claimant had no plans to retire prior to the injury. He planned to work until he could not do it anymore. No doctor ever took him out because of multiple sclerosis but he left due to his shoulder, neck, low back and mid back problems. Claimant has

requested temporary total disability benefits since April 11, 2009.

The Claimant admitted he had been seeing Dr. Lucas since 2001 and there were periods of time in his notes when he was struggling at work. There are no notes in Dr. Lucas= records that he was tripping because of his leg in March of 2008. Claimant also admitted he had qualified for Social Security Disability and was receiving benefits for Social Security Disability.

The medical records reveal Claimant was injured in October of 2008 and treated with various doctors. The medical records of Dr. Lucas do not reveal he was having any significant problems with his multiple sclerosis and just prior to his fall, his multiple sclerosis appeared to be stable and was not flared up in any way. At no point had Dr. Lucas written him out of work or told him when he would have to leave work. Dr. Lucas saw him approximately six weeks prior to his injury and his multiple sclerosis appeared to be stable and he saw him in March of 2009 and, again, his multiple sclerosis was stable.

Dr. Nolan has given an opinion that he Claimant has been unable to work because of his job injury and that he did not leave work because of his multiple sclerosis. Dr. Nolan gave reports that he had not been able to work due to the multiple injuries from his fall in October of 2008 and testified in his deposition that Claimant suffers from multiple sclerosis but did not leave work because of that and he left because of his job injuries.

Claimant has not returned to work and is entitled to temporary total disability benefits retroactive to November 3, 2009. That was the day the Claimant first saw Dr. Nolan who has given an opinion that he does not believe the Claimant is capable of working due to his job injury.

FINDINGS OF FACT

Based on the stipulations of the parties, testimony and evidence received and produced at the Hearing, the undersigned Commissioner finds the following facts based on a preponderance of the evidence

1. The parties to the proceedings are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act. This finding is based upon the stipulations and admissions of the parties.

2. The Claimant's applicable compensation rate is the sum of $661.29 based upon an average weekly wage of $1,225.64.

3. The Claimant has had multiple injuries and continues under the care of his authorized treating physician, Dr. Nolan and he is not yet at maximum medical improvement and is entitled to additional medical care and treatment.

4. The sole issue for determination is the Claimant=s entitlement to temporary total disability and Claimant is entitled to temporary total disability benefits from November 3, 2009 to the present and continuing as this is based upon the testimony of his treating physician on page 140 and 141 and APA page 80 and 81. Dr. Nolan has given an opinion that he is out of work due to his job injuries and not multiple sclerosis and this was given in his reports and his deposition.

5. The Claimant has suffered from multiple sclerosis since 2001 but he worked full-time until he went out of work due to his injuries and at no time was he taken out of work by a doctor due to his multiple sclerosis and missed no time from his job prior to his injury because of his multiple sclerosis.

6. The fact that the Claimant was already on Social Security Disability based on his multiple sclerosis is not dispositive in this matter as there is direct medical testimony to the contrary and this testimony is from the Claimant=s authorized treating pain management physician.

7. The past due temporary total disability benefits will be paid in a lump sum to the offices of Claimant=s attorney and benefits shall continue to be paid weekly directly to the Claimant.

RULINGS OF LAW

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

1. Pursuant to '42-1-130 and '42-1-140, at the time of the accident the Claimant and Defendant/Employer were covered parties under the provisions of the South Carolina Workers' Compensation Act.

2. Under '42-1-160, the Claimant suffered a compensable injury by accident arising out of and in the course and scope of his employment.

3. Pursuant to '42-15-60, the Defendants are responsible for payment to the providers for medical expenses incurred by the Claimant for treatment of his on the job injuries.

4. Pursuant to '42-9-10, the Claimant is entitled to compensation for a period of temporary total disability and to ongoing temporary total disability as he is

not yet at maximum medical improvement.

ORDER

Based upon the above Findings of Fact and Conclusions of Law, it is, therefore,

ORDERED, ADJUDGED AND DECREED that the Claimant continue to see his authorized treating physician, Dr. Nolan, and this matter shall be reset upon proper application by either party; and

IT IS FURTHER ORDERED that the Claimant shall be entitled to temporary total disability benefits from November 3, 2009 to date and continuing with past due benefits to be paid in a lump sum through the offices of Claimant=s attorney and as of March 15, 2011 the amount of $46,951.59 will be owed and weekly benefits shall continue to be paid directly to the Claimant and may only be stopped by compliance with Commission regulation; and

IT IS FURTHER ORDERED that all other issues are reserved until a subsequent hearing.

AND IT IS SO ORDERED!

T. Scott Beck, Commissioner

CERTIFICATE OF SERVICE

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

March 18, 2011

By: Amy Bracy, Administrative Assistant to Commissioner Beck

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
Post Office Box 1715
Columbia, South Carolina 29202-1715
803-737-5723

WCC File #: 0822094
Carrier File #:
Carrier Code #:
Employer FEIN #:

Claimant's Name: Thomas Karabees, Jr. SSN: 385-52-8253
Address: 377 Oxford Road
City: Ladson State: SC Zip: 29456
Home Phone: (843) 572-0431 Work Phone:

Employer's Name: Trident Technical College
Address: 7000 Rivers Ave.
City: N. Charleston State: SC Zip: 29407
Insurance Carrier: State Accident Fund

Preparer's Name: Thomas M. White, Esquire Law Firm: The Steinberg Law Firm Preparer's Phone #: (843) 572-0700

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

A claim for workers' compensation benefits is made based on the following grounds: **Date of Injury or Illness:** October 31, 2008

☒ Injury ☐ Illness ☐ Repetitive Trauma

1a. The claimant sustained an injury to the left shoulder, left arm, neck, mid back, low back, left leg and right leg (Part(s) of Body Injured) on October 31, 2008 in Charleston County, State of South Carolina.

1b. Body part(s) affected are: left shoulder, left arm, neck, mid back, low back, left leg and right leg

Briefly describe how the accident occurred. Claimant fell down stairs

2. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of the injury.

3. The relationship of employer and employee existed at the time of the injury.

4. At the time of the injury the claimant was performing services arising out of and in the course of employment.

5. Notice of the accidental injury was given to the Employer on October 31, 2008 in the following manner: Employer was aware of the injury.

☒ 6. Due to injury, the claimant is in need of (check one):

☐ (a) medical examination and treatment for: _____.

☒ (b) additional medical examination and treatment for: Injuries listed above.

☒ 7. Due to injury, the claimant requests temporary disability benefits because of lost compensable time from work and wages for the period of: 4/11/09 to date and continuing

☒ 8. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):

☒ (1) General Disability: ☒ Total ☐ Partial ☐ (2) Specific Disability: ☐ Total ☐ Partial

☐ (3) Wage Loss

☒ 9. Due to the injury, the Claimant has a serious bodily disfigurement consisting of: None

10a. At the time of the injury, the Claimant was paid weekly wages of $1,230.77, and demands accounting of days worked and wages earned as provided by law.

10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident:
Claimant has not been able to return to work.

11a. Further grounds or unusual aspects of claim: All allowable - Carrier is refusing to provide medical care for neck and upper back.

11b. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident:
Dr. Wilson, Dr. Kupferman, Concentra Medical Center - Charleston, SC

11c. To the best of your knowledge, did you have any prior permanent disability? No.
If yes, describe:

12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.

☐ 13a. **I am filing a claim. I am not requesting a hearing at this time.**

☒ 13b. **I am requesting a hearing. A $25 fee is required.**

14. Estimated time needed for hearing: 1 hour

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

Preparer's Signature	Attorney for Claimant	twhite@steinberglawfirm.com	October 7, 2009
	Title	E-Mail	Date

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

WCC Form # 50
Revised 9/07

50

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

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
Post Office Box 1715
Columbia, South Carolina 29202-1715
803-737-5723

WCC File #: 0822094
Carrier File #:
Carrier Code #:
Employer FEIN #:

Claimant's Name: Thomas Karabees, Jr. SSN: 385-52-8253
Address: 377 Oxford Road
City: Ladson State: SC Zip: 29456
Home Phone: (843) 572-0431 Work Phone:

Employer's Name: Trident Technical College
Address: 7000 Rivers Ave.
City: N. Charleston State: SC Zip: 29407
Insurance Carrier: State Accident Fund

Preparer's Name: Thomas M. White, Esquire Law Firm: The Steinberg Law Firm Preparer's Phone #: (843) 572-0700

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

A claim for workers' compensation benefits is made based on the following grounds: **Date of Injury or Illness:** October 31, 2008

☒ Injury ☐ Illness ☐ Repetitive Trauma

1a. The claimant sustained an injury to the left shoulder, left arm, neck, mid back, low back, left leg and right leg (Part(s) of Body Injured) on October 31, 2008 in Charleston County, State of South Carolina.

1b. Body part(s) affected are: left shoulder, left arm, neck, mid back, low back, left leg and right leg
Briefly describe how the accident occurred. Claimant fell down stairs

2. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of the injury.

3. The relationship of employer and employee existed at the time of the injury.

4. At the time of the injury the claimant was performing services arising out of and in the course of employment.

5. Notice of the accidental injury was given to the Employer on October 31, 2008 in the following manner: Employer was aware of the injury.

☒ 6. Due to injury, the claimant is in need of (check one):
☐ (a) medical examination and treatment for: _____.
☒ (b) additional medical examination and treatment for: injuries listed above.

☒ 7. Due to injury, the claimant requests temporary disability benefits because of lost compensable time from work and wages for the period of: 4/11/09 to date and continuing

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

☒ 9. Due to the injury, the Claimant has a serious bodily disfigurement consisting of: None

10a. At the time of the injury, the Claimant was paid weekly wages of $1,230.77, and demands accounting of days worked and wages earned as provided by law.

10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident:
Claimant has not been able to return to work.

11a. Further grounds or unusual aspects of claim: All allowable - Claimant requests benefits be paid in a lump sum with inclusion of **Utica Mohawk** language.

11b. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident:
Dr. Wilson, Dr. Kupferman, Concentra Medical Center - Charleston, SC

11c. To the best of your knowledge, did you have any prior permanent disability? No.
If yes, describe:

12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.

☐ 13a. **I am filing a claim. I am not requesting a hearing at this time.**

☒ 13b. **I am requesting a hearing. A $25 fee is required.**

14. Estimated time needed for hearing: 1 hour

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

Preparer's Signature	Title	E-Mail	Date
	Attorney for Claimant	twhite@steinberglawfirm.com	May 5, 2010

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

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
Post Office Box 1715
Columbia, South Carolina 29202-1715
803-737-5723

WCC File #: 0822094
Carrier File #:
Carrier Code #:
Employer FEIN #:

Claimant's Name: Thomas Karabees, Jr. SSN: 385-52-8253
Address: 377 Oxford Road
City: Ladson State: SC Zip: 29456
Home Phone: (843) 572-0431 Work Phone:

Employer's Name: Trident Technical College
Address: 7000 Rivers Ave.
City: N. Charleston State: SC Zip: 29407
Insurance Carrier: State Accident Fund

Preparer's Name: Thomas M. White, Esquire Law Firm: The Steinberg Law Firm Preparer's Phone #: (843) 572-0700

Complete each information blank. To request a hearing, check Box 13b, indicate the kinds of benefits claimed by checking the box(es) at Lines 5, 7, 8, and 9, and file this form in duplicate.

A claim for workers' compensation benefits is made based on the following grounds: **Date of Injury or Illness:** October 31, 2008

☒ Injury ☐ Illness ☐ Repetitive Trauma

1a. The claimant sustained an injury to the left shoulder, left arm, neck, mid back, low back, left leg and right leg (Part(s) of Body Injured) on October 31, 2008 in Charleston County, State of South Carolina.

1b. Body part(s) affected are: left shoulder, left arm, neck, mid back, low back, left leg and right leg
Briefly describe how the accident occurred. Claimant fell down stairs

2. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of the injury.

3. The relationship of employer and employee existed at the time of the injury.

4. At the time of the injury the claimant was performing services arising out of and in the course of employment.

5. Notice of the accidental injury was given to the Employer on October 31, 2008 in the following manner: employer was aware of the injury

☒ 6. Due to injury, the claimant is in need of (check one):

☐ (a) medical examination and treatment for: _____.

☒ (b) additional medical examination and treatment for: injuries listed above.

☒ 7. Due to injury, the claimant requests temporary disability benefits because of lost compensable time from work and wages for the period of: 4/11/09 to date and continuing

☒ 8. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):

☒ (1) General Disability: ☒ Total ☐ Partial ☐ (2) Specific Disability: ☐ Total ☐ Partial

☐ (3) Wage Loss

☒ 9. Due to the injury, the Claimant has a serious bodily disfigurement consisting of:
None

10a. At the time of the injury, the Claimant was paid weekly wages of $1,230.77, and demands accounting of days worked and wages earned as provided by law.

10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident:
Claimant has been unable to return to work

11a. Further grounds or unusual aspects of claim:
All allowable - Claimant has been unable to work since April 11, 2009 and is entitled to temporary total disability benefits since then and if at maximum medical improvement is permanently and totally disabled and wants benefits paid in a lump sum with inclusion of Utica Mohawk language.

11b. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident:
Dr. Wilson, Dr. Kupferman, Concentra Medical Center - Charleston, SC

11c. To the best of your knowledge, did you have any prior permanent disability? No.
If yes, describe:

12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.

☐ 13a. **I am filing a claim. I am not requesting a hearing at this time.**

☒ 13b. **I am requesting a hearing. A $25 fee is required.**

14. Estimated time needed for hearing: 1 hour

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

Preparer's Signature	Attorney for Claimant	twhite@steinberglawfirm.com	September 28, 2010
	Title	E-Mail	Date

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

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5723
www.wcc.sc.gov

WCC File #: 0822094
Carrier File #: _____
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Thomas Karabees, Jr. SSN: 385-52-8253
Address: 377 Oxford Road
City: Ladson State: SC Zip: 29456
Home Phone: (843) 572-0431 Work Phone: _____

Employer's Name: Trident Technical College
Address: 7000 Rivers Ave.
City: N. Charleston State: SC Zip: 29407
Insurance Carrier: State Accident Fund

Preparer's Name: Thomas M. White, Esquire Law Firm: The Steinberg Law Firm Preparer's Phone #: (843) 572-0700

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

Date of Injury or Illness: October 31, 2008

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

☒ Injury ☐ Illness ☐ Repetitive Trauma

1a. The claimant sustained an injury to left shoulder, left arm, neck, mid back, low back, left leg and right leg (Part(s) of Body Injured) on October 31, 2008
1b. (Month/Day/Year) in Charleston County, State of South Carolina.
Body part(s) affected are: left shoulder, left arm, neck, mid back, low back, left leg and right leg
Briefly describe how the accident occurred. Claimant fell down stairs.

2. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.

3. The relationship of employer and employee existed at the time of injury.

4. At the time of the injury the claimant was performing services arising out of and in the course of employment.

5. Notice of the accidental injury was given to the Employer on October 31, 2008 (Month/Day/Year) in the following manner:
Employer was aware of the injury

☒ 6. Due to injury, the claimant is in need of (check one):
☐ (a) medical examination and treatment for: ____
☒ (b) additional medical examination and treatment for: Injuries listed above.

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

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

☒ 9. Due to the injury, the Claimant has a serious bodily disfigurement consisting of: None known at this time.

10a. At the time of the injury, the Claimant was paid weekly wages of $Form 20 requested, and demands accounting of days worked and wages earned as provided by law.

10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident:
Claimant has not been able to return to work.

11a. Further grounds or unusual aspects of claim:
To provide all benefits under the Act. Claimant is permanently and totally disabled and wants benefits paid in a lump sum with inclusion of Utica Mohawk language.

11b. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident:
Dr. Wilson, Dr. Kupferman, Concentra Medical Center, Dr. Nolan - Charleston, SC

11c. To the best of your knowledge, did you have any prior permanent disability? No.
If yes, describe: ____

12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.

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

14. Estimated time needed for hearing: 1 hour

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

Preparer's Signature | Attorney for Claimant (Title) | twhite@steinberglawfirm.com (Email) | August 22, 2011 (Date)

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

WCC Form # 50
Revised 9/07

50

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

South Carolina Workers' Compensation Commission
1612 Marion Street • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5739
www.wcc.sc.gov

V File #: 0822094
Carrier File #: 2008-5039
Carrier Code #:
Employer FEIN #:

Claimant's Name: Thomas Karabees SSN: 385-52-8253
Address: 377 Oxford Road
City: Ladson State: SC Zip: 29456
Home Phone: ( ) - Work Phone: ( ) -
Date of Injury: 10/31/08

Employer's Name: State Board for Tech. & Comp. Education
Address: 700 Rivers Avenue
City: Charleston State: SC Zip: 29406
Insurance Carrier: State Accident Fund

Preparer's Name: Cynthia Burns Polk, Esq. Law Firm: State Accident Fund Preparer's Phone #: (803) 896-5896

Date of Injury or Illness: 10/31/08

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

1. It is Admitted the employee sustained an injury or illness on or about the date set forth in the Form 50. The reasons for denial are:
Defendants admit injury to the left shoulder and low back only; however, extent of injury and all other body parts affected are denied.

2. It is Admitted both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are:

3. It is Admitted the relationship of employer and employee existed at the time in question. The reasons for denial are:

4. It is Admitted at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are:

5. It is Admitted notice of injury was given the employer. The reasons for denial are:

6. It is Admitted the employee **Needs / Is Entitled to Additional** medical care as a result of injury or illness. The reasons for denial are:
Carrier is in the process of scheduling an MRI for the cervical and thoracic spine.

7. It is Denied the employee is entitled to temporary total disability for the period(s) of :
Claimant received his salary in lieu of temporary total benefits.

8. It is Denied the employee is permanently disabled. The reasons for denial are:
Disability, if any, to be determined by W.C.C.

9. It is Denied the employee has serious disfigurement.

10. It is contended that an average weekly wage of **$ 1225.64** applies, according to attached Form 20 as provided by law.

11. Further contentions, grounds of defense, or unusual aspects are:

12. Estimated time needed for hearing: 30 minutes

I certify I have served this document pursuant to R.67-212 by delivering a copy to:

Name: Thomas M. White, Esquire — Judicial Director, SCWCC
Address: P.O. Box 1028, Goose Creek, SC 29445 — P.O. Box 1715, Columbia, SC 29202-1715

on the 6th day of November, 2009 by ☒ first class mail ☐ personal service ☐ certified mail.
I verify the contents of this form are accurate and true to the best of my knowledge.

Cynthia Burns Polk — Chief Counsel — Cpolk@saf.sc.gov — November 6, 2009
Preparer's Signature — Title — Email — Date

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Judicial Department. Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.

WCC Form # 51
Revised 9/07

51

Employer's Answer to Request for Hearing

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

WCC File #: 0822094
Carrier File #: 2008-5039
Carrier Code #: 500 - SF
Employer FEIN #: 570000H59

Thomas Karabees, Jr.	385-52-8253	State Board for Tech. & Comp. Education	
Claimant's Name	SSN	Employer's Name	
377 Oxford Road	Ladson, SC 29456	700 Rivers Avenue	Charleston, SC 29406
Address	City State Zip	Address	City State Zip
843-572-0431		SC State Accident Fund	
Home Phone #	Work Phone #	Insurance Carrier	

Margaret M. Urbanic, Esquire	Clawson & Staubes, LLC	(843) 577-2026
Preparer's Name	Law Firm	Phone #

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

1. It is Admitted that the employee sustained an injury on or about the date set forth in the application. The reasons for denial are: Defendants admit injury to the left shoulder and back only; however nature and extent of injuries are denied; All other injuries are denied.

2. It is Admitted that both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are: .

3. It is Admitted that the relationship of employer and employee existed at the time in question. The reasons for denial are: .

4. It is Admitted that at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are: .

5. It is Admitted that notice of injury was given the employer. The reasons for denial are: .

6. It is Denied that the employee (needs) (is entitled to additional) medical care as a result of injury. The reasons for denial are: Claimant has received appropriate care.

7. It is Denied that the employee is entitled to temporary total disability for the period(s) of: Carrier requests credit for overpayment as appropriate.

8. It is Denied that the employee is permanently disabled. The reasons for denial are: To be determined, if any.

9. It is Denied that the employee has a serious disfigurement.

10. It is contended that an average weekly wage of $ Form 20 (to be supplied) applies, according to attached accounting of employee's earnings as provided by law.

11. Further contentions or grounds of defense are: .

12. Estimated time needed for hearing: 30 minutes

SCWCC
JUN 07 2010
JUDICIAL

I certify that I have served this document pursuant to R.67-212 by delivering a copy to :
Thomas M. White, Esquire, Esquire, THE STEINBERG LAW FIRM, L.L.P., P.O. Box 1028
Goose Creek, SC 29445
Name Address
on the 4 day of June, 2010 by [√] first class mail; [] personal service, [] certified mail.
I verify the contents of this form are accurate and true to the best of my knowledge.

Preparer's Signature | Attorney Title | purbanic@clawsonandstaubes.com Email | 6/4/10 Date

Refer to R.67-205 and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Judicial Department. Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.

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

WCC File #:	0822094
Carrier File #:	2008-5039
Carrier Code #:	500 - SF
Employer FEIN #:	570000H59

Thomas Karabees, Jr.	385-52-8253	State Board for Tech. & Comp. Education	
Claimant's Name	SSN	Employer's Name	
377 Oxford Road	Ladson, SC 29456	700 Rivers Avenue	Charleston, SC 29406
Address	City State Zip	Address	City State Zip
843-572-0431		SC State Accident Fund	
Home Phone #	Work Phone #	Insurance Carrier	
Margaret M. Urbanic, Esquire	Clawson & Staubes, LLC	(843) 577-2026	
Preparer's Name	Law Firm	Phone #	

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

1. It is Admitted the employee sustained an injury on or about the date set forth in the application. The reasons for denial are: Defendants admit injury to the left shoulder, neck and back only; however nature and extent of injuries are denied; All other injuries are denied.
2. It is Admitted both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are: .
3. It is Admitted the relationship of employer and employee existed at the time in question. The reasons for denial are: .
4. It is Admitted at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are: .
5. It is Admitted notice of injury was given the employer. The reasons for denial are: .
6. It is Denied the employee (needs) (is entitled to additional) medical care as a result of injury. The reasons for denial are: Claimant has been receiving appropriate medication treatment.
7. It is Denied the employee is entitled to temporary total disability for the period(s) of: Claimant resigned from work..
8. It is Denied the employee is permanently disabled. The reasons for denial are: Permanency, if any, is to be determined.
9. It is Denied the employee has a serious disfigurement.
10. It is contended that an average weekly wage of $ Form 20 (to be supplied) applies, according to attached accounting of employee's earnings as provided by law.
11. Further contentions or grounds of defense are: Claimant has pre-existing MS.
12. Estimated time needed for hearing: 30 minutes

SCWCC
OCT 28 2010
JUDICIAL

I certify that I have served this document pursuant to R.67-212 by delivering a copy to :
Thomas M. White, Esquire, Esquire, THE STEINBERG LAW FIRM, L.L.P., P.O. Box 1028
Goose Creek, SC 29445
Name Address
on the 27th day of October, 2010 by [√] first class mail; [] personal service, [] certified mail.
I verify the contents of this form are accurate and true to the best of my knowledge.

Preparer's Signature | Attorney (Title) | purbanic@clawsonandstaubes.com (Email) | 10/26/10 (Date)

Refer to R.67-205 and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Judicial Department.
Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.

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

WCC File #:	0822094
Carrier File #:	2008-5039
Carrier Code #:	500 - SF
Employer FEIN #:	570000H59

Thomas Karabees, Jr.	385-52-8253	State Board for Tech. & Comp. Education	
Claimant's Name	SSN	Employer's Name	
377 Oxford Road	Ladson, SC 29456	700 Rivers Avenue	Charleston, SC 29406
Address	City State Zip	Address	City State Zip
843-572-0431		SC State Accident Fund	
Home Phone #	Work Phone #	Insurance Carrier	
Margaret M. Urbanic, Esquire	Clawson & Staubes, LLC	(843) 577-2026	
Preparer's Name	Law Firm	Phone #	

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

1. It is Admitted that the employee sustained an injury on or about the date set forth in the application. The reasons for denial are: Defendants admit injury to the left shoulder, neck and low back only. Defendant denies all other body parts nature and extent.

2. It is Admitted that both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are: Defendant admits as to admitted body parts only.

3. It is Admitted that the relationship of employer and employee existed at the time in question. The reasons for denial are: Defendant admits as to admitted body parts only.

4. It is Admitted that at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are: Defendant admits as to admitted body parts only.

5. It is Admitted that notice of injury was given the employer. The reasons for denial are: Defendant admits as to admitted body parts only.

6. It is Denied that the employee (needs) (is entitled to additional) medical care as a result of injury. The reasons for denial are: Claimant has received appropriate treatment.

7. It is Denied that the employee is entitled to temporary total disability for the period(s) of: Carrier requests credit for overpayment as appropriate.

8. It is Denied that the employee is permanently disabled. The reasons for denial are: Permanency, if any, to be determined.

9. It is Denied that the employee has a serious disfigurement.

10. It is contended that an average weekly wage of $ Form 20 (to be supplied) applies, according to attached accounting of employee's earnings as provided by law.

11. Further contentions or grounds of defense are: See attached. Full Commission Order has not been signed and Defendants reserve the right to appeal Full Commission Order.

12. Estimated time needed for hearing: 30 minutes.

SCWCC JUDICIAL

I certify that I have served this document pursuant to R.67-212 by delivering a copy to :
Thomas M. White, Esquire, Esquire, THE STEINBERG LAW FIRM, L.L.P., P.O. Box 1028, Goose Creek, SC 29445
Name Address
on the 21 day of September, 2011 by [√] first class mail; [] personal service, [] certified mail.
I verify the contents of this form are accurate and true to the best of my knowledge.

Preparer's Signature	Attorney	purbanic@clawsonandstaubes.com	9/21/11
	Title	Email	Date

Refer to R.67-205 and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Judicial Department. Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. Box 1715
Columbia, SC 29202-1715
(803) 737-5723

WCC File #: 0822094
Carrier File #: 2008-5039
Carrier Code #: 500 - SF
Employer FEIN #: 570000H59

Claimant's Name: Thomas Karabees, Jr. SSN: 385-52-8253
Address: 377 Oxford Road
City: Ladson State: SC Zip: 29456
Home Phone: 843-572-0431 Work Phone:
Preparer's Name: Margaret M. Urbanic, Esquire

Employer's Name: State Board for Tech. & Comp. Education
Address: 7000 Rivers Avenue
City: Charleston State: SC Zip: 29406
Insurance Carrier: SC State Accident Fund
Preparer's Phone #: (843) 577-2026

REQUEST FOR COMMISSION REVIEW

Request for Commission Review ☐ claimant ☐ employer (check one) Date of 10/31/08 (m/d/yyyy)

The undersigned makes application for review of the finds 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 Single Commissioner erred in Finding of Fact #3 as it is not supported by substantial evidence.

Whether the Single Commissioner erred in Finding of Fact #4 as it is not supported by substantial evidence.

Whether the Single Commissioner erred in Finding of Fact #5 as it is not supported by substantial evidence.

Whether the Single Commissioner erred in Finding of Fact #6 as it is not supported by substantial evidence.

Whether the Single Commissioner erred in Finding of Fact #7 as it is not supported by substantial evidence.

Whether the Single Commissioner erred in ordering TT benefits from 11/3/2009 continuing as it is not supported by substantial evidence.

(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

Thomas M. White, Esquire, The Steinberg Law Firm, L.L.P., P.O. Box 1028, Goose Creek, SC 29445

on the 30 day of March 2011, by ☒ first class postage ☐ personal service ☐ certified mail.

MARGARET M. URBANIC — Attorney at Law — Title — 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 8 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.67-205D. 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.

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

WCC File #	0822094
Carrier File #	2008-5039
Carrier Code #	500 - SF
Employer FEIN	570000H59

Thomas Karabees, Jr. 385-52-8253	State Board for Tech. & Comp. Education
Claimant's Name SSN	Employer's Name
377 Oxford Road Ladson, SC 29456	700 Rivers Avenue Charleston, SC 29406
Address City State Zip	Address City State Zip
843-572-0431	SC State Accident Fund
Home Phone # Work Phone #	Insurance Carrier
Margaret M. Urbanic, Esquire	(803) 577-2026
Preparer's Name	Phone #

Request for Commission Review by [] claimant [X] employer (check one)

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).

1. Whether the Single Commissioner erred in finding that the Claimant is permanently and totally disabled as it is not supported by substantial evidence;
2. Whether the Single Commissioner erred in failing to find that the Claimant's Multiple Sclerosis affects his ability to work;
3. Whether the Single Commissioner erred in Finding of Facts #4, 5, 11 & 12, as these findings are not supported by the substantial evidence;
4. Whether the Single Commissioner erred in Rulings of Law #3 & 4, as they are not supported by substantial evidence.
5. Whether the Single Commissioner erred in not finding that Claimant cannot work due to his Multiple Sclerosis

(Check one) Oral argument [X] 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.67-212 by delivering a copy to

Thomas M. White, Esquire, The Steinberg Law Firm, L.L.P., P.O. Box 1028, Goose Creek, SC 29445
Name Address
on the 14 day of March, 2012 by [X] first class mail; [] personal service, [] certified mail.

Preparer's Signature — ATTORNEY FOR EMPLOYER/CARRIER (Title) — 3/14/12 (Date)

Check this box if you are not represented by an attorney. [ ]

MAR 15 2012
JUDICIAL

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 8 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.67-205D. 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.

WCC Form #30 Rev. Date 9/90 **Request for Commission Review.**

DAVID T. PEARLMAN
J. KEVIN HOLMES
THOMAS M. WHITE
DALE E. VAN SLAMBROOK
MALCOLM M. CROSLAND, JR.
STEVEN E. GOLDBERG
KEVIN B. SMITH
MICHAEL J. JORDAN
BENJAMIN W. AKERY

CHARLES S. GOLDBERG, LLC, OF COUNSEL

HUGO M. SPITZ (RETIRED)
IRVING STEINBERG (1902-1980)

THE STEINBERG LAW FIRM L. L. P.

118 Goose Creek Blvd., South
P.O. Box 1028
Goose Creek, South Carolina 29445
Telephone (843) 572-0700
Fax (843) 572-1871
www.steinberglawfirm.com

DOWNTOWN OFFICE
61 BROAD STREET
P.O. BOX 9
CHARLESTON, SC 29402-0009
TELEPHONE (843) 720-2800
FAX (843) 722-1190

SUMMERVILLE OFFICE
1520 OLD TROLLEY RD, SUITE B
SUMMERVILLE, SC 29485
TELEPHONE (843) 871-6522
FAX (843) 871-8565

December 21, 2010

Commissioner T. Scott Beck
S.C. Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202-1715

RE: Thomas Karabees, Jr. v. Trident Technical College
WCC File No.: 0822094

Dear Commissioner Beck:

Enclosed please find the Pre-Hearing Brief and APA Submissions on behalf of the Claimant in the above matter which is scheduled to be heard before you on January 5, 2010. By copy of this letter, I am sending to Margaret Urbanic, Esquire, attorney for the Defendant, a copy of the Pre-Hearing Brief and APA Submissions.

Yours very truly,

Thomas M. White /sdg

Thomas M. White

TMW/sdg

Enclosures

cc: Thomas Karabees, Jr.
Margaret Urbanic, Esquire

South Carolina Workers' Compensation Commission
1612 Marion Street
Post Office Box 1715
Columbia, South Carolina 29202-1715
803-737-5739
www.wcc.sc.gov

PRE-HEARING BRIEF

WCC File No.: 0822094

Claimant's Name: Thomas Karabees, Jr.
Employer's Name: Trident Technical College

Address: 377 Oxford Road
Address: 7000 Rivers Ave.

City: Ladson State: SC Zip: 29456
City: N. Charleston State: SC Zip: 29407

Home Phone: (843) 572-0431 Work Phone:
Insurance Carrier:

Preparer's Name: Thomas M. White, Esquire Law Firm: The Steinberg Law Firm Preparer's Phone #: (843) 572-0700

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

1. Compensation Rate: $661.29 2. AWW: $1225.64 **Date of Injury:** October 31, 2008

3. Type of injury and body part(s): left shoulder, left arm, neck, mid back, low back, left leg and right leg

4. Facts in controversy: Defendants have admitted injuries to the left shoulder and low back only. Issues in controversy are: What body parts are causally related and what medicals are Defendants responsible for? What future medical care should Defendants provide? For what period of time is Claimant entitled to temporary total disability benefits? If Claimant is at maximum medical improvement, what is his loss of use and disability under §42-9-10 or §42-9-20 or §42-9-30? Does Claimant have future medical needs under ***Dodge***? Claimant has significant preexisting physical problems to include multiple sclerosis affecting his ability to return to work. Did this injury aggravate his preexisting multiple sclerosis? Does his existing injury on top of his multiple sclerosis leave him totally and permanently disabled? Is Claimant at maximum medical improvement or does he need additional medical care and treatment?

5. Legal issues involved: None other than those listed above.

6. Unusual aspects: Claimant's preexisting multiple sclerosis.

7. Witnesses (designate if expert)*: None.

8. Exhibits: None.

9. Medical evidence: (Indicate report pursuant to R.67-612; deposition or appearance):
SEE ATTACHED LIST.

10. Name, address, and specialty, if any, of the treating physician: Dr. Kupferman; Dr. William Wilson; Dr. Nolan, Dr. Lucas - Charleston, SC

11. Impairment rating(s); body part(s); physician and date of opinion: September 17, 2009 - Patient's symptoms are too severe for him to be able to work. Dr. Nolan - 10/12/10 - Not yet at maximum medical improvement but is out of work due to job injury and not multiple sclerosis- 5/20/10 - He is at maximum medical improvement for his lumbar region but NOT at maximum medical improvement for the cervical region. He has had no treatment to date. Based upon the AMA Guides, he has an 8% whole person impairment due to the lumbar spine injury and a 11% regional impairment. He would benefit from ongoing treatment to include intermittent therapeutic and modalities, steroid injections for both cervical and lumbar regions and medication management, including muscle relaxers, anti-inflammatory medications and possibly narcotics. Comp carrier refused to authorize any additional low back treatment and would not authorize any treatment for his neck. He is not at maximum medical improvement and would not be able to work in his present condition. It is premature to determine permanency since Claimant is not yet at maximum medical improvement.

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 _____ Email: twhite@steinberglawfirm.com

DATE OF HEARING: January 5, 2011 TIME NEEDED FOR HEARING: 1 hour

On behalf of ☒ Claimant ☐ Employer

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

WCC Form # 58
Revised 9/07

58

PRE-HEARING BRIEF

CERTIFICATE OF SERVICE

I hereby certify that on December 21, 2010, I served the Defendant in the foregoing matter with a copy of the attached *WCC Form No. 58* and *APA Submissions* by mailing a copy of same via first class mail, postage pre-paid and addressed as follows:

S.C. Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202

Margaret Urbanic, Esquire
126 Seven Farms Drive, Suite 200
CharlestonSC29492

THE STEINBERG LAW FIRM LLP
118 Goose Creek Blvd., South
P.O. Box 1028
Goose Creek, South Carolina 29445
(843) 572-0700

By: _____
Thomas M. White
Attorneys for Claimant

APA SUBMISSIONS

Thomas Karabees, Jr. vs. Trident Technical College

WCC File No.: 0822094

1. Concentra		Records, 11/11/08	Pages 1 - 7
2. Dr. John Lucas	Charleston Neurology Assoc.	Deposition 5/6/10 - Records, 3/4/10 - 10/4/01	Pages 8 - 49
3. Dr. Wilson/Dr. Kupferman	S.C. Sports Medicine	Records, 11/15/10 - 1/3/02	Pages 50 - 69
4. Tricounty Radiology Assoc.		Records, 4/8/09 - 12/1/08	Pages 70 - 72
5. Trident Surgery Center		Records, 1/20/09 - 1/19/09	Pages 73 - 76
6. Dr. Edward Nolan		Records, 11/23/10 - 12/8/09	Pages 77 - 133
7. Hangar Prosthetics		Records, 11/22/07	Pages 134
8. Exhibit		Deposition of Dr. Nolan, 9/14/10	Pages 135 - 151

12/21/10

Concentra Medical Centers (SC)
8780 Rivers Ave Ste 200-B North Charleston, SC 29406
Phone: (843) 572-0810 Fax: (843) 572-0817

Transcription

Patient:	Karabees, Thomas	**Service Date:**	11/11/2008
Soc. Sec. #:	385-52-8253	**Injury Date:**	10/31/2008
Date of Birth:	10/13/1948 **Age:** 60	**Employer:**	Trident Technical College
Service Location:	CMC - Charleston	**Dictated By:**	Robert J Sparano, MD
Service ID # :	1040312085	**Diagnosis:**	840.9 Sprain Of Unspecified Site Of Shoulder

Notes:

CHIEF COMPLAINT:
Patient is a 60 year old male employee of Trident Technical College who complains about his shoulder which was injured on 10/31/2008 9:00:00 AM.

PATIENT STATEMENT:
Patient states :"I fell down stairs hurting left shoulder and back."

Vital Signs: BP: (R) 134/82. P: 72. R: 12. T: 97.9 degrees F orally.

HISTORY OF PRESENT ILLNESS:
The pt states on Oct. 31st, 2008 he fell down 6-8 stairs and injured his left shoulder. He is complaining of some mild pain and decreased abduction. He is scheduled to see an orthopedist on 11/14/08, but has not been seen medically prior to today.

The patient is right handed.

SOCIAL HISTORY: See nurses notes.

FAMILY HISTORY: See nurses notes.

PAST MEDICAL HISTORY: See nurses notes.

Current Medications: The medication list was reviewed.

Allergies: Denies known medication allergies.

ROS:
GENERAL: No fever, chills, fatigability or weight loss.
CHEST: Denies DOE, cyanosis, wheezing, cough and sputum production.
CARDIOVASCULAR: Denies chest pain, PND, orthopnea or reduced exercise tolerance.

PE:
MUSCULOSKELETAL:
Left Shoulder:
- Pt. is in no apparent distress
- Gross exam of the shoulder reveals no abnormalities on appearence.

Dictated But Not Read
Dictated On: 11/11/2008 12:35 PM

Dictated By: Robert J Sparano, MD

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Concentra Medical Centers (SC)
9780 Rivers Ave Ste 200-B North Charleston, SC 29406
Phone: (843) 572-0810 Fax: (843) 572-0817

Transcription

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Service ID # :	1040312085	**Diagnosis:**	840.9 Sprain Of Unspecified Site Of Shoulder

Notes:

- Decreased ROM of shoulder noted to abduction
- negative impingement noted negative Apley scratch test noted on the left
- Normal sensory function noted for the upper extremities.
- Circulatory testing of the upper extremity reveals normal distal pulses with good capillary refill.
- palpation of the shoulder is positive for tenderness at the posterior area lateral area on the left
- cervical ROM is normal in all planes
- ROM of the trunk is normal in all planes
-
- Opposite side is unremarkable.

PERIPHERAL VASCULAR: Radial, femoral and pedal pulses present and symmetrical. No edema.

****
****

X-RAY / LAB REPORT:
Shoulder X-Ray: Negative.

****
****

ASSESSMENT:
1. Shoulder strain. 840.9.
2. Rotator cuff strain. 840.4.

PLAN:

PHYSICAL THERAPY:
Schedule for therapy 3 times per week for 2 weeks. Evaluate and treat

ACTIVITY STATUS:
Regular activity

PATIENT REFERRED TO: An orthopedic surgeon at the earliest convenient time.

Return if symptoms worsen.
Diagnosis, treatment plan and expectations were discussed with the patient. The

Dictated But Not Read
Dictated On: 11/11/2008 12:35 PM

Dictated By: Robert J Sparano, MD

Last Updated By: sparanrs
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Concentra Medical Centers (SC)
8760 Rivers Ave Ste 200-B North Charleston, SC 29406
Phone: (843) 572-0810 Fax: (843) 572-0817

Transcription

Patient:	Karabees, Thomas	**Service Date:**	11/11/2008
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Service Location:	CMC - Charleston	**Dictated By:**	Robert J Sparano, MD
Service ID # :	1040312085	**Diagnosis:**	840.9 Sprain Of Unspecified Site Of Shoulder

Notes:

patient was instructed to return to the clinic as needed.

Dictated But Not Read
Dictated On: 11/11/2008 12:35 PM

Dictated By: Robert J Sparano, MD

0058

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NOTICE TO PATIENT: Your prescriptions may be filled at any pharmacy. For your convenience, billing arrangements have been established at pharmacies participating in the OccuScript pharmacy benefit program.

OccuScript *Pharmacy Benefit Card*

ID # S01044830385528253
Group# CMC00001103108
BIN # 008936

Thomas Karabees
Cardholder Name

Clinic Code: S01

CLINIC: DO NOT REPRINT or COPY THIS FORM for REFILL PURPOSES

PHARMACIST: Questions or processing problems? Call the OccuScript Help Desk at (800) 699-3542

Help Desk Hours: **24 hours a day, 7 days a week**

OccuScript Participating Pharmacies

OccuScript is available in most national pharmacies, discount stores and grocery stores. If you need to locate a pharmacy in your area, please call our HelpDesk at (800) 699-3542.

Please note - OccuScript is NOT accepted at Walgreens.

Suggested Formulary:

Naproxen 550 Naproxen 375 Ibuprofen 800 Ibuprofen 600 Methylprednisolone Dosepak 4 mg Cyclobenzaprine 10 Carisoprodol 350 Diazepam 5 APAP#3 Generic Vicodin Generic Darvocet N-100 Cephalexin 500 Erythromycin 250 Amoxicillin 250 Tobramycin Ophth Solution 0.3% 5ml Silver Sulfadiazine 1% 50gm. Triamcinclone Cream 0.1% 15gm.

Concentra Medical Centers (SC)
8780 Rivers Ave Ste 200-B North Charleston, SC 29406
Phone: (843) 572-0810 Fax: (843) 572-0817

Patient: Thomas Karabees
Address: 377 Oxford Road
LADSON, SC 29456

SSN: 385-52-8253
Phone: (843) 572-0431
Date: 11/11/2008
DOB: 10/13/1948

refer to Podiatrist
Dr O'Hollaren
also robaxin after

_____ M.D./D.O. _____ M.D./D.O.
Dispense as written Substitution Permitted

James M. Combs,MD
Dee E. DiBona, MD
Robert J. Sparano, MD

Refill _____ times DEA # AS1257751

Concentra Medical Centers (SC)
8780 Rivers Ave Ste 200-B North Charleston, SC 29406
Phone: (843) 572-0810 Fax: (843) 572-0817

Patient: Thomas Karabees
Address: 377 Oxford Road
LADSON, SC 29456

SSN: 385-52-8253
Phone: (843) 572-0431
Date: 11/11/2008
DOB: 10/13/1948

_____ M.D./D.O. _____ M.D./D.O.
Dispense as written Substitution Permitted

James M. Combs,MD
Dee E. DiBona, MD
Robert J. Sparano, MD

Refill _____ times DEA #

r_prescription_mpp © 1996 - 2008 Concentra Managed Care, Inc. All Rights Reserved. Revision Date: 10/08/2008

Service ID: 1040312085
X-ray Number:

Concentra Medical Centers (SC)
8780 Rivers Ave Ste 200-B North Charleston, SC 29406
Phone: (843) 572-0810 Fax: (843) 572-0917

Service Date: 11/11/2008
Case Date: 10/31/2008

EXAMINATION FINDINGS

Patient: Karabees, Thomas
SSN: 385-52-8253
DOB: 10/13/1948 Age: 60
Gender: M

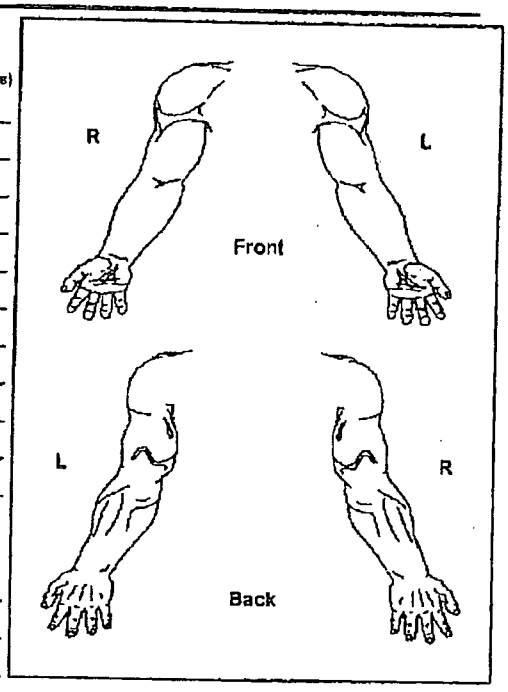
Address: 377 Oxford Road
LADSON, SC 29456
Phone: (843) 572-0431

Employer: Trident Technical College
Address: PO Box 118067
CHARLESTON, SC 29423
Phone: (843) 574-6203

Contact: Devetta Hughes
Phone: (843) 574-6199
Ext.:
Fax: (843) 574-6399

Vital Signs: B/P 134/82 P 72 R 12 Temp 97.9

Hx of Present Injury (Documentation, quality, severity, duration, timing, associated signs & symptoms, modifying factors)
Oct 31
Left Outer Pain
Groin



Shoulder

Hx of Related Problems:

Review of Systems: (See Review of Systems Page)
Past, Family, Social HX: (See Review of Systems Page) hx MS, Htn
Physical Examination (Positive and Significant Negatives):
Tight @ shoulder. pain
ROM shoulder.
anterior
Lymph.
pain @ Post Rotator Tendon

Lab/X-ray: @ shoulder. img

Assessment/Analysis:

Diagnosis: @ shoulder strain
R/O Rotator cuff tear

Treatment Plan:

Physician's Signature: MD

Dictated: Date: Spoke with at company regarding status

0060

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Service ID: 1040312085
X-ray Number:

Concentra Medical Centers (SC)
9780 Rivers Ave Ste 200-B North Charleston, SC 29406
Phone: (843) 572-0810
Fax: (843) 572-0817

Service Date: 11/11/2008
Case Date: 10/31/2008

Review of Systems

Patient: Karabees, Thomas
SSN: 365-52-8253
DOB: 10/13/1948
Age: 60 Gender: M

Address: 377 Oxford Road
LADSON, SC 29456
Phone: (843) 572-0431

Employer: Trident Technical College
Address: PO Box 118067
CHARLESTON, SC 29423
Phone: (843) 574-6203

Contact: Devetta Hughes
Phone: (843) 574-6199
Fax: (843) 574-6399

JOB TITLE

PATIENT STATEMENT Patient states :"I fell down stairs hurting left shoulder and back."

SOCIAL HISTORY

Do you smoke? Y (N)
If yes
_____ cigarettes a day
_____ cigars a day
_____ total number of years smoked

Do you use snuff, etc? Y (N)
If yes
_____ total number of years

Do you use alcohol? Y (N)
If yes, _____ number of (beers, glasses of wine, or hard liquor) per (day, week, month). *Circle each answer.*

FAMILY HISTORY

Have your parents, siblings, or children had significant medical problems? _____ Y (N)

MEDICAL HISTORY

Have you been hospitalized overnight? _____ Y (N)
Do you have or have you had any major medical problems? Y (N)
List MS
Have you had any previous surgeries? List HERNIA (Y) N
Other than today, have you seen a physician for any injuries? Y (N)
_____
Do you wear glasses? (Y) N

MEDICATIONS

Do you take any medications (Prescription, over the counter or herbal)? (Y) N
List INTERFERON BETA 1A BENICAR

ALLERGIES

Are you allergic to any medications? Y (N)
If yes, please list here _____
What does the allergy cause? (hives, rash, stomach upset, other)
Please list _____
Last Tetanus/Date _____

REVIEW OF SYSTEMS

If you have any of the following, please circle it and explain below:

GENERAL					
Chills	Fever	Sick Feeling	Night Sweats	Weight Loss/Gain	Insomnia
SKIN					
Rash		Growths	Cancer	Hives	
HEENT					
Blurred Vision		Decreased Vision	Eye Pain	Eye Drainage	
Nosebleed		Headache	Head Injury	Hearing Loss	Ringing in Ears
Ear Drainage		Light Sensitivity	Sinus Pain	Sore Throat	Voice Changes
CARDIORESPIRATORY					Double Vision
Cough		Cough Up Blood	(High Blood Pressure)	Palpitations (Heart Flutters)	
Shortness of Breath		Pleurisy	TB Exposure	Wheezing	Heart Disease
Chest Pain		Leg Swelling	Difficulty Sleeping Laying Flat	Fluid Retention	
GASTROINTESTINAL					
Abdominal Pain		Constipation	Decreased Appetite	Problems Swallowing	
Indigestion		Vomiting Blood	Black Bowel Movements	Rectal Bleeding	Ulcer
Nausea		Recurrent Vomiting	Diarrhea	Heartburn	
GENITOURINARY					
Burning On Urination		Frequent Urination	Swelling in Scrotum	Blood in Urine	
Hernias		Drainage from Genitals	Pain in Genital region	Problems with Fertility	
ENDOCRINE					
Excessive Thirst		Excessive Urination	Intolerance of Hot or Cold	Abnormal periods (menses)	Diabetes
HEMATOLOGIC					
Anemia		Bruise Easy	Excessive Bleeding	Unexplained Skin Discoloration	
PERIPHERAL VASCULAR					
Leg Cramps with Exercise		Blood Clots	Varicose Veins	Cold Feet or Hands	
MUSCULOSKELETAL					
Arthritis		Back Pain	Gout	Night Pain	
Joint Pain		Joint Stiffness	Fractures	Limited Motion	Joint Swelling
NEUROLOGIC/PSYCHIATRIC					
Uncoordination		Loss of Body Strength	Memory Loss	Numbness	
Light Headedness		Dizziness	Loss of Consciousness	Seizures	Fainting
Tremor		Mood Swings	Depression	Stress	Tingling

_____ **All of the above are Negative.**

POSITIVE RESPONSES: _____

I certify the above responses are complete and accurate to the best of my knowledge

Patient's Signature

Physician Signature: _____ 0061

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Improving America's health, one patient at a time.

800 686 0468
14 OCT 09

Patient Information

Last name: KARABEES JR First name: THOMAS M.I.: W

Social Security #: 385 52 8253 Date of birth (MM/DD/YYYY): 10/13/1948 ☒ Male ☐ Female

Driver's License number: 00330346 1 Issued in what state: SC License classification: _____

Address: 377 OXFORD RD City: LADSON ST: SC ZIP: 29456

Contact phone (home or cell): 843 572 0631 Work phone: 843 574 6423 ☐ Single ☒ Married

e-Mail address: THOMAS.KARABEES@TRIDENTTECH.EDU

Occupation: INSTRUCTOR Hire date: 1978

Employer

Name: Trident Tech Location/store number: _____

Address: _____ City: _____ ST: _____ ZIP: _____

Supervisor name: _____ Supervisor phone: _____

Is your employment arranged through a temporary hire agency? ☐ Yes ☐ No Name of agency: _____ Agency phone: _____

The Reason for Today's Visit

Help us know more about what you need today.

What is the main reason for today's visit:

☒ I was injured on the job

☐ I am here for one of the following non-injury services:

☐ Physical exam ☐ Drug Screen ☐ Physical and Drug Screen

☐ DOT (CDL) certification ☐ Other: _____

If you are here for a work-related injury, please tell us about it.

Injury date: 31 OCT 08 Injury time: 0900

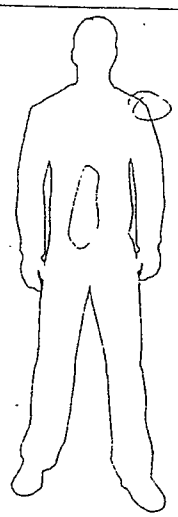
Where were you when the injury occurred?: OAK AMERICAS

How did the injury happen? FELL DOWN STAIRS

What part of your body is injured? LT SHOULDER & BACK

Please check which side of your body is injured. ☐ Right ☒ Left ☐ Both

Using the figure at right, please circle the areas where you are injured. ➲



The information provided is correct to the best of my knowledge. I will not hold Concentra, its health providers, or its employees responsible for any errors or omissions that I may have made in completing the information on this form. You may contact my employer to verify the purpose of my visit, if necessary.

✍ Signature: [signature] Date: 11 NOV 08

Notice of Privacy Practices

Your name and signature below indicate that you have received a copy of Concentra's Notice of Privacy Practices on the date and time indicated. If you have any questions regarding the information in Concentra's Notice of Privacy Practices, you may contact Dona-Marie Geoffrion, Vice President and Privacy Officer for Concentra, at 972-725-6676.

Name (please print): THOMAS W KARABEES JR

✍ Signature: [signature]

Date and time Notice received: 11 NOV '08

0062

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
WCC FILE NO.: 0822094

COPY

THOMAS KARBEES, JR.,

Employee,
Claimant,

-vs-

STATE BOARD FOR TECH. & COMP EDUCATION,

Employer,

and

SC STATE ACCIDENT FUND,

Carrier.

DEPOSITION OF:
DR. JOHN LUCAS

May 6, 2010

The deposition of DR. JOHN LUCAS, taken before Lynda A. Bousquet, Professional Court Reporter and Notary Public, at the offices of Charleston Neurology, 9313 Medical Plaza Drive, Suite 310, North Charleston, South Carolina, on Thursday, May 6, 2010, at 5:30 p.m.

APPEARANCES

REPRESENTING THE EMPLOYEE/CLAIMANT:

THOMAS M. WHITE, ESQUIRE
Steinberg Law Firm
118 Goose Creek Boulevard
Goose Creek, South Carolina 29445

REPRESENTING THE EMPLOYER/CARRIER:

MARGARET M. URBANIC, ESQUIRE
Clawson & Staubes, LLC
126 Seven Farms Drive, Suite 100
Charleston, South Carolina 29492

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Witness:

LUCAS, DR. JOHN (sworn)

Examination by Ms. Urbanic 4
Examination by Mr. White 13

Reporter's Certificate 16

EXHIBITS

(No exhibits were proferred.)

(DR. JOHN LUCAS, having been first duly sworn, testified as follows:)

EXAMINATION BY MS. URBANIC:

Q Dr. Lucas, my name is Peggy Urbanic. We just met a few minutes ago. I represent Trident Tech and the State Accident Fund with regards to Mr. Karabees' Workers' Comp claim. Am I saying that right? I always want to say Carrabas (sic) for some reason. Karabees. I understand you have treated Mr. Karabees. Let me just say, you are a neurologist; is that right?

A Yes. I'm a neurologist.

MS. URBANIC: I think we can stipulate to his credentials?

MR. WHITE: Yeah. That's fine.

BY MS. URBANIC:

Q You're board certified, all that good stuff?

A (Witness moves head up and down.)

Q Is that a yes?

A Yes.

Q I understand you have treated Mr. Karabees for a number of years for multiple sclerosis?

A That's correct.

Q And just briefly, did you first diagnose him

back in 2001, it looks like?

A Yes. I started treating Mr. Karabees in October of 2001 and diagnosed him with multiple sclerosis over that month and have been treating him ever since for his multiple sclerosis.

Q And I understand there's different, I guess, I don't know, levels or different categories of multiple sclerosis; is that --

A That's correct.

Q What type of or category does Mr. Karabees have as far as multiple sclerosis?

A He has remitting relapsing multiple sclerosis that may be gradually developing into a secondary progressive multiple sclerosis.

Q And can you just briefly explain what that means to non-medical people?

A That means that initially -- and this is actually fairly common. That initially he had intermittent attacks and symptoms but gradually, over the more recent years, has had a little bit of gradual increased disability without discrete attacks.

Q Is that the normal course?

A That's actually the most common form of multiple sclerosis. Most people, for many years,

will have individual attacks and get better from each individual attack and then later on in the illness to have what appears from the outside to be a little more gradual progressive illness just due to the addition of individual lesions in the multiple sclerosis. What's going on inside, you're still having individual areas that are being attacked by the multiple sclerosis; but from a physical standpoint, looking from the outside, it starts looking like just a gradual increase of symptoms.

Q And through your treatment of Mr. Karabees, it looks like in September, September 20th of 2007, you had noted at that time I guess, or not noted, but suggested to him that you would support him in a disability application?

A That's correct. He had been gradually having increased symptoms, and we talked that day that I was actually surprised with the amount of physical problems he was having that he still was working full-time, that he was one of those people who is just a sort of go-getter type of person. And I told him that he could -- wasn't going to tell him he couldn't work but that I would certainly support him if I felt like he couldn't keep working with his problems.

Q And then it looks like after the September 20th, '07, visit, the next visit I have at least is March 20th of 2008?

A That's correct.

Q Okay. And it looks like at that visit you noted how much longer he would be able to work?

A Correct, because he was having some more difficulty. He had a number of small falls from losing balance and was having more difficulty walking more than anything else.

Q And so it was -- I mean, his multiple sclerosis, I guess, was progressing at that --

A Yes, ma'am.

Q And when you saw him March 20th of 2008 and noted that you were surprised, I don't know if surprised is the right word. You were wondering how much longer he would be able to work. Did you have any thoughts of, gosh, I didn't expect him to work any more than a year at that point or six months? Do you know what I'm asking?

A I know what you're asking. It's hard to answer exactly because, I mean, everyone is different on how far they will keep pushing when they are having a physical difficulty, that from a, you know -- from a medical disability standpoint, I had

obviously felt a number of months before then that he was having enough difficulty that he certainly would qualify medically for a disability, and he just kept pushing on.

I certainly did not think that he would be able, even if he kept pushing, to continue for too much longer. And while I can't give a 100 percent accurate answer, something on the order of six months to a year is the longest I imagine he could possibly have done.

Q And after your March 20th visit, I think I have a September 18th, 2008, visit?

A That's correct. That's the next time that I saw him.

Q And then between September 18th, 2008, the next visit I have is March 19th of 2009?

A That's correct. He had been pretty much on the six-month visit basis for a good bit of time at that point.

Q When did you become aware that Mr. Karabees had an accident at work on October 31st of 2008?

A On that visit on the March 19th of 2009 was when he talked to me about that.

Q And what did he tell you about his on-the-job injury from October 31st of 2008?

A I don't remember the exact, the exact details. That around -- just that somewhere around Halloween, he had fallen and he had had an injury to left shoulder and was having neck and back pain and was working with Dr. William Wilson.

Q Did his fall or his injury of October 31st, 2008, in any way affect his multiple sclerosis?

A Not that I know of or not that I am able to convincingly attest to.

Q And did his fall or accident of October 31st, 2008, in any way change your course of treatment of his multiple sclerosis?

A No, ma'am.

Q And do you have an opinion if his multiple sclerosis in any way affected the injuries he suffered from his fall at work on October 31st, 2008?

A I don't really know the details of his fall. But with his -- he certainly had some progressive walking difficulty related to multiple sclerosis and had had falls which I certainly believe were at least contributed to by his balance difficulty and multiple sclerosis and it could have obviously contributed to the fall itself.

Q So the multiple sclerosis could have been a

factor in his falling at work?

A Yes. Could possibly have been, yes, ma'am.

Q But as far as, I guess, the injuries he suffered, which are neck and back injuries where he was treated with Dr. Wilson, do you have an opinion as to the physical injuries that he suffered from his fall at work on October 31st, if the multiple sclerosis actually affected his, you know, the injuries that he suffered, his back injury or his neck injury?

A I'm sorry. I am not sure exactly what you are --

Q Okay. Do you know -- you indicated that you were aware that he was having neck and back pain when you saw him in March of 2009?

A Correct.

Q Do you know if his multiple sclerosis was something that would have, I guess, made those injuries worse or affected his injuries in any way, the neck and back pain that he suffered from the fall that he took on October 31st?

A He certainly does have some difficulties with spasticity and muscle tightness related to multiple sclerosis which could certainly make his pain, spasm, discomfort, the normal things that would

happen from a natural neck or back injury be worse or more aggravated because of his underlying multiple sclerosis to begin with, yes, ma'am.

Q Do you know if Mr. Karabees suffered that? I mean, did you ever discuss that with him?

A Just as an aside, about just the pain that he was having.

Q And after March 19th, 2009, the next visit I have is September 17th of 2009?

A That's correct.

Q Okay. And on September 17th, 2009, visit, how were his -- how was his multiple sclerosis?

A That he was having a little more gradual decline, more balance difficulty, and some feeling of a little bit of cognitive difficulty, feeling a little slower, a little trouble remembering things, that all seem to be a little worsening of the condition that we had been seeing for a good bit of time at that point. Started treating him with a muscle spasm medication and talked about the idea that we could possibly try some medications to help speed up his memory processes if we wanted to over time.

Q And it looks like --

A And that day that we talked about Social

Security benefits and how I -- that he was applying for them and that I would support him on that because I felt he was permanently disabled from his multiple sclerosis.

Q And has Mr. Karabees applied for disability that you know about, that you maybe helped fill out some forms or any of that sort of thing?

A I know he has applied, and I know that we have sent all records. And off the top of my head, I don't know what's happened to them.

Q I know sometimes they have the doctors fill some stuff out.

A We sent all the records. They didn't send lots of forms for me yet.

Q Yet, but I am sure they will. So I am clear, it's your opinion, to a reasonable degree of medical certainty, that Mr. Karabees is disabled and unable to work due to his multiple sclerosis?

A Yes, ma'am.

Q And you mentioned multiple sclerosis, I guess one of the parts of the disease process is muscle spasms; is that my --

A One of the processes that develops is spasticity which is tightness of the muscles which predominantly has been affecting his legs, but most

definitely patients with multiple sclerosis can have increased muscle tone and tightness of the muscles involving their spine as well.

Q And just so we're clear, Doctor, it's your opinion, to a reasonable degree of medical certainty, that Mr. Karabees' multiple sclerosis was not aggravated by the fall of October 31st, 2008?

A That's correct.

MS. URBANIC: I think that's all the questions I have. Tom may have.

EXAMINATION BY MR. WHITE:

Q Just a couple, Dr. Lucas.

A Sure.

Q In reviewing your notes, had Mr. Karabees been complaining to you of any shoulder, neck, or back problems prior to the fall that he discussed with you when he came in to see you --

A No, sir.

Q -- in March of 2009?

A No, sir.

Q And as far as follow-up treatment goes, I think we have got medical records from Dr. Wilson and Dr. Kupferman, as far as follow-up treatment for neck, shoulder, and low back, you didn't really treat him for any of those problems?

A That's correct.
Q And do you know when he left work? I mean, I know -- you've got it on September 17th, '09, I guess, that he's out of work. Do you know specifically when he left?
A I do not know exactly when he stopped working.
Q And he had been working up until the date of his fall with his multiple sclerosis?
A Yes, he had.
Q Do you know following the fall -- for example, in your note of March 19th, 2009, can you tell from that note if he is still working or not?
A I don't remember, and it doesn't say definitely on March 19th, so I am not certain.
Q Do you have an opinion or any knowledge of what role that his shoulder problems, neck or back problems may have played in him being forced to eventually leave work when he left work in addition to the multiple sclerosis?
A I think it certainly may have sped things up some. I mean, he was just someone who basically was insisting that he was, not in a bad way, a good way, that he was going to keep working till the last minute that he couldn't work. And certainly any type

of even minor injury on top of the neurologic problem that he had could speed up. I almost don't know how he kept working before and anything added to that wasn't going to help.

Q The last visit before his fall, which was September 18th, 2008, I guess at least at that point, it looks like -- I realize he comes and goes as it flares up. On that date, September 18th, was only four or five weeks, six weeks I guess before the fall. It looks like he was doing fairly well? It looks like you stated he is doing fairly good?

A Yeah. I mean, he certainly had difficulty but was tolerating things really fairly well at that time.

Q And it looks like you were going to see him again in six months. Would that visit on March 19th just have been his regular follow-up visit?

A That's correct. It was just a routine follow-up where I was sort of surprised to find out what he had been through so far since then.

MR. WHITE: I don't have anything else.

MS. URBANIC: Thank you.

(The deposition concluded at 5:48 p.m.)

REPORTER'S CERTIFICATE

I do hereby certify that the witness whose attached deposition was taken before me in the aforementioned matter was, by me, first duly sworn to testify the truth, the whole truth, and nothing but the truth; that the testimony contained in said deposition was, by me, reduced to writing in the presence of said witness by means of computerized transcription. The said deposition is a true and accurate transcript of the whole of the testimony given by the said witness, as aforesaid.

I do further certify that I am not connected by blood or marriage with any of the parties or their attorneys or agents, and I am not an employee of either of them, nor interested directly or indirectly in the matter of controversy either as counsel, attorney, agent or otherwise.

Sworn to and subscribed before me this the 6th day of January, 2010.

Lynda A. Bousquet
Court Reporter and Notary Public
My Commission Expires: 6/2/16

Tom KARABEES

Name Karbees, Thomas
MRN 8992
DOB
Patient Identification

CHARLESTON NEUROLOGY ASSOCIATES, LLC
Dr. John W. Pleyler, MD
Dr. John H. Lucas, IV, MD

Mailing Address
9313 Medical Plaza Dr., Ste. 310
Charleston, SC 29406

Telephone: (843) 569-1865
Facsimile: (843) 569-1879
Tax ID# 57-1134565

Date 3/4/10

Data Reviewed:
CT MRI
WM changes in
Cont of MS
Tx Cont'g Pt'ship

Vital Signs: BP 110/73 P 74 R ____ Weight: ____ Taken by: ____ Printed name

Chief Complaint:

Interval History: Pt. without major change. Quit quit Stiff.
No falls. No injury
In mid-st moisture therapy. Walking 1 mile on treadmill.
Noticed Ampyra ads & heard.

Medications: ☐ see Amb Care Summary
changes: Aimex, VitD, MVI, Zanaflex 2 BID

PMH/ PSH/ Family Hx/ Social Hx/ ROS: ☐ Unchanged from last visit, date: ____
Updated: Recent Reviewed. → Same better.

Assessment Plan:
1) RRMS
2) Mild vit D deficiency
3) Ambulatory difficulty
4) Spasticity
→ Avonex weekly
→ Zanaflex 2 BID
→ Consider Ampyra

♦General Appearance: ☒ NL ☐ Overwt ☐ Underwt Abnl:
Neck: ♦Carotids: ☒ NL Abnl: ☐ Thyromegaly
Lungs: ☒ NL Abnl: ☐ Wheezes ☐ Rhonchi ☐ Rales
♦CV: ☒ NL Abnl: ☐ Murmur ☐ Rub/ Gallop ☐ Arrhythmia
Abd: ☐ NL Abnl: ☐ Bowel Sounds ☐ Tenderness ☐ Distended
♦PVS: ☒ NL Abnl: ☐ Edema ☐ Cyanosis ☐ Clubbing ☐ Pulses
Other:

Neurological: ☒ Awake, Alert ☐ Lethargic ☐ Obtunded ☐ Stuporous ☐ Coma
♦Mental Status: ☒ ♦Oriented p p t ☐ ♦Memory NL ☐ ♦Serial 7's NL ☐ ♦Drawing NL
Abnl:
♦Speech: ☒ Language NL Abnl:
♦Optic Fundi: ☐ NL Abnl:
♦CN: NL ☒ ♦2 ☒ ♦3 4 6 ☐ ♦5 ☒ 7 ☒ 8 ☐ 9 ☐ 10 ☐ 11 ☒ 12
Abnl:
Dysphagia: ☐ Present ☒ Absent
♦Motor: Strength ☐ NL Abnl: especially in (L) leg, mild UE weakness
Tone ☐ NL Abnl:
Pronator drift ☐ R ☐ L ~ None
♦Sensory: ☒ NL Abnl:
Parietal ☐ NL Abnl:
♦DTR: ☐ NL Abnl: 1 BLE ♦Toes: ☐ NL Abnl:
♦Coordination: ☐ NL Abnl:
♦Galt: ☐ NL Abnl: ~ Spastic (L) > (R)

John W. Pleyler, MD
John H. Lucas, IV, MD

3/1/2010

0079

24

CHARLESTON NEUROLOGY ASSOCIATES
John W. Plyler, M.D.
John H. Lucas IV, M.D.

MAILING ADDRESS:
9313 Medical Plaza Drive, Suite 310
Charleston, South Carolina 29406

Telephone (843) 569-1856
Facsimile (843) 569-1879
Tax ID # 57-1134563

RECEIVED NOV 03 2009

RE: Karabees, Thomas
ID#: 8992
Date: October 29, 2009

FOLLOWUP

SUBJECTIVE:
The patient returns for followup. He was last seen September 17th. Potassium was 3.4, glucose 102, B12 normal, bilirubin 1.1, other transaminases normal, CBC normal. His vitamin D total was 33.4, which is low normal. He is taking Zanaflex 2 mg b.i.d. This has definitely helped his spasms, but has not totally relieved them. He is about to have epidurals through Dr. Nolan for his back problems. We went over everything at length. I talked about the idea of possibly trying Lyrica or Neurontin, but he does not want to do this. He wants to continue the Avonex. He is taking vitamin D and a multivitamin.

PHYSICAL EXAM:
On examination, EOMs intact. No facial asymmetry. Tone abnormal in the upper extremities, brisk tone in the lower extremities. Clonus at the ankles. Gait reveals some spasticity, but is improved. BP 120/72.

IMPRESSION/DISCUSSION:
Remitting relapsing multiple sclerosis. Continue Avonex and Zanaflex for now. Re-evaluate in four months after his epidurals.

John H. Lucas, IV, M.D.
JHL/bv TID#: 37643898
cc: Joseph Nolan, M.D.
9275 Suite C Medical Plaz
N. Charleston, SC 29406

All information contained in this communication is confidential.

CHARLESTON NEUROLOGY ASSOCIATES

John W. Plyler, M.D.
John H. Lucas IV, M.D.

MAILING ADDRESS:
9313 Medical Plaza Drive, Suite 310
Charleston, South Carolina 29406

Telephone (843) 569-1856
Facsimile (843) 569-1879
Tax ID # 57-1134565

RE: Karabees, Thomas
ID#: 8992
Date: September 17, 2009

FOLLOWUP

SUBJECTIVE:
The patient returns for followup. There has been some gradual functional decline. The main issues are legs feel stiffer, balance feels worse and he has noted some cognitive difficulty. He is no longer working and is frustrated by this. He has applied for disability. I am impressed he was able to work as long as he did.

He currently takes Avonex once a week without difficulty. He is on vitamin supplements, is about to start vitamin D3. He has been doing therapy. He continues to report low back and mid back stiffness. He tends to fatigue during the day and seems to take longer to get things done than before.

PHYSICAL EXAM:
On examination, he is bright, interactive and fluent. EOMs intact. No pronator drift, but subtle increased tone in the upper extremities. Significantly increased tone in the lower extremities with a spastic diplegic gait which is worse on the right than the left. Clonus at the knees and ankles. Heart and lung sounds are clear. BP 130/74.

IMPRESSION/DISCUSSION:

1. Remitting relapsing multiple sclerosis on Avonex therapy. I have talked about emerging therapies with him at length. At this point, he does not want to change the Avonex.
2. Significant spasticity which is gradually worsening and is causing significant gait decline. I recommended a trial of Zanaflex. I have talked about some emerging therapies that are also becoming available. He will begin 2 mg at bedtime building to b.i.d. which we could increase further.
3. Cognitive difficulties, symptoms certainly would be consistent with multiple sclerosis associated cognitive loss. We have talked about the idea about possibly trying a dementia drug or Provigil or Ritalin, though I want to wait his response to the baclofen first. In addition, we will go ahead and arrange for some basic blood work.

Thirty minutes of one-to-one. I have now for over a year been suggesting that the patient's symptoms are too severe for him to be able to work. Specifically, he is at fall risk, has fatigue and now cognitive difficulties. He has applied for social security benefits and I would support him for this.

John H. Lucas, IV, M.D.
JHL/by TID#: 36500791

All information contained in this communication is **confidential.**

CHARLESTON NEUROLOGY ASSOCIATES

John W. Plyler, M.D.
John H. Lucas IV, M.D.

MAILING ADDRESS:
9313 Medical Plaza Drive, Suite 310
Charleston, South Carolina 29406

Telephone (843) 569-1856
Facsimile (843) 569-1879
Tax ID # 57-1134565

RE: Karabes, Thomas
ID#: 8992
Date: March 19, 2009

FOLLOWUP

SUBJECTIVE:
The patient returns for followup. His bilirubin is actually better at 1.2. Other labs were all entirely normal including a CBC, TSH, folate, B12, hepatic profile and BMP. Neurologically, he is doing fine. He has had no MS attacks or flares. No new complaints or difficulties related to his MS. He takes the Avonex once a week without any complication. He feels a little bit tired after he gives himself the injection, but then does fine for the rest of the week. He is also on Benicar for blood pressure and a cholesterol medicine. Apparently around Halloween, he fell and injured his left shoulder. He has been having neck and back pain and has seen Dr. William Wilson and is going to have MRIs throughout his entire spinal axis.

PHYSICAL EXAM:
On examination, he is awake, bright, interactive, and pleasant. EOMs intact. No nystagmus. Pupils symmetric. No APD, no INO. No pronator drift. Finger tapping normal. BP 110/74 in the right arm. Heart and lung sounds are clear. Slightly spastic lower extremities with brisk knee jerks and ankle jerks, but no clonus. Walks with a little bit of a slow spastic quality to the gait. Slightly wide-based gait.

IMPRESSION/DISCUSSION:
Multiple sclerosis stable. Talked about emerging therapy at length. Continue medicine unchanged for now and his MRIs. I have asked him to send a copy to me so I can review them as well.

John H. Lucas, IV, M.D.
JHL/bv TID#: 31753356

All information contained in this communication is confidential.

PATIENT INFORMATION FORM

TODAYS' DATE: 18 109 108 ACCOUNT # _____

LAST NAME: KARABEES FIRST NAME: THOMAS MI W

STREET ADDRESS: 377 OXFORD RD APT _____

CITY: LADSON STATE: SC ZIP CODE: 29456

HOME PHONE (843) 572 0431 WORK PHONE (843) 5746423

SSN: 285 152 8253 DATE OF BIRTH: 13 10 48 AGE: 59

DRIVER'S LICENSE NUMBER: 007303461 EXP DATE: 10-13-2015

EMPLOYER: TTC ADDRESS: 7000 RIVERS AVE

CITY: N. CHAS'N STATE: SC ZIP CODE: 29420 OCCUPATION: INSTRUCTOR

SPOUSE'S NAME: PAT DATE OF BIRTH: 18 10 21 51

EMPLOYER: BCSD ADDRESS: MC SC

EMERGENCY CONTACT PERSON: PAT KARABEES PHONE (843) 572 0431

REFERRING PHYSICIAN: _____ PHONE ( ) _____

PRIMARY CARE PHYSICIAN: _____ PHONE ( ) _____

I hereby authorize direct payment of medical benefits to Charleston Neurology Associates, LLC or their representatives for services rendered by Drs. Plyler, Lucas, and Privett or others under the physician's direct supervision. I uncerstand that I am solely responsible for any legal fees or collection fees associated with the collection of any balance remaining on my account. I certify that the information given by me in applying payments against my account balance is correct. I request that payment be made to Charleston Neurology Associates, LLC. I authorize Charleston Neurology Associates, LLC to release or receive any other healthcare information on me that may be necessary for either my medical care or in processing applications for financial payment on my account. I understand under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) that I have certain rights regarding my privacy. I understand that this authorization covers only information necessary to conduct, plan and direct treatment and follow up, obtain payment from third party payors, and conduct normal healthcare operations such as quality assessments and physical certifications. I further understand that uses other than noted above will require my specific authorization. A photocopy of this authorization shall be valid as the original.

I understand that I am responsible for any authorizations/referrals needed by my insurance company to cover services rendered by Charleston neurology Associates, LLC; otherwise I am responsible for any unpaid balances on my account.

MEDICARE PATIENTS: I request that the payment of authorized Medicare benefits be made to Charleston Neurology Associates, LLC for services rendered. I authorize any holder of Medicare information about me to release to the Centers for Medicare and Medicaid Services and its agents, information needed to determine these benefits or the benefits payable to related services rendered.

SIGNATURE: _____ DATE: 18 109 108

PARENT OR LEGAL GUARDIAN: _____ DATE: ___/___/___

DX: _____

ARE YOU BEING SEEN TODAY FOR TREATMENT RELATED TO:
MOTOR VEHICLE ACCIDENT: YES/NO WORK RELATED INJURY: YES/NO

19 MAR 08

0083

CHARLESTON NEUROLOGY ASSOCIATES
John W. Plyler, M.D.
John H. Lucas IV, M.D.

MAILING ADDRESS:
9313 Medical Plaza Drive, Suite 310
Charleston, South Carolina 29406

Telephone (843) 569-1856
Facsimile (843) 569-1879
Tax ID # 57-1134565

RE: Karabees, Thomas
ID#: 8992
Date: September 18, 2008

FOLLOWUP

SUBJECTIVE:
The patient returns for followup. He generally is doing fairly good. He had some problems with heat exhaustion during the summer, but seems to tolerate them fairly well. He feels his right leg may be faintly weaker than it has been in the past, but is doing relatively okay with this. He is on Benicar for blood pressure. He takes an OTC potassium supplement. He takes his Avonex injections.

PHYSICAL EXAM:
On exam, he is awake, bright, interactive, and pleasant. No nystagmus. No facial asymmetry. He is hyperreflexic in both lower extremities, right more than left. He has a little bit of right hemiparietic quality to his gait. BP is 120/70 in the right arm.

IMPRESSION/DISCUSSION:

1. Multiple sclerosis.
2. History of mildly elevated bilirubin.

Repeat blood work today. We will check vitamin levels at the same. Continue Avonex. Follow up in six months.

John H. Lucas, IV, M.D.
JHL/tw TID#: 27211323
cc: Donald T. Hanna, M.D.
100 Spring Hall Drive
Goose Creek, SC 29445

FAXED

Initial:

All information contained in this communication is **confidential.**

CHARLESTON NEUROLOGY ASSOCIATES

John W. Plyler, M.D.
John H. Lucas IV, M.D.

MAILING ADDRESS:
9313 Medical Plaza Drive, Suite 310
Charleston, South Carolina 29406

Telephone (843) 569-1856
Facsimile (843) 569-1879
Tax ID # 57-1134565

RE: Karabees, Thomas
ID#: 8992
Date: March 20, 2008

FOLLOWUP

SUBJECTIVE:
The patient returns for follow up of his MS. He has had some gradual progressive difficulties. He has had a number of falls and difficulties at work. His liver function is normal other than the bilirubin which has come down to 1.4. He continues to take the Avonex and was started on a blood pressure medicine. No visual changes or double vision. He is having some discomfort in the legs, but no severe pain.

PHYSICAL EXAM:
On exam, BP 130/80 in the right arm. EOMs intact. No nystagmus. Finger-to-nose is a little bit off on the right. Rapid alternating movement is decreased on the right. Tone is increased in both lower extremities. He has a severe spastic diplegic gait.

IMPRESSION/DISCUSSION:
Multiple sclerosis on Avonex with some gradual decline. I really wonder how much longer he will be able to continue to work like this. We talked about this at length today. He has certainly worked far beyond the average patient with his difficulties with MS.

John H. Lucas, IV, M.D.
JHL/bv ID#: 22702406

All information contained in this communication is confidential.

CHARLESTON NEUROLOGY ASSOCIATES

John W. Plyler, M.D.
John H. Lucas IV, M.D.

MAILING ADDRESS:
9313 Medical Plaza Drive, Suite 310
Charleston, South Carolina 29406

Telephone (843) 569-1856
Facsimile (843) 569-1879
Tax ID # 57-1134565

Re: Karabees, Thomas
ID#: 8992
Date: 09/20/07

FOLLOW UP

SUBJECTIVE:
The patient returns for follow up of his multiple sclerosis. He continues to take Avonex. Blood work in March finds bilirubin at 1.6, but it was the only anomaly. He has had more increased fatigue and more difficulty with his gait imbalance this summer, especially with the heat. He occasionally has some electrical paresthetic type qualities.

PHYSICAL EXAM:
On exam, he is awake, alert, interactive and pleasant. BP is 130/80 in the right arm. Visual fields are full. No pronator drift. Tone, bulk, strength normal in the upper extremities. There is subtle weakness in the lower extremities. Gait is quite abnormal with a wide based gait, rotated right hip and ataxia. He cannot walk heel to toe. He has brisk reflexes at the knees with clonus at both ankles. No hyperreflexia in the upper extremities. No nystagmus I can detect. Speech fluent.

IMPRESSION/DISCUSSION:
1. Remitting relapsing multiple sclerosis.
2. Elevated bilirubin with borderline bilirubin in the past and some transient elevation of transaminases.

He reports he always gets his blood work and seems to be going on the day after his Avonex injection which may play some role in this. We will repeat hepatic functions today and watch this very closely. He denies any symptoms related at all to gallbladder disease or hepatic disease. He has continued to work, but is having more of a struggle with this. We have had a long and frank discussion about this. I would certainly support him in any disability application. He has been able to keep working at this point purely due to pushing himself substantially and certainly reducing his work load and stressors may help his MS as well.

John H. Lucas, IV, M.D.

JHL/bv

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CHARLESTON NEUROLOGY ASSOCIATES

John W. Plyler, M.D.
John H. Lucas IV, M.D.
Thomas A. Privett, M.D.

MAILING ADDRESS:
9313 Medical Plaza Drive, Suite 310
Charleston, South Carolina 29406

Telephone (843) 569-1856
Facsimile (843) 569-1879
Tax ID # 57-1134565

Re: Karabes, Thomas
ID#: 8992
Date: 03/22/07

FOLLOW UP

SUBJECTIVE:
The patient comes in for follow up. He has had no new MS symptoms. He continues to have a lot of aching in his knee. He is putting off replacement as long as possible. He is currently taking a B complex, Avonex and the Nexium is on a prn basis. No difficulties with Avonex. No injection reactions, etc.

PHYSICAL EXAM:
On exam, he is awake, alert, interactive and pleasant. No nystagmus. There is some subtle increased tone in the right hand into both lower extremities, right more than left. Subtle right foot drop, increased reflexes in knees and ankles, a little more right than left. Slightly brisk brachioradialis reflex on the right. Blood pressure is 130/82 in the right arm.

IMPRESSION/DISCUSSION:
Multiple sclerosis, remitting relapsing: fairly stable on Avonex. Blood work today.

John H. Lucas, IV, M.D.

JHL/bv

cc

CHARLESTON NEUROLOGY ASSOCIATES

John W. Plyler, M.D.
John H. Lucas IV, M.D.
Thomas A. Privett, M.D.

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9313 Medical Plaza Drive, Suite 310
Charleston, South Carolina 29406

Telephone (843) 569-1856
Facsimile (843) 569-1879
Tax ID # 57-1134565

Re: Karabees, Thomas
ID#: 8992
Date: 09/14/06

FOLLOW UP

SUBJECTIVE:
The patient comes in for follow up. We have reviewed how he is doing. He may need to have his right knee replaced. He is going to see Dr. Kupferman about this soon. We have talked about the difficulties he may have with rehab afterwards. He uses AFO intermittently and is doing fairly well in general. No new or progressive MS symptoms taking the Avonex on a regular basis. I have reviewed all his blood work.

PHYSICAL EXAM:
On exam, the patient is awake, alert, oriented. There is subtle increased tone with hyperreflexia, right greater than left leg. No pronator drift. No bulbar findings.

IMPRESSION/DISCUSSION:
1. Multiple sclerosis on Avonex. Continue unchanged. Follow up in 6 months. Blood work at that time.
2. Borderline Bilirubin. Follow with repeat blood work.
3. False positive ANA.

John H. Lucas, IV, M.D.

JHL/bv

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CHARLESTON NEUROLOGY ASSOCIATES

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Thomas A. Privett, M.D.

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Charleston, South Carolina 29406

Telephone (843) 569-1856
Facsimile (843) 569-1879
Tax ID # 57-1134565

Re: Karabees, Thomas
ID#: 8992
Date: 03/09/06

FOLLOW UP

SUBJECTIVE:
The patient comes in for follow up. He is doing wonderfully with no complaints or difficulties. His right AFO works wonderfully and really has made him a great deal more comfortable.

PHYSICAL EXAM:
On exam, he has some increased tone of both lower extremities, right greater than left. He walks with a mild right hemiplegic gait, no pronator drift. Finger tapping normal. EOMs normal. He is bright, interactive and pleasant. There has really no change from previous examinations.

IMPRESSION/DISCUSSION:
Multiple sclerosis. Continue medicine treatment as previous. We will obtain basic blood work including anticardiolipin antibodies, ESR, ANA, CBC, CMP today.

John H. Lucas, IV, M.D.

JHL/bv

RESPONSIBLE FOR PAYMENT IN FULL AT TIME OF VIST

INSURANCE FORM

INSURED NAME_____

RELATIONSHIP TO PATIENT_____

POLICY HOLDER SOCIAL SECURITY #_____

POLICY HOLDER DATE OF BIRTH_____

POLICY HOLDER EMPLOYER_____

POLICY HOLDER TELEPHONE NUMBER ( )_____WORK ( )_____

Method of payment:	_____Self	_____Insurance	_____Other
Type of Insurance:	_____Commercial	_____Worker's Comp	_____Auto
If Commercial	_____Blue Cross	_____Medicare	_____Other

PRIMARY INSURANCE COMPANY

Name_____
Phone ( )_____
Person Insured_____
ID #_____
Policy #_____
Effective Date_____
Group #_____
Plan Code_____

SECONDARY INSURANCE COMPANY

Name_____
Phone ( )_____
Person Insured_____
ID #_____
Policy #_____
Effective Date_____
Group #_____
Plan Code_____

WORKMAN'S COMPENSATION
WC CLAIM #_____

AUTO INSURANCE
CLAIM #_____

Deductible_____Balance_____

Copayment_____

Precert_____Yes _____No Precert #_____

Contact Person_____

AUTHORIZATION

I hereby authorize Charleston Neurology Associates LLC to release medical information to any and all insurance companies and/or legal representatives. I understand under the Health Insurance Portability and Accountability Act of 1996, I have certain rights regarding my privacy. I understand this authorization covers only information necessary to conduct, plan and direct treatment and follow up, obtain payment from third party payors and conduct normal healthcare operations such as quality assessments and physician certifications. I further understand that uses other than noted above will require my specific authorization. I authorize all payments be made directly to Charleston Neurology Associates LLC.

PATIENT/GUARDIAN SIGNATURE_____DATE_____

PATIENT INFORMATION FORM

TODAYS DATE 8 SEPT 05 APPT DATE 8 SEPT 05 ACCOUNT # _____

LAST NAME KARABEES FIRST NAME THOMAS MI W

STREET ADDRESS 377 OXFORD RD APT _____

CITY LADSON STATE SC ZIP 29456

HOME PHONE (843) 572 0491 WORK (843) 574 6423

SS# 385 52 9253 DATE OF BIRTH 13 OCT 48 AGE 56

DRIVERS LICENSE #, EXPIRATION DATE _____

EMPLOYER TTC ADDRESS RIVER AVE

CITY CHAS'N STATE SC ZIP 29423 OCCUPATION INSTRUCTOR

SPOUSE'S NAME PAT DATE OF BIRTH 18 FEB 51

EMPLOYER BCSD WORK PHONE ( ) _____

EMERGENCY CONTACT PERSON PAT KARABEES PHONE ( ) 209 6273

REFERRING DOCTOR _____ PHONE ( ) _____

PRIMARY CARE DOCTOR _____ PHONE ( ) _____

I ~~hereby~~ authorize direct payment of medical benefits to Charleston Neurology Associates LLC or their representative for services rendered by Dr's Plyler, Lucas, White, and Privett or directly under their supervision. I understand that I am responsible for any legal or collection fees associated with the collection of any balance remaining on my account. I certify that the information given by me in applying for payment is correct. I request that the payment of authorized benefits be made to Charleston Neurology Associates LLC. *I authorize Charleston Neurology Associates LLC to release or receive from other healthcare providers, any medical information that may be necessary for either medical care or in processing applications for financial benefit.* I understand under the Health Insurance Portability and Accountability Act of 1996, I have certain rights regarding my privacy. *I understand this authorization covers only information necessary to conduct, plan and direct treatment and follow up, obtain payment from third party payors and conduct normal healthcare operations such as quality assessments and physician certifications.* I further understand that uses other than noted above will require my specific authorization. A photocopy of this authorization shall be valid as the original.

I understand that I am responsible for any authorizations/referrals needed by my insurance company to cover my services at Charleston Neurology Associates LLC; otherwise I am responsible for the unpaid balances.

Medicare Patients: I request that the payment of authorized Medicare benefits be made to Charleston Neurology Associates LLC for services furnished to me. I authorize any holder of Medicare information about me to release to the Centers for Medicare and Medicaid Services and its agents, information needed to determine these benefits or the benefits payable to related services.

Signature _____ Date 8 SEPT 05

Parent or legal Guardian _____ Date 14 SEPT 06

DX _____

ARE YOU BEING SEEN TODAY FOR TREATMENT RELATED TO:

MOTOR VEHICLE ACCIDENT___ WORK RELATED INJURY___

0091

Revised 5/27/03

CHARLESTON NEUROLOGY ASSOCIATES

John W. Plyler, M.D.
John H. Lucas IV, M.D.
Thomas A. Privett, M.D.

MAILING ADDRESS:
9313 Medical Plaza Drive, Suite 310
Charleston, South Carolina 29406

Telephone (843) 569-1856
Facsimile (843) 569-1879
Tax ID # 57-1134565

Re: Karabees, Thomas
ID#: 8992
Date: 09/08/05

FOLLOW UP

SUBJECTIVE:
The patient comes in for follow up of multiple sclerosis. There has been no real change. He has some difficulty with his balance. He has had a few minor injuries related to this. We talked about how balance therapy might be beneficial for him. No difficulty tolerating Avonex. He is using it regularly. His only other medicine is Tylenol. No new complaints, no type of acute symptomatology.

PHYSICAL EXAM:
On exam, he is bright, interactive, and pleasant. I don't see any nystagmus today. His speech is fluent. He has a somewhat stiff diplegic gait.

IMPRESSION/DISCUSSION:
Multiple sclerosis relatively stable. Continue Avonex. Recommend balance therapy. Discussed with patient at length.

John H. Lucas, IV, M.D.

JHL/jov

CHARLESTON NEUROLOGY ASSOCIATES

John W. Plyler, M.D.
John H. Lucas IV, M.D.
Thomas A. Privett, M.D.

MAILING ADDRESS:
9313 Medical Plaza Drive, Suite 310
Charleston, South Carolina 29406

Telephone (843) 569-1856
Facsimile (843) 569-1879
Tax ID # 57-1134565

June 14, 2005

Re: Karabees, Thomas
DOB: 10/13/48

TO WHOM IT MAY CONCERN:

Mr. Karabees is a patient of mine with multiple sclerosis for which he is chronically treated with an injectable medicine called Avonex. It is imperative that he be able to travel with this medication as he requires this medication every week for the chronic treatment of his illness.

Sincerely,

John H. Lucas, IV, M.D.

JHL/bv

CHARLESTON NEUROLOGY ASSOCIATES

John W. Plyler, M.D.
John H. Lucas IV, M.D.
Thomas A. Privett, M.D.

MAILING ADDRESS:
9313 Medical Plaza Drive, Suite 310
Charleston, South Carolina 29406

Telephone (843) 569-1856
Facsimile (843) 569-1879
Tax ID # 57-1134565

RE: Karabees, Thomas
ID#:
Date: 03/10/05

FOLLOW UP

SUBJECTIVE:
The patient returns for follow up of his multiple sclerosis. In general, he is doing well. He has had some progressive slow increased symptoms on the right side. A lot of stiffness, discoordination in the right arm and right leg. No falls or injuries related to this. He has had no difficulty taking the Avonex. He is still in a lot of pain from the arthropathy in his knee. He is not taking the Mobic.

PHYSICAL EXAM:
On examination, he is bright, interactive and fluent. Faint dysarthria. No nystagmus. No facial asymmetry. Mild right pronator drift. Increased tone in the right arm and in both legs. Clonus at both knees and ankles. Walks with a stiff, diplegic gait. Finger tapping and rapid alternating movements are quite slow on the right.

IMPRESSION/DISCUSSION:
Multiple sclerosis. Continue Avonex therapy. Talked to him about work related issues.

John H. Lucas, IV, M.D.

JHL/bv

cc: John D. Sutterlin, M.D.
Palmetto Primary Care Physicians
8761 Dorchester Road, Suite 200
Charleston, SC 29420

MAILED
WM 3/15/05

All information contained in this communication is confidential

CHARLESTON NEUROLOGY ASSOCIATES

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Thomas A. Privett, M.D.

9313 Medical Plaza Drive, Suite 310
Charleston, South Carolina 29406

Telephone (843) 569-1856
Facsimile (843) 569-1879

Re: KARABEES, THOMAS
ID#: 8992
Date: 09/09/04

FOLLOW-UP

SUBJECTIVE: Mr. Karabees returns for follow-up.

As far as his multiple sclerosis (MS), he is actually doing fairly well. He has some stiffness in his right leg. He feels like he drags the leg somewhat. No falls. He has some pain in his extremities. As you know, he has had multiple traumatic injuries and fractures. He complains of a lot of stiffness which seems to be quite temperature dependent. When it is cold or damp, he is much worse. He has had no trouble with his injections. He is taking Nexium as well as his Avonex. No visual complaints.

PHYSICAL EXAMINATION: On examination, he is slightly brisk, more in the right leg than the left. No clonus. There may be some subtle weakness in the tib ant and peroneus longus on the right. He does have crepitus in the right knee. No swelling in the knee. No swelling in the knee or ankles. No swelling in the arms or shoulders. Subtle nystagmus when looking far left.

PHYSICAL EXAMINATION:
1. MS.

PLAN:
1. Continue Avonex.
2. We talked about Antegren today.
3. Discussed exercise techniques with the patient.
4. As far as arthropathy complaints, recommend Mobic 7.5 mg q.d..
5. Will obtain blood work at follow-up in six months

John H. Lucas, IV, M.D.

JHL/cdk

All information contained in this communication is confidential.

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Re: KARABEES, THOMAS
ID#: 8992
Date: 03/10/04

FOLLOW-UP

SUBJECTIVE: Mr. Karabees comes in for follow-up.

LABORATORY DATA: His basic chemistries, TSH, and CBC all normal.

He is doing some better. He still has some mild effects after each injection. He says his gait is better. He has less dizziness. May have some very subtle double vision in the morning after he gets in his injection.

PHYSICAL EXAMINATION: On examination, he has some subtle rotary nystagmus when looking to the left. No facial asymmetry. No pronator drift. Finger tapping is symmetric. Increased tone in the lower extremities with clonus of the knees and ankles. Mildly diplegic gait.

IMPRESSION:
1. Multiple sclerosis (MS).

PLAN:
1. Continue Avonex.
2. I have recommended that he take an anti-inflammatory at the time of each shot.

John H. Lucas, IV, M.D.

JHL/lsd

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Facsimile (843) 569-1879

Re: KARABEES, THOMAS
ID#: 8992
Date: 009/10/03

FOLLOW-UP

SUBJECTIVE: Mr. Karabees returns for follow-up of his multiple sclerosis.

He has not been seen in a prolonged period of time. He has had some slow increased right leg symptoms as well as some diplopia when looking to the left. No other new problems or difficulties.

MEDICATIONS: He is taking Avonex.

His previous blood work was reviewed. I discussed with him the possibility of Antigren in the future.

PHYSICAL EXAMINATION: On examination today, a subtle left INO and left ABD. He has an atypical swinging right gait as well as increased tone in the right leg. Slightly hyperreflexic in both lower extremities. Subtle dystonic posture of the right hand.

IMPRESSION:
1. Multiple sclerosis, subtle progressive illness.

PLAN:
1. Continue Avonex.
2. Blood work today.
3. Discussed Antigren when it becomes available. Further discussion in the future.

John H. Lucas, IV, M.D.

JHL/dbk

CHARLESTON NEUROLOGY ASSOCIATES

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(843) 569-1879 FAX

302 Medical Park Drive
Suite 111
Walterboro, SC 29488
(843) 549-0188

Re: Karabees, Thomas
ID#: 8992
Date: 08/08/2002

FOLLOW-UP

SUBJECTIVE: Patient is in for follow-up.

He has actually done quite well. He is having no reaction any more with the Avonex. He tends to fatigue in the afternoon. If it is hot, he will get double vision. His gait and balance are mildly effected and he has a slower time coming up with people's names. Otherwise, however, he is functioning well with no fever or chills. No rashes or new focal complaints.

PHYSICAL EXAMINATION: No INO. No APB. Hyperreflexic, but symmetric in both lower extremities. Finger tapping slightly slow on the right. No pronator drift. No focal weakness.

IMPRESSION: Probable MS.

PLAN: Continue Avonex. Liver functions today. Positive ANA; recheck today.

John H. Lucas IV, M.D.

JHL:lsd

9-8-03
nothing in
med tech

ONCE-A-DAY
ARICEPT
(donepezil HCl)

CHARLESTON NEUROLOGY ASSOCIATES

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Re: KARABBES, THOMAS
ID#: 8992
12/20/01

SUBJECTIVE: Mr. Karabbes is in for a follow-up today.

He is actually doing well.

His vision has improved. He has less of the left visual field deficit. He has had no new symptoms. He has been on a full dose of Avonex now for four weeks and tolerating it well. He gets an occasional headache. He felt a little stiff at first but that has resolved.

PHYSICAL EXAMINATION: Smiling. Appears comfortable. Gait is normal.

Speech is clear.

IMPRESSION:
1. MS.

PLAN:
1. Check CMP and CBC.
2. Continue Avonex.
3. Recheck in 10 to 12 weeks.

John W. Plyler, M.D.

JWP/jll

ADDENDUM: The patient takes quinine and tonic every year. He had malaria in the past and states that he gets symptoms usually in the Christmas season.

PLAN:
1. I have told him we will ask pharmacy to run a check but I doubt that there will be much information about Avonex and quinine.
2. He is to call back to review the results of the pharmacy screen.

Copy to: John H. Lucas, IV, M.D. 0Y

CHARLESTON NEUROLOGY ASSOCIATES

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John W. Plyler, M.D.
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Walterboro, SC 29488
(843) 549-0188

Re: KARABEES, THOMAS
ID#: 8992
02/28/02

SUBJECTIVE: Mr. Karabees returns for follow-up.

He is doing well. He has had no new MS symptoms. He is tolerating the Avonex well. He says he still has some double vision when he looks to the left. He is exercising regularly. Minimal injection site reaction. Minimal headache.

PHYSICAL EXAMINATION: On examination, no nystagmus. No INO. No APD. Subtly hyperreflexic in the lower extremities but symmetric.

IMPRESSION/PLAN:
1. MS. Continue Avonex unchanged.
2. Positive ANA. Recheck in six months.

John H. Lucas, IV, M.D.

JHL/cdk

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Walterboro, SC 29488
(843) 549-0188

Re: KARABES, THOMAS
ID#: 8992
11/06/01

SUBJECTIVE: Mr. Karabes is in for a follow-up today. He is seen for Dr. Lucas who is not available today.

Per their discussion previously, the patient has made the decision he would prefer Avonex treatment. He also would like an exercise program and we discussed options and will provide a prescription for a Bowflex and a bicycle.

Discussed risks, benefits, side effects, and potential long-term benefits and risks of Avonex treatment.

A prescription is provided today for Avonex and he will be enrolled in a treatment program. He is to see Dr. Lucas and follow-up in six weeks.

PHYSICAL EXAMINATION: Today, he is feeling good but does report some fatigue that comes and goes and paresthesias that come and gone since his last visit. He is alert and oriented. Gait is nonataxic. Speech is clear.

DIAGNOSTIC STUDIES: Reviewed.

IMPRESSION:
1. Probable MS.

PLAN:
1. Avonex treatment as outlined above.

John W. Plyler, M.D.

JWP/jlk

CHARLESTON NEUROLOGY ASSOCIATES

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Re: KARABEES, THOMAS
ID#: 8992
10/23/01

SUBJECTIVE: Mr. Karabees returns for follow-up.

We reviewed his results. His LP was entirely unrevealing. His blood work was revealing only for a positive ANA at 1:320. We spent 25 minutes discussing his test results and probable diagnosis.

IMPRESSION:
1. I do believe it is most likely that he has multiple sclerosis.

PLAN:
1. Discussed the ABC drugs with him today including their side effects and benefits. The patient wishes to consider further.

John H. Lucas, IV, M.D.

JHL/cdk

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Re: KARABEES, THOMAS
ID#: 8992
10/04/01

HPI: Mr. Karabees comes in today for an opinion of possible MS. This, otherwise, entirely healthy, 53-year-old right-handed white gentleman has always been healthy and active and has exercised regularly. He has a history starting back in 1995 of some minor symptoms which in retrospect probably were all related to multiple sclerosis. He has episodes of vertigo thought to likely be inner ear related and did have an MRI at Roper in 1995 and to the best of his knowledge nothing was found. He, in addition, has developed some pain in his right leg, numbness in his right foot, a foot-drop, diplopia when looking to the left, some blurring of his vision, difficulty with memory, fogginess of his thoughts.

He had one episode of atypical left chest pain for which he passed a treadmill and was given a vague diagnosis of TIA. Due to all of these symptoms he personally wondered about the possibility of MS and had his physician to perform an MRI, which showed a number of white matter lesions all suggestive of MS. I have a report, but I have not seen the pictures.

MEDICATIONS: None.

ALLERGIES: None.

FAMILY HISTORY: Significant really only for longevity in family members.

REVIEW OF SYMPTOMS: As described above and significant only, otherwise, for having a hernia surgery last year.

SOCIAL HISTORY: Nonsmoker. Nondrinker. Exercises regularly. Travels internationally. Two weeks ago had a lyme titer which was normal and has been getting this every two years due to travel in the north east and the time he spends in the woods.

PHYSICAL EXAMINATION: In general this is a pleasant middle age man that appears healthy and younger than his stated age. Examination of the head, eyes, ears, nose and throat is significant for a left APD, nystagmus when looking to the left. No facial asymmetry. Tongue is midline. Facial sensation is normal. No pronator drift. Somewhat hyperreflexic at the knees. He has a subtle ataxia and a tendency to want to go to the right with a subtle foot-drop.

IMPRESSION:
1. Probable MS.

PLAN:
1. Will send blood looking for mimickers and arrange for a lumbar puncture.
2. Began a discussion today about long-term medications.

John H. Lucas, IV, M.D.

JHL/cdk

MAILED
10-10-01

Copy to: John Sutterlin, M.D.
100 Springhall Drive
Goose Creek, SC 29445-5335

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Michael R. Byers, PA-C
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Sarah J. Burkhart, PA-C
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January 15, 2010

Thomas Karabees is back in today. Back in November he had MRI's of the cervical and thoracic spine. There were changes in the spinal cord consistent with his multiple sclerosis. He has a central disc protrusion at C5/6 as well as a mid thoracic disc protrusion as well. Multilevel degenerative disease especially in the thoracic spine. According to the patient, Worker's Comp has quit his benefits. He has continued working with Dr. Nolan and has been getting injections and a TENS unit. He has been seeing his neurologist, Dr. Lucas.

PHYSICAL EXAMINATION: On examination today he has an antalgic gait today. No change in motor strength in the upper and lower extremities. I reviewed the MRI scans.

ASSESSMENT: Degenerative changes in the cervical, thoracic and lumbar spine. He has underlying multiple sclerosis.

PLAN: I don't believe there is any surgical treatment to offer him at this point. He says that he has a hearing with his lawyer, Tom White, regarding his Worker's Comp next week. He will call and we will see him back as needed.

William E. Wilson, MD/ljl
C: Worker's Comp., Kathy Averette
DD: 1/15/10; DT: 1/18/10; DICTATED BUT NOT READ: 70378

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: Thomas Karabees
Employer's Name: STATE BOARD FOR TECH & COMP ED
Physician's Name: William E. Wilson
Insurance Carrier: State Accident Fund
Practice/Clinic: SC Sports Medical & Orthopaedic Center
SCWCC File No: 0822094
Preparer's Name:
Phone:

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

Date of Injury or Illness: 10/31/2008

Date of first office visit: 11/14/08 Date of last visit: 5/13/09

Diagnosis or nature of injury or illness: left shoulder arthroscopic debridement, decompression

Body part(s) injured: left shoulder Body part(s) affected: (1) shoulder

Date of **Maximum Medical Improvement:** 5/13/09

Based on the **AMA Guidelines**, the claimant has sustained a 5 % **medical impairment** to left upper extremity injured body part(s) and a _____ % **medical impairment** to _____ other affected body part(s).

✓ The claimant is **able to return to work** without restriction.

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

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

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

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

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

Treating Physician

10-27-09
Date

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October 16, 2009

Mr. Karabees returns to our office today complaining of lower back pain as well as sciatic nerve pain down the left leg mostly into the thigh and hamstring region. He also states that last Sunday he had an episode of intermittent numbness and tingling into his left arm. He still has not gotten Worker's Comp approval for cervical or thoracic MRI's. He also has continued with therapy and has been paying out of pocket. He also followed up with Dr. Lucas concerning his MS and he was placed on Zanaflex. Currently he is also filing for short term disability and he has also contacted attorney Tom White.

PHYSICAL EXAMINATION: On examination today he has mild tenderness to palpation about the left lumbar paraspinals into the left buttock. He has low back pain with seated straight leg raise on the left but negative on the right. No spasticity or long tract signs elicited. Good strength in both lower extremities. He has no Hoffmann in both upper extremities.

ASSESSMENT: Chronic low back pain with left leg pain and degenerative disc disease at L5/S1.

PLAN: The diagnosis and treatment options were discussed with Mr. Karabees. Discussed epidural injections. He would like to go forth scheduling these. We will continue to attempt to obtain Worker's Comp approval. We will see him back in about 4 weeks.

Chris Schafer, PA-C for William E. Wilson, M.D./ljl
C: Worker's Comp., Kathy Averette
D: 10/16/09; T: 10/19/09; DICTATED NOT READ: 70378

November 13, 2009

Mr. Karabees returns today. He has been seen by Dr. Lucas and was placed on Xanaflex. He is getting a cervical and thoracic MRI scan after talking with his lawyer, Tom White. He still has sciatica and LBP. He has been seeing Dr. Nolan and has been doing PT on his own. Workers Compensation is apparently not paying for any more therapy.

PHYSICAL EXAMINATION: No real change in overall exam.

PLAN: I will recheck him after his studies.

William E. Wilson, MD/mjs
C: Workers Compensation; Kathy Averette
DD: 11/14/09; DT: 11/17/09; DICTATED BUT NOT READ: 70378

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August 26, 2009

Thomas Karabees is back in today. His Worker's Comp did not authorize him to have the MRI scans of the cervical or thoracic spine although those continue to give him trouble. He has neck pain and back pain as well as paresthesias in his hands. He has filed for social security disability. He complains of low back pain worse with bending. Physical therapy seems to have helped which he would like to continue although he is waiting again for Worker's Comp to re-authorize his therapy as well. He relates a lot of his issues to his injury which was a fall in 2008. He says that since that time he has had depression and increasing loss of memory as well as that he has been unable to do his workouts and now is unable to work.

PHYSICAL EXAMINATION: On examination today there is no real change. No spasticity noted.

ASSESSMENT: Chronic low back pain with degenerative disc disease at L5/S1 with neck and thoracic pain.

PLAN: A new prescription for physical therapy was given. We will see him back as needed. Further work-up of the cervical and thoracic spine can be done when he wishes. Some of his symptoms are certainly likely related to exacerbation of his MS. He will follow-up with Dr. John Lucas in that regard.

William E. Wilson, M.D./ljl
C: Worker's Comp.
D: 8/26/2009; T: 8/27/2009; DICTATED NOT READ: 70378

WC 70378

TRICOUNTY RADIOLOGY ASSOCIATES
SOUTH CAROLINA DIAGNOSTIC IMAGING
(843)529-0600
(843)747-6565 fax
www.tricountyradiology.com

☐ If you would like Tricounty to schedule your patient for their exam, please fax to **747-6565**

PLEASE BRING THIS REFERRAL FORM TO YOUR APPOINTMENT

Patient's Name Thomas Karabees **DOB** 10-13-48

Patient's Phone Number 572-0431

Diagnosis/Sign/Symptom Back pain

Appt. Date 7/31/09 mon **Time** 6:45 pm

COMPUTED TOMOGRAPHY

CONTRAST: ☐ Radiologist Discretion ☐ w/o ☐ with ☐ with/without

- ☐ Brain
- ☐ Orbits
- ☐ Limited Sinus
- ☐ Complete Sinus
- ☐ C-Spine
- ☐ L-Spine
- ☐ T-Spine
- ☐ Cor/Sag Recons.
- ☐ Chest
- ☐ Abdomen
- ☐ Pelvis
- ☐ Abd/Pelvis Stone Protocol
- ☐ Neck, Soft Tissue
- ☐ Temporal Bones
- ☐ Facial Bones

☐ Extremity w/MPR's - Specify _____

☐ CTA (all w&w/o)
- ☐ Abdomen
- ☐ Head
- ☐ Neck
- ☐ Pelvis
- ☐ Aorta Run-off

☐ Dedicated Studies (all w&w/o)
- ☐ Adrenal
- ☐ Liver
- ☐ Pancreas
- ☐ Renal

☐ Other (Specify) _____

OPEN MRI / HIGH-FIELD MRI

CONTRAST: ☐ Radiologist Discretion ☐ w/o ☐ with/without

- ☐ Brain
- ☐ Brain - Pituitary
- ☐ MRA - Brain
- ☐ MRA - Carotids w/wo
- ☐ Soft Tissue Neck
- ☐ Brain - IAC w/wo
- ☐ Brain - Orbits w/wo
- ☒ C-Spine
- ☒ T-Spine
- ☐ L-Spine
- ☐ Brain/Seizure Protocol
- ☐ Stroke Protocol (Brain, MRA Head, MRA Neck)
- ☐ Abdomen
- ☐ Other - Please Specify: _____

PLEASE INDICATE: ☐ Right ☐ Left ☐ Bilateral

- ☐ Shoulder
- ☐ Elbow
- ☐ Hips
- ☐ Wrist
- ☐ Knee
- ☐ Midfoot/Forefoot
- ☐ Ankle/Hindfoot
- ☐ MR Arthrography

FLUOROSCOPY

- ☐ IVP
- ☐ IVP with Tomography
- ☐ Barium Swallow
- ☐ Upper G.I. (includes limited esophagram)
- ☐ Small Bowel Follow Through
- ☐ Barium Enema
- ☐ Air Contrast Barium Enema

ULTRASOUND

- ☐ Abdomen
- ☐ Gallbladder (Right Upper Quadrant)
- ☐ Renal (Kidneys & Bladder)
- ☐ Pelvic (Transvaginal as indicated)
- ☐ Carotid Doppler
- ☐ Venous Doppler Please circle: RUE LUE RLE LLE
- ☐ OB
- ☐ Thyroid
- ☐ Scrotum

RADIOGRAPHIC EXAMINATIONS

HT - 5'7
Wt - 165
metal - Ø
claus Ø

Plv 8/2/09 9D

COMMENTS:

Fell down stairs

Films & pt to office —

BONE DENSITOMETRY

☐ Bone Mineral Densitometry (DEXA)

Physician's Signature _____ **Date** 7/23/09

Fax 843-572-3662 **(reports faxed within 24 hours)**

Special Instructions _____

0109

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July 22, 2009

Mr. Karabees returns to clinic for follow-up of his low back pain. He has a history of degenerative disc disease at L5/S1. Since his last visit he is complaining of continued back pain. However, he has gotten some relief with physical therapy. He has had difficulty sleeping the past couple of nights he states due to his neck and mid thoracic back pain. Apparently we have tried in the past to order MRI's but this has been denied by Worker's Comp. At this point Mr. Karabees states "I am in so much pain I don't care anymore." He has also developed numbness and tingling into both hands, worse about 2 weeks ago. He is unsure if this is coming from his neck or due to the MS.

PHYSICAL EXAMINATION: On examination today he had tenderness to palpation of the mid thoracic and lumbar paraspinals. He had no clonus in the lower extremities. He has diffuse cervical paraspinal tenderness. No Hoffman in both upper extremities. Strength testing was intact. he is neurovascularly intact distally.

ASSESSMENT: Chronic low back pain with degenerative disc disease at L5/S1 with neck and thoracic back pain.

PLAN: Mr. Karabees has gotten some benefit with physical therapy for his low back. We will send him back to therapy. In the meantime we also discussed trying to obtain MRI of both the cervical and thoracic spine due to his chronic neck and thoracic back pain and now he has also developed bilateral hand paresthesias. We also discussed pain management. However, the patient deferred. He states he does not want to be taking "chronic pain medication." I discussed that medications are just one option and that there are other treatments that could be discussed as well. We will see him back if authorized for further treatment.

Chris Schafer, PA-C for William E. Wilson, M.D./ljl
C: Worker's Comp.
D: 7/22/09; T: 7/24/09; DICTATED NOT READ: 70378

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May 19, 2009

Thomas Karabees is back in today. He had an MRI scan of the lumbar spine. This shows an L5/S1 bulge and some mild spondylosis. No severe disc herniations or severe stenosis. No fractures noted. Apparently Worker's Comp did not authorize him to get the other studies, thoracic and cervical. Patient is upset about that. MRI scan of the lumbar spine was done in April and he says that someone was supposed to make an appointment for him earlier. He continues to complain of neck pain and mid back pain as well as his lower back pain.

PLAN: I have recommended physical therapy to begin working on his cervical, thoracic and lumbar spine. I have also recommended MRI scans of his cervical and thoracic spine.

William E. Wilson, MD/ljl
C: Worker's Comp.
DD: 5/19/09; DT: 5/22/09; DICTATED BUT NOT READ: 70378

May 27, 2009 – We want to send this patient for cervical and thoracic MRI. I did call and speak to Kathy Everett today. She stated they are not authorizing any treatment on the neck or thoracic spine. They are only authorizing treatment for the shoulder and lumbar spine. I did call the patient and leave a message to let him know that we cannot schedule an MRI at this time. CE/kas

---

June 17, 2009

Mr. Karabees returns. His Workers Compensation did not authorize any treatment or studies for the cervical or thoracic spine. He says the worse part of his pain is in the mid thoracic area of his back. He is very frustrated today and very concerned because he feels that Workers Compensation should be responsible for helping take care of his upper back and neck as well. He says he is ready to go "physical". He says he feels that epidural blocks would likely be only temporary and that he doesn't have anybody to talk to at work because he was "forced to retire".

PHYSICAL EXAMINATION: He is tender in the mid to lower thoracic area of his back in the midline. No long tract signs noted.

ASSESSMENT AND PLAN: DDD at L5-S1 with thoracic back pain and neck pain. I told him that imaging studies would be helpful to further evaluate the cervical and thoracic spine. In the meantime we are going to have PT work with him on his back, including possibly traction. He may benefit from Pain Management. We will see him again if authorization for further treatment.

William E. Wilson, MD/mjs
DD: 6/17/09; DT: 6/22/09; DICTATED BUT NOT READ:70378

WC

70378

TRICOUNTY RADIOLOGY ASSOCIATES
SOUTH CAROLINA DIAGNOSTIC IMAGING
(843)529-0600
(843)747-6565 fax
www.tricountyradiology.com

☐ If you would like Tricounty to schedule your patient for their exam, please fax to **747-6565**

PLEASE BRING THIS REFERRAL FORM TO YOUR APPOINTMENT

Patient's Name Thomas Karabees **DOB** 10/13/48

Patient's Phone Number 572-0431

Diagnosis/Sign/Symptom Fell + hit head

Appt. Date _____ **Time** _____

COMPUTED TOMOGRAPHY

CONTRAST: ☐ Radiologist Discretion ☐ w/o ☐ with ☐ with/without

- ☐ Brain
- ☐ Orbits
- ☐ Limited Sinus
- ☐ Complete Sinus
- ☐ C-Spine
- ☐ L-Spine
- ☐ T-Spine
- ☐ Cor/Sag Recons.
- ☐ Chest
- ☐ Abdomen
- ☐ Pelvis
- ☐ Abd/Pelvis Stone Protocol
- ☐ Neck, Soft Tissue
- ☐ Temporal Bones
- ☐ Facial Bones

☐ Extremity w/MPR's - Specify _____

☐ CTA (all w&w/o)
- ☐ Abdomen
- ☐ Head
- ☐ Neck
- ☐ Pelvis
- ☐ Aorta Run-off

☐ Dedicated Studies (all w&w/o)
- ☐ Adrenal
- ☐ Liver
- ☐ Pancreas
- ☐ Renal

☐ Other (Specify) _____

OPEN MRI / HIGH-FIELD MRI

CONTRAST: ☐ Radiologist Discretion ☐ w/o ☐ with/without

- ☐ Brain
- ☐ Brain - Pituitary
- ☐ MRA - Brain
- ☐ MRA - Carotids w/wo
- ☐ Soft Tissue Neck
- ☐ Brain - IAC w/wo
- ☐ Brain - Orbits w/wo
- ☐ C-Spine
- ☐ T-Spine
- ☐ L-Spine
- ☐ Brain/Seizure Protocol
- ☐ Stroke Protocol (Brain, MRA Head, MRA Neck)
- ☐ Abdomen
- ☐ Other - Please Specify: _____

PLEASE INDICATE: ☐ Right ☐ Left ☐ Bilateral
- ☐ Shoulder
- ☐ Elbow
- ☐ Hips
- ☐ Wrist
- ☐ Knee
- ☐ Midfoot/Forefoot
- ☐ Ankle/Hindfoot
- ☐ MR Arthrography

FLUOROSCOPY

- ☐ IVP
- ☐ IVP with Tomography
- ☐ Barium Swallow
- ☐ Upper G.I. (includes limited esophagram)
- ☐ Small Bowel Follow Through
- ☐ Barium Enema
- ☐ Air Contrast Barium Enema

ULTRASOUND

- ☐ Abdomen
- ☐ Gallbladder (Right Upper Quadrant)
- ☐ Renal (Kidneys & Bladder)
- ☐ Pelvic (Transvaginal as indicated)
- ☐ Carotid Doppler
- ☐ Venous Doppler Please circle: RUE LUE RLE LLE
- ☐ OB
- ☐ Thyroid
- ☐ Scrotum

RADIOGRAPHIC EXAMINATIONS

HT - 5'7
WT - 165
Metal - ∅
Clear - ∅

COMMENTS:

Fell down
Stairs

BONE DENSITOMETRY

☐ Bone Mineral Densitometry (DEXA)

Physician's Signature _____ **Date** 5-19-09

Fax 377-0858 **(reports faxed within 24 hours)**

Special Instructions _____

0112

Rev. 09/08

DEC 14 2009

SOUTH CAROLINA SPORTS MEDICINE AND ORTHOPAEDIC CENTER

MEDICAL HISTORY

Date: 12/08/09 Patient Name: THOMAS W. KARABEES JR Goes By: TOM

Patient Age: 60 Ht 69 Wt 165 Referring Physician: STATE

Your reason for today's visit- What specific body part is causing the problem? (Please specify right or left)

BACK

Accident Date or Onset of Problem: 7/06/06 How did accident or injury occur? WORK

Have X-rays been taken for this problem? YES (NO) When: _____ Where: _____

Do you have your X-rays with you? YES NO

Medical History: Do you or any of your immediate family members have any of the following?

	Yourself	Family member		Yourself	Family member
AIDS/HIV	Yes (No)	Yes (No)	High Blood Pressure	Yes (No)	Yes (No)
Alcoholism	Yes (No)	Yes (No)	Kidney disease	Yes (No)	Yes (No)
Anemia	Yes (No)	Yes (No)	Liver Disease	Yes (No)	Yes (No)
Arthritis	Yes (No)	Yes (No)	Lung Disease	Yes (No)	Yes (No)
Bleeding tendencies	Yes (No)	Yes (No)	Muscular disease	Yes (No)	Yes (No)
Blood clots (lung / leg)	Yes (No)	Yes (No)	Prostate disease	Yes (No)	Yes (No)
Blood transfusion	Yes (No)	Yes (No)	Seizures	Yes (No)	Yes (No)
Cancer	Yes (No)	Yes (Yes) THR	Sickle cell disease	Yes (No)	Yes (No)
Circulation problems	Yes (No)	Yes (No)	Stroke	Yes (No)	Yes (No)
Diabetes	Yes (No)	Yes (No)	Stomach ulcers	Yes (No)	Yes (No)
Gout	Yes (No)	Yes (No)	Thyroid disease	Yes (No)	Yes (No)
Heart attack (MI)	Yes (No)	Yes (No)	Tuberculosis	Yes (No)	Yes (No)
Heart disease	Yes (No)	Yes (No)	Varicose veins	Yes (No)	Yes (No)
Heart murmur	Yes (No)	Yes (No)	Urinary tract infections	Yes (No)	Yes (No)
Hepatitis	Yes (No)	Yes (No)	Other: MS		

Comments _____

Family History (Please list age of relative below. If not living, list cause of death.) Ex: Father 71 Heart attack

	Age	(If not living, cause of death)		Age	(If not living, cause of death)
Mother	72		Brothers/Sisters	54	
Father	74	CANCER	Children	28-26-24	

Current Medications: (Also include over the counter medicines and birth control pills).
Ex: 1. Zantac 150mg twice a day

	Name	Dose	How often		Name	Dose	How often
1.	BENICAR		DAILY	4.			
2.	SIM COR		DAILY	5.			
3.				6.			

Have you ever taken cortisone pills? (YES) NO If yes, when? _____ how long? _____

Have you ever taken cortisone shots? (YES) NO If yes, how many? 1 why? LT SHOULDER

Date of last tetanus shot? ___/___/___

Females: Date of last period ___/___/___ Are you pregnant? YES / NO / POSSIBLY

Are you breastfeeding? YES/ NO

CONTINUED ON BACK

Medical History (continued) Patient Name: THOMAS KARABEES

Allergies: Ex: 1. Penicillin Hives

Name of drug/food/material	Reaction	Name of drug/food/material	Reaction
1. N/A		4.	
2.		5.	
3.		6.	

Surgical History: Please list in order by year. Ex: Tonsils removed 1964

Name of Procedure	Year	Name of Procedure	Year
1. LT SHOULDER	09	4.	
2.		5.	
3.		6.	

Did you have any surgical or anesthetic complications? (If so, please describe. Ex: Blood clot after knee surgery)
NO

Social History: Please answer all questions completely.

Patient's Occupation: TEACHER Marital status: (circle) married single divorced widow

Do you use cigarettes/cigars/pipes/chew tobacco? YES / (NO) Packs per day ___ How long? ___

Alcohol (YES) / NO Type 3 YR amount per week

Drug use YES / (NO) Type ___ amount per week ___

Do you participate in sports or other activities? (YES) / NO If yes, please list: HIKING - CAMPING

Review of Systems: Do you experience any of the following? Please circle all that apply.

General: *fever* *chills* *recent weight loss or gain*

Eyes: *blurring* *double vision* (*wear glasses*) *contact lenses*

Ear, Nose, & Throat: *deafness* *sinusitis* *ringing in ears* *hoarseness* *dizziness* *dental infections* *sore throat* *dentures*

Cardiac: *chest pain* *palpitations* *irregular heart beats* *swelling in legs* *fainting spells*

Respiratory: *short of breath* *cough* *wheezing*

Intestinal: *nausea* *vomiting* *decreased appetite* *diarrhea* *constipation* *abdominal pain* *heart burn* *blood in stool*

Urinary: *burning with urination* *urinating frequently* *notice a sudden urgency to urinate* *difficulty starting stream* *incontinence(lack of controlling urine)*

Breast: *lumps*

Musculoskeletal: (*stiffness*) (*muscle or joint pain*) *joint swelling*

Skin: *rashes* *sores* *tattoos* *scars* *masses* *ulcers* *itching*

Neurologic: *problems w/ speech* *difficulty swallowing* (*numbness*) (*tingling*) (*weakness*) *visual changes* (*balance/coordination problems*)

Psychiatric: *depression* *nervousness* *eating disorder* *hallucinations* *sleep disturbances*

Endocrine: *excessive thirst* *excessive urination* *heat or cold intolerance*

Hematology/Lymphatic: *bleeding tendency* *swollen glands* *night sweats*

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ACCIDENT QUESTIONNAIRE

PATIENT NAME: THOMAS W KARABEES JR SOC. SEC. #: 385-52-8253
INSURED NAME: THOMAS W. KARABEES JR
Insurance ID #:
ADDRESS: 327 OXFORD RD LADSON, SC 29456

NO Accident _____ **Auto Accident** _____ **Work Related** ✓ **Other Accident** _____

Date of the Injury: 31 OCT 06 Where did Injury Occur? ITC OAK FOREST

How did the Injury or Accident Occur? FALLING DOWN STEPS @ SITE

Did Another person cause this Accident/Injury? YES _____ NO ✓
If "YES" are they going to be responsible for your Medical Bills? YES _____ NO _____
If "NO" why?

Were the Police Involved? YES _____ NO ✓ **Is there a Police Report?** YES _____ NO ✓

If "Auto Related" Please answer the following:
Was the patient the: **Driver** _____ **Passenger** _____ **Pedestrian** _____
Did Another person cause this Accident? YES _____ NO _____
If yes, name and address of person that caused Injury:
Insurance Company of person that caused Injury:
Address and Phone #: Policy or Claim #:
Adjuster's Name:

If "Work Related" Please answer the following: TRIDENT TECH COLLEGE 7000 RIVERS CHAS SC
Name and Address of Employer at the time of Injury:
Have you filed a Worker's Compensation claim? YES ✓ NO
If yes, name of Worker's Compensation Carrier: STATE ACCIDENT FUND
Address and Phone # of Carrier:
Adjuster Name: Policy or Claim #:
Has the employer or the worker's compensation carrier: **ACCEPTED** ✓ **DENIED** _____ Liability?

Attorney Name (If Applicable):
Attorney Address and Phone #:

Chart #:

I agree that the above information is correct.

Signature _____ Date 17 MAR 07

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March 11, 2009

Mr, Karabees returns with l/shoulder arthroscopic debridement and decompression. Doing ok. A little sore about the shoulder. He had significant degenerative arthritis about the GH joint as he is reminded of that today.

PHYSICAL EXAMINATION: FE well tolerated to 150. ER to 55-60. Good strength. Mild pain at end range.

PLAN: Hold on AI meds in light of his use of Interferon for his MS. Stay with formal PT with which he has been a bit lax. Recommend that he get home theraband exercises. Continue icing. Return to see me in 6-8 weeks; sooner if questions or problems. If symptoms persist, role for cortisone injection was discussed.

Seth P. Kupferman, MD/mjs
C: Workers Compensation; Concentra, Dr. John Campbell
DD & DT: 3/11/09; DICTATED BUT NOT READ; 70378

March 17, 2009

C/C: Neck and back pain

HPI: Mr. Karabees is a 60 year old gentleman who works in industrial programs as an instructor at Trident Tech. He is seen at the request of Workers Compensation and also is a current patient in our practice with Dr. Kupferman. He has undergone shoulder arthroscopic debridement and decompression in January 2009. He had a work related injury to his back. He was at DAK America where he was giving a lecture. He had to walk across the plant and was carrying two briefcases with straps over each shoulder. He has MS and has to be careful when going down stairs. While walking down the stairs at the plant, he tripped over some old carpet which caused him to stumble and roll down several stairs. He was seen at Concentra where he was evaluated. He said they mainly took x-rays of the l/shoulder although he was also experiencing neck pain, mid thoracic pain, and low back pain. He was sent to Dr. Kupferman who has been treating him for his l/shoulder. He continues to c/o neck, mid thoracic and lower back pain and is now referred for evaluation of his spine. Symptoms are most significant in the neck and he says he has a crunching sensation when he rotates the neck. With prolonged sitting, he develops pain in the mid thoracic area and in the lower back. It is worse with bending forward. He also has an area in the l/posterior thigh with a sharp pain which has also continued since his injury. He denies radicular arm pain presently. Symptoms have not resolved since his injury on October 31, 2008.

PMH: HTN, MS. MEDICATIONS: Benicar, aspirin, Interferon, Beta 1 Alpha once a week, and Simcor. NKDA. SURGERIES: L/RC in 2009. The comprehensive family, past medical, surgical, social history, and review of systems have been reviewed and documented in the chart. Additional current history and physical have been reviewed, completed and documented in the chart.

PHYSICAL EXAMINATION: He is 68", 165 lbs. He is tender to palpation in the midline of the lower cervical spine. No step-offs noted. No swelling. He has good ROM with negative Spurling's today. He is tender in the mid thoracic spine in the midline. Non tender lumbar spine. Neurologic testing shows good strength in the upper and lower extremities. He has sensory changes especially in the palms of his hands. Reflexes in the lower extremities are 3+. Negative Hoffman.

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June 14, 2007

CC: R/knee pain.

HOW: Insidious.

WHEN: He has been symptomatic for the past 2-3 years.

HPI: This 58-y/o w/m is retired from the Marine Corps and works as an instructor in the industrial program at Trident Technical College. Patient had been seen previously By Dr. Dalton in January 2002 for some anterior r/knee pain. Patient describes similar type symptoms presently. He has also had some concerns with difficulties in lifting his leg, getting in and out of his Jeep, and with lateral movements and turning to his right. He c/o a dull stiffness about the anterior aspect of the r/knee. He notes it to be most symptomatic infrapatellar and about the distal quadriceps. His primary complaint is really the weakness with being unable to lift the knee. He does have these occasional pain symptoms. No c/o pain in the morning. He does have some difficulties with ambulation due to difficulties with lifting the knee. He is also symptomatic with kneeling. He does fairly well with ascending stairs but has more difficulties with descending. Patient has been quite active previously with hiking and was a martial arts instructor. He has had to stop with the hiking about 3-4 years now due to the knee symptoms. He does report that he was diagnosed with multiple sclerosis about 7 years ago. This past December he did some formal therapy in regards to his difficulties with lifting the knee. He also states that he was placed in an AFO but this was not really helpful with his present complaints. He has been taking Osteo Bi-Flex for several years now and believes this to be helpful. He has not had any injections about the knee, has not been taking any AIs.

PMH: MS. MEDICATIONS: Interferon, multivitamins, and Osteo Bi-Flex. NKDA. SURGERIES: Tonsillectomy, herniorrhaphy X3, and for GSW in the early 70s. The comprehensive family, past medical, surgical, social history, and review of systems have been reviewed and documented in the chart. Additional current history and physical have been reviewed, completed and documented in the chart.

PHYSICAL EXAMINATION: **GENERAL:** The patient is well-developed, nourished, groomed and hydrated. The head is normocephalic and atraumatic. Extra-ocular motions are intact, the neck is supple and the trachea midline. **NEUROLOGICAL:** The patient is awake, alert and oriented to time, person and place. Mood and affect are normal and appropriate. There are no focal coordination deficits observed. **CARDIO-RESPIRATORY:** The patient is in no apparent cardiorespiratory difficulty and is without JVD. Inspection of the skin throughout notes normal turgor. A pleasant 58-y/o w/m. 5'8", 170 lbs. R/KNEE: No evidence for any ligamentous instabilities. Negative Lachman, negative pivot, negative anterior and posterior drawer, negative varus or valgus laxity, and a normal step-off about both knees as well as negative patellar apprehension about both knees. No evidence of erythema, edema, or ecchymosis. No effusion is noted. He has some discomfort with PF compression and tenderness about the inferior pole of the patella. He has some mild discomfort about the posteromedial joint line and along the anterolateral joint line. Some mild discomfort with hyperflexion and McMurray's testing, there are no mechanical symptoms noted. His ROM is 0-135 bilaterally. He does have some weakness with knee extension and flexion, the right > left, it's about 4+/5. He is asymptomatic about the hip, he is nontender and has a full pain-free ROM and it's symmetric bilaterally about both hips. Reflexes are equal and symmetric bilaterally, no evidence of any sensory or motor deficits, and grossly NVI.

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June 14, 2007 (continued)

X-RAYS: Review of plain films, AP, lateral, and sunrise views reveal mild degenerative changes most notable about the PF compartment. Fairly symmetric decrease of joint spaces. No evidence of fx or dislocation.

ASSESSMENT AND PLAN: Mild DJD, right > left, particularly about the PF compartment. There is some mild patellar tendinitis about the right, r/o an occult meniscal tear. He was given a script for PT for lower extremity strengthening program and home exercise program. Encouraged continued icing. Patient defers any AIs. We plan for f/u in about 6 weeks, sooner if he has any further problems or questions.

The comprehensive history has been discussed with Dr. Kupferman and the pertinent physical exam performed by Dr. Kupferman. We concur with regards to the diagnosis and treatment plan.

Michael Byers, PA-C; dictated with Seth P. Kupferman, MD/cmt
DD: 6/14/2007; DT: 6/19/2007; DICTATED BUT NOT READ: 70378

July 26, 2007

Thomas Karabees returns with PF OA with known diagnosis of MS. Tom reports PT was very helpful and he already feels significantly improved with symptoms. He has been very compliant with home exercise regimen.

PHYSICAL EXAMINATION: Reveals minimal to non-tender. Excellent ROM. No point tenderness, swelling or effusion. No pain with hyperflexion.

ASSESSMENT AND PLAN: Pleased with progress. Stay with home exercises as reviewed. Activities as tolerated. F/U prn symptoms. Encouraged to call with questions or problems.

Seth P. Kupferman, MD/mjs
C: Dr. Hanna (and previous note)
DD: 7/26/07; DT: 7/30/07; DICTATED BUT NOT READ: 70378

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November 14, 2008

C/C: L/shoulder pain

HOW: Fell down stairs at work

WHEN: 10/31/08

HPI: This is a 60 year old right hand dominant w/m, instructor at Trident Technical College, previous patient of Dr. Kupferman's. He denies previous problems with the l/shoulder. He is seen at the request of Concentra for further evaluation of l/shoulder complaints. He was at work and carrying projector and laptop down some steps when he tripped and fell down about 5-6 steps; he is not exactly sure how many. He denies loss of consciousness. He had some soreness about the shoulder at the time and was able to continue with activities the rest of the day. He had increased symptoms over the following week; particularly painful at night with side lying. He had difficulty with reaching overhead, behind him, and lifting. Really no change with symptoms since time of injury. He c/o aching pain about the anterolateral posterior aspect of the shoulder. Denies neck pain or any difficulty with neck ROM. He is not taking any meds. No icing, previous injections or further workups.

PMH: Significant for MS, HTN. MEDICATIONS: Interferon injections and Benicar. NKDA. SURGERIES: Tonsillectomy, hernia x3, GSW early 1970s. The comprehensive family, past medical, surgical, social history, and review of systems have been reviewed and documented in the chart. Additional current history and physical have been reviewed, completed and documented in the chart.

PHYSICAL EXAMINATION: **GENERAL:** The patient is well-developed, nourished, groomed and hydrated. The head is normocephalic and atraumatic. Extra-ocular motions are intact, the neck is supple and the trachea midline. **NEUROLOGICAL:** The patient is awake, alert and oriented to time, person and place. Mood and affect are normal and appropriate. There are no focal coordination deficits observed. **CARDIO-RESPIRATORY:** The patient is in no apparent cardiorespiratory difficulty and is without JVD. Inspection of the skin throughout notes normal turgor. Pleasant 60 year old w/m. 5'8", 165 lbs. L/shoulder reveals no atrophy about the posterior shoulder girdle. Non-tender over the AC joint. Particularly tender anteriorly with some mild tenderness posteriorly. ROM is 160 FE and ABD left vs 180 right. He reaches T9 with some soreness on the left. T8 right. ER is 45 left vs 40 right. Positive impingement with FE. He is painful with apprehension testing. No true apprehension. Cuff testing is 4+_ER with some soreness; 5/5 SS with soreness, and 5/5 IR on the left. Strength is 5/5 throughout on the right. No evidence of instabilities. NVI.

X-RAYS: Review of plain films, 3 views obtained in office as well as IR and ER views which he brings with him, reveals Type III acromion. Some mild GH DJD changes. Calcification noted about the humeral head which may represent calcification about the capsule or other DJD changes. Well preserved AH interval. No fracture or dislocation notable. No acute process noted.

PROCEDURE: With permission, 8:1 Lidocaine/Celestone given aseptically to l/subacromial space. He noted moderate improvement of pain symptoms post injection.

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November 14, 2008 (continued)

ASSESSMENT AND PLAN: 1) L/shoulder RC strain vs RC tear. R/O occult labral tear. 2) Mild GH OA. He is given script for PT. Encouraged abundant icing. Defers AI meds at this time. Proceed with MRI at this time to r/o cuff pathology. We will call him once MRI is approved by Worker's compensation provider. F/U in four weeks after MRI results; sooner for questions or problems.

The comprehensive history has been discussed with Dr. Kupferman and the pertinent physical exam performed by Dr. Kupferman. We concur with regards to the diagnosis and treatment plan.

Michael Byers, PA-C: dictated with Seth P. Kupferman, MD/mjs
C: Concentra; Worker's compensation
DD: 11/14/08; DT: 11/23/08; DICTATED BUT NOT READ: 70378

December 17, 2008

Mr. Karabees returns with l/shoulder discomfort. Still fairly painful. Not a lot of improvement. MRI was obtained.

PHYSICAL EXAMINATION: Reveals anterior tenderness. Pain with FE and mild weakness with ER testing.

MRI: Available for review reveals some tendinopathy, possible undersurface RC tearing; certainly no full thickness tearing. Labrum is not well visualized on this study.

ASSESSMENT AND PLAN: Lengthy discussion with Mr. Karabees. He is still very uncomfortable. He has Type III acromion on x-ray. In light of persistent symptoms, MRI, would recommend and consider the option of arthroscopy for the shoulder. Pros and cons discussed at length. He is comfortable wit this plan. Arrange for mutually convenient surgical date. Return here for H&P and review of preop labs and final indication for surgery for l/shoulder arthroscopy.

Seth P. Kupferman, MD/mjs
C: Worker's compensation, Concentra, Dr. John Campbell (with Dr. Hanna)
DD: 12/17/08; DT: 12/17/08: DICTATED BUT NOT READ: 70378

01/20/09 115003
KARABEES, THOMAS
10/13/48 60 M
KUPFERMAN, SETH MD

South Carolina Sports Medicine & Orthopaedic Center

Seth P. Kuplesman, MD — Orthopaedic Surgery, Sports Medicine
William E. Wilson, MD — Orthopaedic Surgery, Spine Surgery
James D. Dalton, Jr., MD — Orthopaedic Surgery, Sports Medicine
Jon P. DeVries, MD — Orthopaedic Surgery, Hand Surgery
Eric S. Stern, MD — Orthopaedic Surgery, Joint Replacement & Reconstruction
Christopher S. Schafer, PA-C — Licensed Physician Assistant, Certified Athletic Trainer
Michael R. Byers, PA-C — Licensed Physician Assistant, Certified Athletic Trainer

ACCIDENT QUESTIONNAIRE

PATIENT NAME: THOMAS W KARABEES JR SOC SEC #: 385 52 8253
INSURED NAME: THOMAS W KARABEES JR
Insurance ID #: ZCS 0752 7763
ADDRESS: 277 OXFORD RD LADSON, SC 29456

NO Accident _____ Auto Accident _____ Work Related X Other Accident _____

Date of the Injury: 31 OCT 08 Where did Injury Occur? DAK AMERICAS

How did the Injury or Accident Occur? FELL DOWN STAIRS

Did Another person cause this Accident/Injury? YES _____ NO ✓
If "YES" are they going to be responsible for your Medical Bills? YES _____ NO _____
If "NO" why? _____

Were the Police Involved? YES _____ NO ✓ Is there a Police Report? YES _____ NO ✓

If "Auto Related" Please answer the following:

Was the patient the: Driver _____ Passenger _____ Pedestrian _____
Did Another person cause this Accident? YES _____ NO _____
If yes, name and address of person that caused Injury: _____
Insurance Company of person that caused Injury: _____
Address and Phone #: _____ Policy or Claim #: _____
Adjuster's Name: _____

If "Work Related" Please answer the following:

Name and Address of Employer at the time of Injury: TRIDENT TECH COLLEGE
Have you filed a Worker's Compensation claim? YES _____ NO X
If yes, name of Worker's Compensation Carrier: _____
Address and Phone # of Carrier: _____
Adjuster Name: _____ Policy or Claim #: _____
Has the employer or the worker's compensation carrier: ACCEPTED _____ DENIED _____ Liability?
Attorney Name (If Applicable): _____
Attorney Address and Phone #: _____

I agree that the above information is correct. Chart #: _____

Signature _____ Date 10 NOV 08

** Insured/Patient Return this form to SC Sports Medicine & Orthopaedic Center **

9100 Medcom Street, N. Charleston, South Carolina 29406-9167 · Website: www.scsportsmedicine.com
Phone: Patient (843) 572-BONE (2663) Bus. 569-3367 · Fax: Clinical (843) 572-3662 Bus. 764-3577

SC Sports Medicine & Orthopaedic Center
PATIENT INFORMATION FORM

Patient First Name: THOMAS MI: W Last Name: KARABEES JR

Age: 60 Date of Birth: 13OCT48 Sex: (M) F SS#: 385 52 8253 Marital Status: M

Address: 377 OXFORD RD Apt #: City: LADSON ST: SC Zip: 29456

Home Phone: (843) 572 0431 Work Phone: (843) 574 6423 EXT: Occupation: INSTRUCTOR

Cellular: ( ) Pager: ( )

Employer: TRIDENT TECH COLLEGE

Employer Address: 7000 RIVERS AVE CHARLESTON SC 29423

Name of Spouse (if applicable): PATRICIA A. KARABEES SS#: 299 46 4998

Employer: BCSD Phone #: ( )

Family/Primary Care Doctor: Referring Doctor:

****

IF THE PATIENT IS A CHILD OR FULL TIME STUDENT, PLEASE COMPLETE THIS SECTION

Name of Responsible Party for This Patient's Bill:
(Note: Must be self, parent, or legal guardian)

Mailing Address: Apt #: City: ST: Zip:

Name of School: Address:

Mother's Name: SS#: - - Date of Birth:

Employer: Phone #: ( )

Father's Name: SS#: - - Date of Birth:

Employer: Phone #: ( )

****

PRIMARY INSURANCE

Name of Insurance Co.: BCBS ID#: 765075276Q Group #: STATE

Address of Insurance Co.: PO BOX 100605 COLUMBIA, SC 29260-0605

Name of Insured (as it appears on card): THOMAS W KARABEES JR Insured's DOB: 13OCT48

Insured's SS#: 385 52 8253

SECONDARY INSURANCE

Name of Insurance Co.: ID#: Group #:

Address of Insurance Co.:

Name of Insured (as it appears on card): Insured's DOB:

Insured's SS#:

Is This Visit the Result of an Accident? (Yes) No (Circle One) (Work) School Auto Other Date of Accident: 31OCT08

How did You Hear About Us? BEEN SEEN BEFORE

IN CASE OF AN EMERGENCY, NOTIFY: PAT KARABEES WIFE 8435720431
Name Relationship Phone #

FOR INTERNAL USE ONLY Dr. SK WW JD JDEV ES Chart review and update 0122

SEE REVERSE SIDE FOR REQUIRED SIGNATURES

PLEASE READ AND SIGN SECTIONS I, II, and SECTION III OR IV PER INSURANCE TYPE.

I. Financial Policy & Payment Responsibility: Payment for medical services is the responsibility of the patient or, in the case of a minor, the signed responsible party. Our office will file for insurance benefits for plans in which we do participate. Payment for deductible, co-insurance, and co-payment amounts will be collected from the patient at time of service. If your insurance plan does not pay your medical services within 30 days, all charges may be due and payable in full from the patient. Your help in seeing that your insurance pays for your medical services within the specified time period is appreciated. I hereby acknowledge and accept full and final responsibility for payment of charges for medical services rendered. I understand that if payment for services rendered by this facility are not met, my account could be referred to an outside collection agency for further collection activity.

For insurance plans in which we do not participate, our office will file a claim to your insurance plan as a courtesy. Full payment of charges will be collected from the patient at time of service, unless special arrangements have been approved in advance.

An interest charge of 1% per month will be assessed to account balances 60 days or older. We reserve the right to obtain a credit report and/or report to credit bureaus the status of your account due to delinquent account balances. A fee of $ 25.00 will be charged to your account for Returned Checks.

Method of Payment: ____Cash ____Check ____VISA __V__MC ____Discover

Patient or Responsible Party Signature: [signature] **Date:** 10 NOV 08

II. Consent For Treatment and Medical Release Authorization: I hereby consent to treatment for myself, my child, or the named minor, for whom I am legally responsible. I authorize South Carolina Sports Medicine and Orthopaedic Center to release any medical information obtained in the course of my diagnosis and treatment to any referring physicians and other health care providers, hospitals and medical facilities, and to my insurance carriers and for the purpose of treatment, payment and health care operation. The release of medical information for insurance claims, the release of past medical payment history, if requested, is authorized. I understand that this information may include reference to psychiatric care, sexual assault, alcohol and/or drug abuse, and results of tests for all infectious diseases including AIDS/HIV. I furthermore, authorize South Carolina Sports Medicine and Orthopaedic Center's physicians and staff to discuss my Protected Health Information (PHI) in the presence of family and visitors that accompany me during my visits.

Patient or Responsible Party Signature: [signature] **Date:** 10 NOV 08

III. Assignment of Insurance Benefits: I hereby assign and authorize payment to South Carolina Sports Medicine and Orthopaedic Center of all medical and surgical benefits to which I am entitled, including health insurance benefits, major medical benefits, and third party liability coverage including personal injury protection (PIP) benefits and other medical payment coverage for which I am entitled. This assignment will remain in effect until revoked by me in writing. A photocopy of the assignment is to be considered as valid as an original. I hereby authorize South Carolina Sports Medicine and Orthopaedic Center to release all information necessary to secure payment of insurance benefits. **I understand that I am financially responsibility for all charges whether or not paid by said insurance(s).**

Patient or Responsible Party Signature: [signature] **Date:** 10 NOV 08

IV. Medicare Insurance (SIGNATURE ON FILE): I request payment of authorized Medicare benefits be made payable to South Carolina Sports Medicine and Orthopaedic Center for any services furnished to me by this provider. I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents any information needed to determine these benefits or the benefits payable to related services.

I understand my signature requests that payment be made and authorizes release of medical information necessary to pay the claim. If "other health insurance" is indicated in Item 9 of the HCFA-1500 forms or elsewhere on other approved claim forms or electronically submitted claims, my signature authorizes release of the information to the insurer or agency shown. In Medicare assigned cases, the provider agrees to accept the charge determination of the Medicare carrier as the full charge, and the patient is responsible only for the deductible, co-insurance, and non-covered services. I authorize Health Care Financing Administration to release information to process claims for Medigap or secondary insurance.

Patient or Responsible Party Signature: [signature] **Date:** 10 NOV 08

South Carolina Sports Medicine & Orthopaedic Center

Seth P. Kupferman, MD
Orthopaedic Surgery
Sports Medicine

James D. Dalton, Jr., MD
Orthopaedic Surgery
Sports Medicine

William E. Wilson, MD
Orthopaedic Surgery
Spine Surgery

Jon P. DeVries, MD
Orthopaedic Surgery
Hand Surgery

Kirk C. Heinold, PA-C
Certified Physician Assistant
Certified Athletic Trainer

David M. White, PA-C
Certified Physician Assistant
Certified Athletic Trainer

January 3, 2002

WHO: THOMAS KARABEES

WHAT: R/knee pain

HISTORY: Patient is a 53 year old professor at TTC who presents with c/o r/knee pain. He states he originally injured his knee in 1968 while snow skiing. He has been nearly asymptomatic until a couple of weeks ago when he developed pain below his r/patella as well as occasional giving out sensation. He has recently been diagnosed with MS.

PMH: MS. MEDICATIONS: Avonex. NKDA. The comprehensive family, past medical, surgical, social history, and review of systems have been reviewed and documented in the chart.

PHYSICAL EXAMINATION: **GENERAL:** The patient is well-developed, nourished, groomed and hydrated. The head is normocephalic and atraumatic. Extra-ocular motions intact, the neck is supple and the trachea midline. **NEUROLOGICAL:** AAOx3. Mood and affect normal and appropriate. There are no focal coordination deficits observed. **CARDIO-RESPIRATORY:** The patient is in no apparent cardiorespiratory difficulty and is without JVD. Inspection of the skin throughout notes normal turgor. Normal body habitus. Stands in neutral anatomic alignment. Squat and gait normal. No intraarticular effusion. Non tender over patella and patella tendon. 2+ PF crepitation bilaterally with normal PF tracking. R/knee stable to ligamentous testing including Lachman, posterior drawer, valgus and varus stress testing. No joint line tenderness to palpation. R/knee series obtained which shows no evidence of joint space narrowing or bony abnormality.

ASSESSMENT: R/anterior knee pain.

PLAN: He has just ordered a bow flex machine and is going to start on closed kinetic chain quad strengthening exercises. I will fit him with a Neoprene knee sleeve and see him prn.

JDD:mjs
DD: 01/03/02; DT: 01/04/02; DICTATED BUT NOT READ: 70378

9100 Medcom Street, N. Charleston, South Carolina 29406-9167 • Website: www.scsportsmedicine.com
Phone: (843) Patient 572-BONE (2663) Bus. 569-3367 • Fax: (843) Clinical 572-3662 Bus. 764-3577

TRICOUNTY RADIOLOGY ASSOCIATES

(843) 529-0600
North Charleston
Summerville
West Ashley

PATIENT: Karabees, Thomas
DOB: 10/13/1948
MRN: 597529
PHYSICIAN: William Wilson, MD
EXAM DATE: 4/8/2009

EXAM: LUMBAR MRI WITHOUT CONTRAST

COMPARISON STUDIES: None.

HISTORY: Neck and back pain.

TECHNIQUE: Multiplanar multisequence images lumbar spine without contrast.

FINDINGS: *Alignment and bony structures*: Preserved alignment and marrow. *Conus medullaris*: Normal signal and caliber. *Findings by level*:

T11/12: Small shallow central protrusion. No stenosis.

T12/L1: Mild disc bulge. No stenosis.

L1/2: Normal.

L2/3: Mild disc bulge. Mild left exit narrowing.

L3/4: Mild disc bulge. No stenosis.

L4/5: Mild disc bulge and facet hypertrophy. Small right facet effusion. Mild exit narrowing. Disc bulges more prominent right extraforaminally, without significant additional neural effect.

L5/S1: Mild disc bulge and facet hypertrophy. Small left facet effusion. Mild left exit narrowing.

IMPRESSION: Mild spondylosis as described. No significant stenosis or neural impingement. No traumatic sequela demonstrated.

Troy Marlow, M.D.
TM / cm

DD: 4/8/2009 / DT: 4/8/2009
Job: 7961551

This document has been electronically reviewed and signed.

WC
State Accident Fund

70378

TRICOUNTY RADIOLOGY ASSOCIATES
SOUTH CAROLINA DIAGNOSTIC IMAGING
(843)529-0600
(843)747-6565 fax
www.tricountyradiology.com

☐ If you would like Tricounty to schedule your patient for their exam, please fax to **747-6565**

PLEASE BRING THIS REFERRAL FORM TO YOUR APPOINTMENT

Patient's Name Thomas Karabees **DOB** 10/13/48

Patient's Phone Number 572-0431 * office → 574-6423

Diagnosis/Sign/Symptom Neck + back pain

Appt. Date _____ **Time** _____

COMPUTED TOMOGRAPHY

CONTRAST: ☐ Radiologist Discretion ☐ w/o ☐ with ☐ with/without

- ☐ Brain
- ☐ Orbits
- ☐ Limited Sinus
- ☐ Complete Sinus
- ☐ C-Spine
- ☐ L-Spine
- ☐ T-Spine
- ☐ Cor/Sag Recons.
- ☐ Chest
- ☐ Abdomen
- ☐ Pelvis
- ☐ Abd/Pelvis Stone Protocol
- ☐ Neck, Soft Tissue
- ☐ Temporal Bones
- ☐ Facial Bones

☐ Extremity w/MPR's - Specify _____

☐ CTA (all w&w/o)
- ☐ Abdomen
- ☐ Head
- ☐ Neck
- ☐ Pelvis
- ☐ Aorta Run-off

☐ Dedicated Studies (all w&w/o)
- ☐ Adrenal
- ☐ Liver
- ☐ Pancreas
- ☐ Renal

☐ Other (Specify) _____

OPEN MRI & HIGH-FIELD MRI

CONTRAST: ☐ Radiologist Discretion ☐ w/o ☐ with/without

- ☐ Brain
- ☐ Brain - Pituitary
- ☐ MRA - Brain
- ☐ MRA - Carotids w/wo
- ☐ Soft Tissue Neck
- ☐ Brain - IAC w/wo
- ☐ Brain - Orbits w/wo
- ☑ C-Spine
- ☑ T-Spine
- ☑ L-Spine
- ☐ Brain/Seizure Protocol
- ☐ Stroke Protocol (Brain, MRA Head, MRA Neck)
- ☐ Abdomen
- ☐ Other - Please Specify: _____

PLEASE INDICATE: ☐ Right ☐ Left ☐ Bilateral

- ☐ Shoulder
- ☐ Elbow
- ☐ Hips
- ☐ Wrist
- ☐ Knee
- ☐ Midfoot/Forefoot
- ☐ Ankle/Hindfoot
- ☐ MR Arthrography

FLUOROSCOPY

- ☐ IVP
- ☐ IVP with Tomography
- ☐ Barium Swallow
- ☐ Upper G.I. (includes limited esophagram)
- ☐ Small Bowel Follow Through
- ☐ Barium Enema
- ☐ Air Contrast Barium Enema

ULTRASOUND

- ☐ Abdomen
- ☐ Gallbladder (Right Upper Quadrant)
- ☐ Renal (Kidneys & Bladder)
- ☐ Pelvic (Transvaginal as indicated)
- ☐ Carotid Doppler
- ☐ Venous Doppler Please circle: RUE LUE RLE LLE
- ☐ OB
- ☐ Thyroid
- ☐ Scrotum

RADIOGRAPHIC EXAMINATIONS

HT 5'8
WT 165
metal - ∅
Claus - ∅

COMMENTS:

Fall down stairs

BONE DENSITOMETRY

☐ Bone Mineral Densitometry (DEXA)

Physician's Signature _____ **Date** 3-17-09

Fax 3771-0858 **(reports faxed within 24 hours)**

Special Instructions _____

Rev. 09/08

TRICOUNTY RADIOLOGY ASSOCIATES

(843) 529-0600
North Charleston
Summerville
West Ashley

appt 12-17-08

PATIENT: Karabees, Thomas
DOB: 10/13/1948
MRN: 597529
PHYSICIAN: Seth Kupferman, MD
EXAM DATE: 12/1/2008

EXAM: MRI LEFT SHOULDER

HISTORY: Left shoulder pain, rule out rotator cuff tear.

COMPARISON STUDIES: None

TECHNIQUE: Routine MRI of the shoulder was performed at the Tricom 1.5 Tesla Siemens MRI utilizing sagittal oblique PD/T2, oblique coronal Tl, fat saturated axial PD, and oblique coronal PD/T2 sequences.

FINDINGS: Minimal fluid int the subacromial/subdeltoid bursa. Small glenohumeral joint effusion. Mild thinning of the supraspinatus and infraspinatus tendons suggesting attrition with no evidence of a discrete defect in the tendons and no evidence of a full thickness rotator cuff tear. Long head biceps tendon is intact but demonstrates thickening and increased signal intensity over the humeral head and proximal to the bicipital groove. The appearance suggests tendinosis without discrete tear. Irregularity of the superior glenoid labrum is present without detachment suggesting a probable chronic degenerative tear, especially given evidence of mild glenohumeral joint DJD. Mild diffuse chondromalacia in the glenohumeral joint.

The AC joint is intact with mild degeneration and no widening. There is a flat acromion.

IMPRESSION:
1. Thinning of the rotator cuff without evidence of a full thickness rotator cuff tear.
2. Biceps tendinosis. Probable chronic superior glenoid labral degenerative tear. Mild glenohumeral joint DJD and small effusion.

James A. Thesing, D.O.
JT / SL

DD: 12/2/2008 / DT: 12/2/2008
Job: 7245251

This document has been electronically reviewed and signed.

DATE:	01/20/2009
SURGEON:	SETH KUPFERMAN, M.D.
ASSISTANT:	MICHAEL BYERS, PA-C.
PREOPERATIVE DIAGNOSIS:	1. Left shoulder glenohumeral DJD. 2. Anterosuperior labral tear. 3. Impingement.
POSTOPERATIVE DIAGNOSIS:	1. Left shoulder anterosuperior labral tear. 2. Impingement, left shoulder. 3. Glenohumeral DJD.
OPERATION:	1. Arthroscopy, left shoulder, with debridement of significant synovitis, glenohumeral DJD, anterosuperior labral tear, left shoulder. 2. Arthroscopy, with subacromial decompression, including partial acromioplasty, resection of CA ligament.
ANESTHESIA:	General.
COMPLICATIONS:	Without.

OPERATIVE INDICATIONS:
A 60-year-old gentleman, an instructor at the Trident Technical College, who injured his left shoulder after a fall at work down stairs. He has had persistent symptoms, with MR revealing the suggestion of an anterosuperior labral tear, but an intact rotator cuff. In light of failure to improve, he is indicated for arthroscopy, left shoulder. The nature, alternatives, risks and consequences of the proposed procedure were discussed at great length with Mr. Karabees. All questions were answered to his satisfaction and he wished to proceed with the proposed surgical procedure.

PROCEDURE:
After smooth induction of anesthesia, verification of the left-sided site surgery was performed per protocol, with verification of sterility of instruments by surgical indicators. The patient's left shoulder was examined. He had good range of motion, no instability. The patient was carefully positioned in the lateral decubitus position. Appropriate areas were well-padded, supported with a well-padded, well-supported, well-fitted beanbag. The patient's left arm had a well-padded gauntlet about the left wrist and forearm, suspended with 15 lbs of weight in the pulley suspension system in the standard fashion. The patient's left shoulder and upper extremity were thoroughly prepped and draped in the usual sterile fashion. Then, 60 cc of saline were carefully injected into the GH joint through a posterior portal.

The arthroscope was carefully introduced through a posterior portal. Careful inspection of the GH joint revealed mild to moderate glenohumeral DJD. There was anterosuperior labral tearing and extensive synovitis throughout the glenohumeral joint. Using a small full-radius placed in the anterior portal, midway between the anterior acromion and the coracoid, a synovectomy was performed, debridement of anterosuperior labral tearing was performed, with debridement of the glenohumeral joint. This was all achieved without difficulty. Facilitation of this debridement, extensive, of the glenohumeral joint was facilitated with placement of the shaver in the posterior portal as well. This was all achieved without difficulty. The undersurface of the rotator cuff revealed this to be intact.

The posterior portal was then redirected into the subacromial space. There was obvious evidence of impingement notable. There was an intact rotator cuff from above. Using the high-speed shaver/bur, the acromion was exposed. There was a prominent type III acromion, a significant subacromial spur. The thickened CA ligament was converted to a type I acromion, with resection of the CA ligament, to prevent any further impingement of the rotator cuff quite successfully. Hemostasis was achieved where appropriate with the ablator cautery. The rotator cuff from above was intact.

Fluid was evacuated from the shoulder and subacromial space. Then, 20 cc of ropivacaine were injected into the subacromial space. The portals were closed using interrupted 3-0 nylon. A sterile bulky compression dressing was applied to the patient's left shoulder. He was placed in a very well-padded sling, having tolerated the surgery well, without difficulty, no complications. He was admitted back to the Recovery Room in stable condition. EBL minimal, stable in Recovery.

SETH KUPFERMAN, M.D.

SK/ch
Dict: 01/20/2009
Trans: 01/21/2009
Job#: 450422

DATE: 01/19/2009

SURGEON: SETH KUPFERMAN, M.D.

CHIEF COMPLAINT: Left shoulder pain.

PLANNED PROCEDURE: Left shoulder arthroscopy with debridement and decompression scheduled for 1/20/2009 at Trident Surgery Center.

HISTORY OF PRESENT ILLNESS:
This is a 60-year-old right hand dominant white male who is an instructor at Trenton Technical College. The patient had an injury falling down stairs at work 10/31/2008. At this time in light of failure of conservative therapy to alleviate his symptoms, he is indicated to undergo left shoulder arthroscopy.

PAST MEDICAL HISTORY:
Hypertension, dyslipidemia, multiple sclerosis.

PAST SURGICAL HISTORY:
Tonsillectomy.

MEDICATIONS:
1. Interferon I.M. injections weekly.
2. Benicar.
3. Symbicort.
4. Daily aspirin.

ALLERGIES:
No known drug allergies.

SOCIAL HISTORY:
The patient eats regular diet, has regular sleep habits. He drinks alcohol occasionally. He denies tobacco or illicit drug use.

FAMILY HISTORY:
Unremarkable.

REVIEW OF SYSTEMS:
The patient wears corrective eye lenses. He has had persistent complaints of left shoulder pain. The remainder of the review of systems is unremarkable.

PHYSICAL EXAM:

Vital signs:	Pulse 101 and regular. Respirations 15 and unlabored. BP 139/87. Height: 5'8". Weight: 165 lbs.
General:	Well-developed, well-nourished 60-year-old white male in no acute distress.
Skin:	Without rash, lesions or ulcers. No induration or nodules noted.
HEENT:	Normocephalic, atraumatic. Sclerae nonicteric. Conjunctiva clear. EOM's intact. PERRLA. Oropharynx clear.
Neck:	Supple. Trachea midline. No thyromegaly noted. No bruits noted.
Chest:	Lungs clear to auscultation bilaterally. No adventitious breath sounds noted.

Respiratory effort is unlabored.
Heart: S1, S2 present. Regular rate and rhythm. No murmurs, rubs or gallops are noted.
Abdomen: Soft, nontender, nondistended. Normoactive bowel sounds.
Musculoskeletal: No evidence of clubbing, cyanosis, erythema, or edema about the extremities. Examination about the left shoulder: nontender at AC joint. Some anterior tenderness. Painful with SS testing. There is no frank weakness noted with cuff testing. Positive impingement. No evidence of instability.
Neuro: Cranial nerves II-XII are grossly intact. No evidence of sensory or motor deficits. Reflexes equal and symmetric bilaterally.
Extremities: All extremities grossly neurovascularly intact.
Psychological: Alert and oriented x 3 with appropriate mood and affect.

Review of plain films, left shoulder: Type 3 acromion. Minimal glenohumeral DJD changes. Calcification noted about the humeral head which may represent calcification about the joint capsule or other DJD changes. Well-preserved H interval. No evidence of fracture dislocation.
Review of MR: Consistent with rotator cuff tendinopathy, possible partial undersurface tear. No clear evidence for any full thickness tear. The labrum was not well-visualized.

ASSESSMENT:
Left shoulder rotator cuff tendinopathy, possible partial rotator cuff tear, rule out occult labral tear.

PLAN:
At this time in light of failure of conservative therapy to alleviate the patient's symptoms, he is indicated to undergo left shoulder arthroscopy. The significant risks, benefits, alternatives, nature and consequences of the planned procedure have been explained to the patient. The patient indicates understanding. All questions were answered to the patient's satisfaction and the patient wishes to proceed with the planned procedure of left shoulder arthroscopy.

Preoperative labs were reviewed, including CBC, BMP, UA, and EKG, all within acceptable limits. We have note of medical clearance from primary provider, Dr. Campbell. The patient was given a prescription for Lortab 7.5, #45.

SETH KUPFERMAN, M.D.

MB/SK/bl
Dict: 01/19/2009
Trans: 01/19/2009
Job#: 449877

TRIDENT PAIN CENTER, PA

Patient: KARABEES, THOMAS W
DOB: 10/13/1948 **Age:** 62 Y **Sex:** Male
PCP: JOHN W CAMPBELL, MD

Provider: J. Edward Nolan, MD
Date: 11/23/2010

Reason for Appointment

1. Neck pain
2. Shoulder pain
3. Mid back pain
4. Low back pain
5. Arm pain

History of Present Illness

Description of pain::
Location: neck, left arm, down to lower back. Onset of pain: fell down stairs, work injury. Date of injury: October 31, 2008. Nature: dull, sharp, aching, burning, throbbing, tingling, shooting, numbness. Severity: 5-6/10 overall, 9/10 at its worst. Timing: constant. Helping factors: physical therapy, muscle rub. Aggravating factors: bending, standing too long, reaching.

Anticoagulants::
None: Patient denies anticoagulant use.

Driver::
Present in office: no.

Pain relief from previous injection::
Date: 08/26/10. Injection: Cervical facet injection. Pain relief: significant (>80%) pain relief.

Adjuvant therapies::
Physical Therapy: Currently participating in physical therapy 3x week

Current Medications

Physical therapy
Zanaflex
Simcor
Benicar
Nexium
aspirin

Past Medical History

Multiple Sclerosis

Surgical History

Shoulder surgery
Hernia

Social History

Work Status: Disabled by patient report, Retired.

Smoking: no.

Allergies
N.K.D.A.

Hospitalization/Major Diagnostic Procedure
Denies recent hospitalization

Review of Systems
Genitourinary:
Negative for urinary tract infections, bladder problems, kidney disease, prostate problems.
Constitutional:
Negative for recent fever, recent fatigue, night sweats, recent weight loss. Positive for recent weight gain.

Musculoskeletal:
Negative for muscle pain, arthritis. Positive for joint pain, joint stiffness.
Neurology:
Negative for headaches, dizziness, insomnia, arm weakness. Positive for tingling, numbness, leg weakness.
Dermatology:
Negative for recent skin rash, recent skin sores, skin cancer.
Gastroenterology:
Negative for GERD, abdominal pain, ulcers, recent blood in stool, recent constipation, recent diarrhea.

Vital Signs
Wt 183.6, Ht 5;8, BP Initial 121/91; HR Initial 85, Temp Initial 97.4, PO2 Initial 94, Pain Initial 5-6/10.

Examination
General examination:
Appearance: Patient is a well-developed well-nourished male in distress appropriate to pain complaint. Patient is well groomed with an appropriate affect for pain complaint. Mental status: Patient is alert, awake and oriented X 3. Short and long term memory intact. Normal language skills and normal fund of knowledge. Cranial N./Reflexes Cranial n. 2-12 intact and symmetrical. Sensory function: Sensation is grossly intact bilateral lower extremities. Motor Function: Coordination is normal. Muscle strength is grossly intact bilateral lower extremities. Tone is normal.

Physical Examination
Head/Cervical::
Cervical: moderate pain in the bilateral cervical paraspinous musculature into the bilateral trapezius muscles with tenderness to palpation radiating into the shoulder palpable paraspinous myospasms present.
Thoracic/Chest wall::
Thoracic: moderate pain bilateral middle thoracic paraspinous musculature with extension/rotation and to palpation.
Lumbo/Sacral::
Lumbar: moderate pain in the bilateral lumbar paraspinous musculature in a bandlike distribution with extension and rotation of the spine with tenderness to palpation overlying the facets joints palpable paraspinous myospasms present.

Assessments
1. CERVICAL FACET ARTHROPATHY - 721.1 (Primary)
2. LUMBAR FACET ARTHROPATHY - 721.3

Treatment
1. CERVICAL FACET ARTHROPATHY

Pt. reports very good relief from the last injection, but they require further treatment. Will evaluate MMI status for cervical spine after performing cervical facet-injection

2. LUMBAR FACET ARTHROPATHY
Patient has been placed at MMI for his lumbar spine will submit for authorization for a lumbar facet injection to treat low back pain.

Procedures
1. Facet, Cervical Injection:
   Level : Bilateral, C5/6, C6/7, C7/T1
   Procedure note : Plan to perform on return to clinic, after authorization
2. Facet, Lumbar Injection:
   Level : Bilateral, L3/4, L4/5, L5/S1
   Procedure note : Plan to perform on return to clinic, after authorization and cervical facet injection

Follow Up
Block only, for Dr. Nolan,after authorization

J. Nolan MD

Electronically signed by JOSEPH NOLAN on 12/07/2010 at 02:04 PM EST

Sign off status: Pending

Patient: KARABEES, THOMAS W
DOB: 10/13/1948

Patient: Provider: J. Edward Nolan, MD
Date: 11/23/2010

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

OCT 22 2010

TRIDENT PAIN CENTER, PA

INTERVENTIONAL PAIN MANAGEMENT

"Neck and Back Pain Specialists"

J. Edward Nolan, MD

Kristen R. Giet, PA-C

9267-G Medical Plaza Drive • N. Charleston, SC 29406 • Phone: (843) 797-3636 • Fax: (843) 797-3637

October 12, 2010

Thomas M. White
The Steinberg Law Firm
118 Goose Creek Blvd, South
PO Box 1028
Goose Creek, SC 29445

Patient: Thomas Karabees, Jr
DOB: 10/13/1948

Dear Mr. White,

As you know, Mr. Thomas Karabees has an appointment scheduled November 23, 2010 and I will consider at that time placing him at maximum medical improvement for his cervical region so that we can get an impairment rating for both the cervical and lumbar regions. As I stated before, I do feel he will require ongoing treatment to include intermittent therapeutic exercise and modalities, steroid injections for both cervical and lumbar regions (no more than 6 per year), and medication management including muscle relaxers, anti-inflammatory medications and possibly narcotics. I do not feel he can work in his present condition due to multiple injuries from the fall in October 2008. It is my medical opinion that Mr. Karabees inablilty to work is directly related to his work injury and not his multiple sclerosis as he was working without any significant limitations prior to his work injury. His chronic neck and low back pain contributes significantly to his inability to work. It is also my medical opinion that Mr. Karabees would be able to continue to work in his previous occupation with his multiple sclerosis had he not been injured in October 2008. If you have any questions, please feel free to call.

Sincerely,

J. Edward Nolan, M.D.
Board Certified Anesthesiology
Board Certified Interventional Pain Management
JEN/ krg

TRIDENT PAIN CENTER, PA

INTERVENTIONAL PAIN MANAGEMENT

"Neck and Back Pain Specialists"

J. Edward Nolan, MD

Kristen R. Giet, PA-C

9267-G Medical Plaza Drive • N. Charleston, SC 29406 • Phone: (843) 797-3636

• Fax: (843) 797-3637

SEP 09 2010

August 31, 2010

Thomas M. White
The Steinberg Law Firm
118 Goose Creek Blvd, South
PO Box 1028
Goose Creek, SC 29445

Patient: Thomas Karabees, Jr
DOB: 10/13/1948

Dear Mr. White,

Mr. Thomas Karabees was initially evaluated on November 3, 2009 for his chronic cervical, thoracic, and lumbar pain associated from work related injuries after falling down stairs on October 31, 2008. As you know, it is my opinion to a reasonable degree of medical certainty that Mr. Karabees will require ongoing care for his lumbar and cervical pain. He is at maximum medical improvement for his lumbar region but is not at maximum medical improvement for the cervical region as he has only had 2 injections performed in this area. He did report significant relief from the first injection. We will follow-up with him on November 23, 2010 and will re-evaluate MMI status for the neck at that time. I do feel he will require ongoing treatment to include intermittent therapeutic exercise and modalities, steroid injections for both cervical and lumbar regions (no more than 6 per year), and medication management including muscle relaxers, anti-inflammatory medications and possibly narcotics. I do not feel he can work in his present condition due to multiple injuries from the fall in October 2008. If you have any questions, please feel free to call.

Sincerely,

J. Edward Nolan, M.D.
Board Certified Anesthesiology
Board Certified Interventional Pain Management
JEN/ krg

TRIDENT PAIN CENTER, PA

Patient: KARABEES, THOMAS W
DOB: 10/13/1948 **Age:** 61 Y **Sex:** Male
PCP: JOHN W CAMPBELL, MD

Provider: J. Edward Nolan, MD
Date: 08/26/2010

Reason for Appointment
1. Neck pain

History of Present Illness
Description of pain::
Location: neck, left arm. Onset of pain: fell down stairs, work injury. Date of injury: October 31, 2008. Nature: sharp, aching, numbness. Severity: 4/10 overall, 8/10 at its worst. Timing: constant. Helping factors: injections by this clinic, muscle rub. Aggravating factors: sitting.
Anticoagulants::
None: Patient denies anticoagulant use.
Driver::
Present in office: Patricia.

Current Medications
Physical therapy
Zanaflex
Simcor
Benicar
Nexium
aspirin

Past Medical History
Multiple Sclerosis

Surgical History
Shoulder surgery
Hernia

Allergies
N.K.D.A.

Hospitalization/Major Diagnostic Procedure
Denies recent hospitalization

Review of Systems
Constitutional:
Negative for recent fever, recent fatigue, night sweats, recent weight loss, recent weight gain.
Genitourinary:
Negative for urinary tract infections, bladder problems, kidney disease, prostate problems.

Musculoskeletal:
Negative for arthritis. Positive for muscle pain, joint pain, joint stiffness.
Neurology:
Negative for headaches, dizziness, insomnia. Positive for tingling, numbness, arm weakness, leg weakness.
Dermatology:
Negative for recent skin rash, recent skin sores, skin cancer.
Gastroenterology:
Negative for GERD, abdominal pain, ulcers, recent blood in stool, recent constipation, recent diarrhea.

Vital Signs
Wt 176, Ht 5'7", BP Initial 126/83, HR Initial 88, Temp Initial 97.8, PO2 Initial 97, Pain Initial 4/10, BP D/C 115/80, HR D/C 91, Temp D/C 97.5, PO2 D/C 94, Pain D/C 0/10.

Examination
General examination:

Patient evaluated on previous visit and is here for an injection only today.

Assessments
1. CERVICAL FACET ARTHROPATHY - 721.1 (Primary)

Treatment
1. CERVICAL FACET ARTHROPATHY
Pt.'s neck and shoulder pain is the area with the greatest pain and we will treat it today.

Procedures

1. Sedation:
   Versed : 5 mg TUTTLE,JENNIFER H 8/26/2010 4:15:19 PM >
   Location : left, deltoid
   Sedation level : 4/5, decrease Versed to, 4mg SULLIVAN,COURTNEY A 8/26/2010 4:43:08 PM >
2. Supplies/Services:
   Skin Prep : Betadine x 3
   Needles : 25 gauge x 3.5 inch spinal needle
   Local Anesthetic : Lidocaine 1% 3cc
   Steroid : Celestone 9 mg (preservative free)
   Omnipaque : 1 cc
   Other : Procedure Tray, Fluoroscopy, Conscious Sedation
3. Facet, Cervical Injection:
   Level : Bilateral, C5/6, C6/7, C7/T1
   Procedure note : Informed consent was obtained from the patient. The patient was placed in the prone position in the fluoroscopy suite. Appropriate monitors were applied. The skin was prepped X 3 as noted above. The appropriate levels were identified by fluoroscopic imaging. The injection site was anesthetized as noted above. A spinal needle as noted above was advanced to each facet joint using fluoroscopic guidance. Aspiration was negative for CSF, heme, and air. No paresthesias were elicited during needle placement. Needle placement was confirmed with multiple views. Radiopaque dye was injected as noted above to confirm needle placement. No evidence of intravascular, epidural, or intrathecal placement was observed. The steroid noted above was injected in equally divided doses at each site. A solution containing the other medication as noted above were combined. 0.5 cc of this solution was injected at each site. The needle was flushed and removed intact from the skin. The skin was cleansed and a sterile dressing applied to the injection sites
   Fluoroscopy Time: : 19 sec
   Complications : None, the patient tolerated the procedure well and no complications were encountered
4. Recovery and Discharge
   Recovery : The patient was was taken to the recovery room and monitored until alert, awake, and in

oriented condition

Discharge : The patient was instructed to avoid driving for 24 hours, discharge instructions were given to the patient, patient was discharged with vital signs stable

Follow Up

3 Months, for Kristen Giet, PA-C, Injection Eval to see if patient requires further injections

J. Nolan MD

Electronically signed by JOSEPH NOLAN on 12/14/2010 at 10:09 AM EST

Sign off status: Pending

Patient: KARABEES, THOMAS W
DOB: 10/13/1948

Patient: Provider: J. Edward Nolan, MD
Date: 08/26/2010

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

TRIDENT PAIN CENTER PA
9267 G MEDICAL PLAZA DR N CHARLESTON, SC, 29406
Tel: 843-797-3636 Fax: 843-797-3637
Prepared By: KEENEY,RENEE
Trans id: 20100810173103776203594

J. Edward Nolan, ~~MD~~
Anesthesiology

PRINTED PRESCRIPTION

Date: 08/10/2010

KARABEES, THOMAS W
377 OXFORD ROAD, LADSON, SC-29456
DOB: 10/13/1948, Phone: 843-572-0431

Rx

Physical therapy cervical , thoracic, and lumbar pain
Disp: ***15 visits*** (FIFTEEN)
Sig: Eval and treat: please include modalities and traction when indicated Diag: Musculoskeletal pain

Refills: ****** (ZERO)
DEA #: BN4979449
LIC.#: 19839

Dispense as Written
J. Edward Nolan, MD,

Substitution Permitted
J. Edward Nolan, MD,

TRIDENT PAIN CENTER, PA

Patient: KARABEES, THOMAS W
DOB: 10/13/1948 **Age:** 61 Y **Sex:** Male
PCP: JOHN W CAMPBELL, MD

Provider: J. Edward Nolan, MD
Date: 08/02/2010

Reason for Appointment

1. Neck pain
2. Arm pain

History of Present Illness

Description of pain::
Location: neck, left arm. Onset of pain: fell down stairs, work injury. Date of injury: October 31, 2008. Nature: sharp, aching, numbness. Severity: 6-7/10 overall, 9/10 at its worst. Timing: constant. Helping factors: injections by this clinic. Aggravating factors: sitting.
Anticoagulants::
None: Patient denies anticoagulant use.
Driver::
Present in office: Pat.
Pain relief from previous injection::
Date: 07/19/10. Injection: Cervical facet injection. Pain relief: significant (>80%) pain relief. Duration of relief: until a few days ago, the pain has slowly returned since the last injection .

Current Medications

Zanaflex
Simcor
Benicar
Nexium
aspirin

Past Medical History

Multiple Sclerosis

Surgical History

Shoulder surgery
Hernia

Allergies

N.K.D.A.

Hospitalization/Major Diagnostic Procedure

Denies recent hospitalization

Review of Systems

Constitutional:

Negative for recent fever, recent fatigue, night sweats, recent weight loss, recent weight gain.

Genitourinary:
Negative for urinary tract infections, bladder problems, kidney disease, prostate problems.

Musculoskeletal:
Negative for arthritis. Positive for muscle pain, joint pain, joint stiffness.

Neurology:
Negative for headaches, dizziness. Positive for tingling, numbness, insomnia, arm weakness, leg weakness.

Dermatology:
Negative for recent skin rash, recent skin sores, skin cancer.

Gastroenterology:
Negative for GERD, abdominal pain, ulcers, recent blood in stool, recent constipation, recent diarrhea.

Vital Signs
Wt 179, Ht 5'7, BP Initial 111/67, HR Initial 85, Temp Initial 96.4, PO2 Initial 97, Pain Initial 6-7/10.

Examination
General examination:
Appearance: Patient is a well-developed well-nourished male in distress appropriate to pain complaint. Patient is well groomed with an appropriate affect for pain complaint. Mental status: Patient is alert, awake and oriented X 3. Short and long term memory intact. Normal language skills and normal fund of knowledge. Cranial N./Reflexes Cranial n. 2-12 intact and symmetrical. Sensory function: Sensation is grossly intact bilateral lower extremities. Motor Function: Coordination is normal. Muscle strength is grossly intact bilateral lower extremities. Tone is normal.

Physical Examination
Head/Cervical::
Cervical: moderate pain in the bilateral cervical paraspinous musculature into the bilateral trapezius muscles with tenderness to palpation radiating into the shoulder.

Thoracic/Chest wall::
Thoracic: mild pain bilateral middle thoracic paraspinous musculature with extension/rotation and to palpation intermittent in nature.

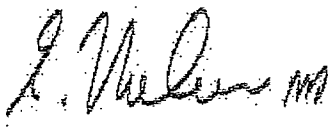
Lumbo/Sacral::
Lumbar: mild pain in the upper lumbar paraspinous musculature in a bandlike distribution with extension and rotation of the spine with tenderness to palpation overlying the facets joints intermittent in nature.

Assessments
1. CERVICAL FACET ARTHROPATHY - 721.1

Treatment
1. CERVICAL FACET ARTHROPATHY
Pt. reports very good relief from the last injection, but they require further treatment. Patient states the previous injection helped with his neck pain and the radiating pain he's been having into his shoulder.

Procedures
1. Facet, Cervical Injection:
Level : Bilateral, C5/6, C6/7, C7/T1
Procedure note : Plan to perform on return to clinic, after authorization

Follow Up
Block only, for Dr. Nolan,after authorization



Electronically signed by JOSEPH NOLAN on 12/14/2010 at 10:09 AM EST

Sign off status: Pending

Patient: KARABEES, THOMAS W
DOB: 10/13/1948

Patient: Provider: J. Edward Nolan, MD
Date: 08/02/2010

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

TRIDENT PAIN CENTER, PA

Patient: KARABEES, THOMAS W
DOB: 10/13/1948 **Age:** 61 Y **Sex:** Male
PCP: JOHN W CAMPBELL, MD

Provider: J. Edward Nolan, MD
Date: 07/19/2010

Reason for Appointment
1. Neck pain
2. Shoulder pain
3. Arm pain

History of Present Illness
Description of pain::
Location: neck, left shoulder, left arm to elbow. Onset of pain: fell down stairs, work injury. Date of injury: October 31, 2008. Nature: throbbing, numbness. Severity: 9/10 overall, 10/10 at its worst. Timing: constant. Helping factors: nothing. Aggravating factors: prolonged sitting.
Anticoagulants::
None: Patient denies anticoagulant use.
Driver::
Present in office: yes, Tom!

Current Medications
Zanaflex
Simcor
Benicar
Nexium
aspirin

Past Medical History
Multiple Sclerosis

Surgical History
Shoulder surgery
Hernia

Social History
Work Status: Disabled by patient report, Retired.
Smoking: no.

Allergies
N.K.D.A.

Hospitalization/Major Diagnostic Procedure
Denies recent hospitalization

Review of Systems

Constitutional:
Negative for recent fever, recent fatigue, night sweats, recent weight loss, recent weight gain.

Genitourinary:
Negative for urinary tract infections, bladder problems, kidney disease, prostate problems.

Musculoskeletal:
Positive for muscle pain, joint pain, joint stiffness.

Neurology:
Negative for headaches, dizziness, insomnia, leg weakness. Positive for tingling, numbness, arm weakness.

Dermatology:
Negative for recent skin rash, recent skin sores, skin cancer.

Gastroenterology:
Negative for GERD, abdominal pain, ulcers, recent blood in stool, recent constipation, recent diarrhea.

Vital Signs

Wt 178.8, Ht 5'7", BP Initial 137/84, HR Initial 96, Temp Initial 97.0, PO2 Initial 96, Pain Initial 9/10, BP D/C 114/77, HR D/C 97, Temp D/C 96.7, PO2 D/C 95, Pain D/C 5/10.

Examination

General examination:

Patient evaluated on previous visit and is here for an injection only today.

Assessments

1. CERVICAL FACET ARTHROPATHY - 721.1
2. LUMBAR DISC DISPLACEMENT - 722.10
3. LUMBAR FACET ARTHROPATHY - 721.3
4. MUSCLE SPASMS - 728.85

Treatment

1. CERVICAL FACET ARTHROPATHY

Pt.'s neck and shoulder pain is the area with the greatest pain and we will treat it today.

Procedures

1. Sedation:
   Versed : 5 mg Williamson,Sophia 7/19/2010 5:15:57 PM >
   Location : left, deltoid
   Sedation level : 3/5
2. Supplies/Services:
   Skin Prep : Betadine x 3
   Needles : 18 gauge x 3.5 inch Tuohy needle
   Local Anesthetic : Lidocaine 1% 5 cc (preservative free)
   Steroid : Celestone 9 mg (preservative free)
   Omnipaque : 2 cc
   Other : Procedure Tray, Epiduragram, Conscious Sedation
3. Facet, Cervical Injection:
   Level : Bilateral, C5/6, C6/7, C7/T1
   Procedure note : Informed consent was obtained from the patient. The patient was placed in the prone position in the fluoroscopy suite. Appropriate monitors were applied. The skin was prepped X 3 as noted above. The appropriate levels were identified by fluoroscopic imaging. The injection site was anesthetized as noted above. A spinal needle as noted above was advanced to each facet joint using fluoroscopic guidance. Aspiration was negative for CSF, heme, and air. No paresthesias were elicited during needle placement. Needle placement was confirmed with multiple views. Radiopaque dye was injected as noted above to confirm

needle placement. No evidence of intravascular, epidural, or intrathecal placement was observed. The steroid noted above was injected in equally divided doses at each site. A solution containing the other medication as noted above were combined. 0.5 cc of this solution was injected at each site. The needle was flushed and removed intact from the skin. The skin was cleansed and a sterile dressing applied to the injection sites

Complications : None, the patient tolerated the procedure well and no complications were encountered

4. Recovery and Discharge

Recovery : The patient was was taken to the recovery room and monitored until alert, awake, and in oriented condition

Discharge : The patient was instructed to avoid driving for 24 hours, discharge instructions were given to the patient, patient was discharged with vital signs stable

Follow Up

2 Weeks, for Dr. Nolan, Injection follow-up

J. Nolan MD

Electronically signed by JOSEPH NOLAN on 12/14/2010 at 10:08 AM EST

Sign off status: Pending

Patient: KARABEES, THOMAS W
DOB: 10/13/1948

Patient: Provider: J. Edward Nolan, MD
Date: 07/19/2010

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

TRIDENT PAIN CENTER, PA

Patient: KARABEES, THOMAS W
DOB: 10/13/1948 **Age:** 61 Y **Sex:** Male
PCP: JOHN W CAMPBELL, MD

Provider: J. Edward Nolan, MD
Date: 07/02/2010

Reason for Appointment
1. Neck pain
2. Thoracic pain

History of Present Illness
Description of pain::
Location: neck, midback. Onset of pain: fell down stairs, work injury. Date of injury: October 31, 2008. Nature: sharp, stiff. Severity: 8/10 overall. Timing: constant. Helping factors: physical therapy. Aggravating factors: everything.
Driver::
Present in office: Patricia.
Anticoagulants::
None: Patient denies anticoagulant use.
Pain relief from previous injection::
Date: 6/15/10. Injection: Lumbar facet injection. Pain relief: significant (>80%) pain relief. Duration of relief: still benefiting from relief in the area treated last, the pain is more significant in the neck and thoracic area.

Current Medications
Zanaflex
Simcor
Benicar
Nexium
aspirin

Past Medical History
Multiple Sclerosis

Surgical History
Shoulder surgery
Hernia

Social History
Work Status: Disabled by patient report, Retired.

Allergies
N.K.D.A.

Hospitalization/Major Diagnostic Procedure

Denies recent hospitalization

Review of Systems

Constitutional:
Negative for recent fever, recent fatigue, night sweats, recent weight loss, recent weight gain.

Genitourinary:
Negative for urinary tract infections, bladder problems, kidney disease, prostate problems.

Musculoskeletal:
Negative for arthritis. Positive for muscle pain, joint pain, joint stiffness.

Neurology:
Negative for headaches, dizziness, arm weakness, leg weakness. Positive for tingling, numbness, insomnia.

Dermatology:
Negative for recent skin rash, recent skin sores, skin cancer.

Gastroenterology:
Negative for GERD, abdominal pain, ulcers, recent blood in stool, recent constipation, recent diarrhea.

Vital Signs

Wt 176, Ht 5'7, BP Initial 136/88, HR Initial 86, Temp Initial 97.6, PO2 Initial 95, Pain Initial 8/10.

Examination

General examination:
Appearance: Patient is a well-developed well-nourished male in distress appropriate to pain complaint. Patient is well groomed with an appropriate affect for pain complaint. Mental status: Patient is alert, awake and oriented X 3. Short and long term memory intact. Normal language skills and normal fund of knowledge. Cranial N./Reflexes Cranial n. 2-12 intact and symmetrical. Sensory function: Sensation is grossly intact bilateral lower extremities. Motor Function: Coordination is normal. Muscle strength is grossly intact bilateral lower extremities. Tone is normal.

Physical Examination

Head/Cervical::
Cervical: moderate pain in the bilateral cervical paraspinous musculature into the bilateral trapezius muscles with tenderness to palpation.

Thoracic/Chest wall::
Thoracic: moderate pain bilateral middle thoracic paraspinous musculature with extension/rotation and to palpation.

Lumbo/Sacral::
Lumbar: mild pain in the upper lumbar paraspinous musculature in a bandlike distribution with extension and rotation of the spine with tenderness to palpation overlying the facets joints, improved from previous injection in this area.

Assessments

1. CERVICAL FACET ARTHROPATHY - 721.1
2. LUMBAR DISC DISPLACEMENT - 722.10
3. LUMBAR FACET ARTHROPATHY - 721.3
4. MUSCLE SPASMS - 728.85

Treatment

1. CERVICAL FACET ARTHROPATHY

Pt.'s neck and shoulder pain is the area with the greatest pain and we will treat it on return to clinic.

Procedures

1. Facet, Cervical Injection:

Level : Bilateral, C5/6, C6/7, C7/T1
Procedure note : Plan to perform on return to clinic, after authorization

Follow Up
Block only, for Dr. Nolan,after authorization

J. Nolan MD

Electronically signed by JOSEPH NOLAN on 12/14/2010 at 10:08 AM EST

Sign off status: Pending

Patient: KARABEES, THOMAS W
DOB: 10/13/1948

Patient: Provider: J. Edward Nolan, MD
Date: 07/02/2010

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

TRIDENT PAIN CENTER, PA

Patient: KARABEES, THOMAS W
DOB: 10/13/1948 **Age:** 61 Y **Sex:** Male
PCP: JOHN W CAMPBELL, MD

Provider: J. Edward Nolan, MD
Date: 06/15/2010

Reason for Appointment

1. Neck pain
2. Shoulder pain

History of Present Illness

Description of pain::
Location: neck, shoulders. Onset of pain: fell down stairs, work injury. Date of injury: October 31, 2008. Nature: sharp, stiff. Severity: 6-7/10 overall. Timing: constant. Helping factors: lying down. Aggravating factors: heat.
Driver::
Present in office: Pat.
Anticoagulants::
None: Patient denies anticoagulant use.
Adjuvant therapies::
Electrical stimulation: Comfortrac cervical traction in preauth with RS Medical. Will contact pt. once auth is given. 7-6-10.

Current Medications

Zanaflex
Simcor
Benicar
Nexium
aspirin

Past Medical History

Multiple Sclerosis

Surgical History

Shoulder surgery
Hernia

Family History

Father: alive
Mother: deceased

Social History

Education: Post-Graduate.
Occupation: Industrial Program Instructor.
Recent place of employment: Trident Technical College.

Work Status: Disabled by patient report, Retired.
Injured at work: Yes.
Marital Status: Married.
Children: 4.
Smoking: no.
Alcohol: yes.

Allergies
N.K.D.A.

Hospitalization/Major Diagnostic Procedure
Denies recent hospitalization

Review of Systems
Constitutional:
Negative for recent fever, recent fatigue, night sweats, recent weight loss, recent weight gain.
Genitourinary:
Negative for urinary tract infections, bladder problems, kidney disease, prostate problems.
Musculoskeletal:
Negative for muscle pain, joint pain, joint stiffness, arthritis.
Neurology:
Negative for headaches, dizziness, insomnia. Positive for tingling, numbness, arm weakness, leg weakness.
Dermatology:
Negative for recent skin rash, recent skin sores, skin cancer.
Gastroenterology:
Negative for GERD, abdominal pain, ulcers, recent blood in stool, recent constipation, recent diarrhea.

Vital Signs
Wt 176.0, Ht 5'7, BP Initial 118/76, HR Initial 84, Temp Initial 97.8, PO2 Initial 97, Pain Initial 6-7/10, BP D/C 143/95, HR D/C 92, Temp D/C 96.6, PO2 D/C 95, Pain D/C 0/10.

Examination
General examination:
Appearance: Patient is a well-developed well-nourished male in distress appropriate to pain complaint. Patient is well groomed with an appropriate affect for pain complaint. Mental status: Patient is alert, awake and oriented X 3. Short and long term memory intact. Normal language skills and normal fund of knowledge. Cranial N./Reflexes Cranial n. 2-12 intact and symmetrical. Sensory function: Sensation is grossly intact bilateral lower extremities. Motor Function: Coordination is normal. Muscle strength is grossly intact bilateral lower extremities. Tone is normal.

Physical Examination
Head/Cervical::
Cervical: moderate pain in the bilateral cervical paraspinous musculature into the bilateral trapezius muscles with tenderness to palpation.
Thoracic/Chest wall::
Thoracic: moderate pain bilateral lower thoracic paraspinous musculature with extension/rotation and to palpation.
Lumbo/Sacral::
Lumbar: moderate pain in the upper lumbar paraspinous musculature in a bandlike distribution with extension and rotation of the spine with tenderness to palpation overlying the facets joints.

Assessments

1. LUMBAR DISC DISPLACEMENT - 722.10
2. LUMBAR FACET ARTHROPATHY - 721.3
3. CERVICAL FACET ARTHROPATHY - 721.1
4. MUSCLE SPASMS - 728.85

Treatment

1. LUMBAR DISC DISPLACEMENT

Pt.'s low back pain is the area with the greatest pain and we will treat it today.

2. CERVICAL FACET ARTHROPATHY

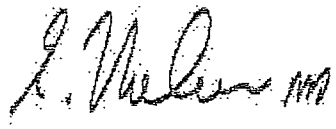
Referral to RS Medical for Comfortrac.

Procedures

1. Sedation:
   Versed : 5 mg TUTTLE,JENNIFER H 6/15/2010 4:48:10 PM >
   Location : left, deltoid
   Sedation level : 3/5 SULLIVAN,COURTNEY A 6/15/2010 5:21:03 PM >
2. Supplies/Services:
   Skin Prep : Betadine x 3
   Needles : 25 gauge x 3.5 inch spinal needle
   Local Anesthetic : Lidocaine 1% 5cc
   Steroid : Celestone 9 mg (preservative free)
   Omnipaque : 2 cc
   Other : Procedure Tray, Fluoroscopy, Conscious Sedation
3. Facet, Cervical Injection:
   Level : Bilateral, C4/5, C5/6, C6/7
   Procedure note : Plan to perform on return to clinic, after authorization
4. Facet, Lumbar Injection:
   Level : Bilateral, T12/L1, L1/2, L2/3
   Procedure note : Informed consent was obtained from the patient. The patient was placed in the prone position in the fluoroscopy suite. Appropriate monitors were applied. The skin was prepped X 3 as noted above. The appropriate levels were identified by fluoroscopic imaging. The injection site was anesthetized as noted above. A spinal needle as noted above was advanced to each facet joint using fluoroscopic guidance. Aspiration was negative for CSF, heme, and air. No paresthesias were elicited during needle placement. Needle placement was confirmed with multiple views. Radiopaque dye was injected as noted above to confirm needle placement. No evidence of intravascular, epidural, or intrathecal placement was observed. The steroid noted above was injected in equally divided doses at each site. A solution containing the other medication as noted above were combined. 0.5 cc of this solution was injected at each site. The needle was flushed and removed intact from the skin. The skin was cleansed and a sterile dressing applied to the injection sites
   Complications : None. The patient tolerated the procedure well. No complications were encountered
5. Recovery and Discharge
   Recovery : The patient was was taken to the recovery room and monitored until alert, awake, and in oriented condition
   Discharge : The patient was instructed to avoid driving for 24 hours, discharge instructions were given to the patient, patient was discharged with vital signs stable

Follow Up

2 Weeks, for Dr. Nolan, Injection Eval to see if patient requires further injections



Electronically signed by JOSEPH NOLAN on 12/14/2010 at 10:07 AM EST

Sign off status: Pending

Patient: KARABEES, THOMAS W
DOB: 10/13/1948

Patient: Provider: J. Edward Nolan, MD
Date: 06/15/2010

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

TRIDENT PAIN CENTER, PA

INTERVENTIONAL PAIN MANAGEMENT

"Neck and Back Pain Specialists"

J. Edward Nolan, MD

Kristen R. Giet, PA-C

9267-G Medical Plaza Drive • N. Charleston, SC 29406 • Phone: (843) 797-3636

• Fax: (843) 797-3637

SEP 09 2010

August 31, 2010

Thomas M. White
The Steinberg Law Firm
118 Goose Creek Blvd, South
PO Box 1028
Goose Creek, SC 29445

Patient: Thomas Karabees, Jr
DOB: 10/13/1948

Dear Mr. White,

Mr. Thomas Karabees was initially evaluated on November 3, 2009 for his chronic cervical, thoracic, and lumbar pain associated from work related injuries after falling down stairs on October 31, 2008. As you know, it is my opinion to a reasonable degree of medical certainty that Mr. Karabees will require ongoing care for his lumbar and cervical pain. He is at maximum medical improvement for his lumbar region but is not at maximum medical improvement for the cervical region as he has only had 2 injections performed in this area. He did report significant relief from the first injection. We will follow-up with him on November 23, 2010 and will re-evaluate MMI status for the neck at that time. I do feel he will require ongoing treatment to include intermittent therapeutic exercise and modalities, steroid injections for both cervical and lumbar regions (no more than 6 per year), and medication management including muscle relaxers, anti-inflammatory medications and possibly narcotics. I do not feel he can work in his present condition due to multiple injuries from the fall in October 2008. If you have any questions, please feel free to call.

Sincerely,

J. Edward Nolan, M.D.
Board Certified Anesthesiology
Board Certified Interventional Pain Management
JEN/ krg

TRIDENT PAIN CENTER PA
9267 G MEDICAL PLAZA DR N CHARLESTON, SC, 29406
Tel: 843-797-3636 Fax: 843-797-3637
Prepared By: KEENEY,RENEE
Trans id: 20100810173103776203594

J. Edward Nolan, MD
Anesthesiology

PRINTED PRESCRIPTION

Date: 08/10/2010

KARABEES, THOMAS W
377 OXFORD ROAD, LADSON, SC-29456
DOB: 10/13/1948, Phone: 843-572-0431

Rx

Physical therapy cervical , thoracic, and lumbar pain
Disp: ***15 visits*** (FIFTEEN)
Sig: Eval and treat: please include modalities and traction when indicated Diag: Musculoskeletal pain

Refills: ****** (ZERO)
DEA #: BN4979449
LIC.#: 19839

Dispense as Written
J. Edward Nolan, MD,

Substitution Permitted
J. Edward Nolan, MD,

TRIDENT PAIN CENTER, PA

Patient: KARABEES, THOMAS W
DOB: 10/13/1948 Age: 61 Y Sex: Male
PCP: JOHN W CAMPBELL, MD

Provider: J. Edward Nolan, MD
Date: 07/02/2010

Reason for Appointment
1. Neck pain
2. Thoracic pain

History of Present Illness
Description of pain::
Location: neck, midback. Onset of pain: fell down stairs, work injury. Date of injury: October 31, 2008. Nature: sharp, stiff. Severity: 8/10 overall. Timing: constant. Helping factors: physical therapy. Aggravating factors: everything.
Driver::
Present in office: Patricia.
Anticoagulants::
None. Patient denies anticoagulant use.
Pain relief from previous injection::
Date: 6/15/10. Injection: Lumbar facet injection. Pain relief: significant (>80%) pain relief. Duration of relief: still benefiting from relief in the area treated last, the pain is more significant in the neck and thoracic area.

Current Medications
Zanaflex
Simcor
Benicar
Nexium
aspirin

Past Medical History
Multiple Sclerosis

Surgical History
Shoulder surgery
Hernia

Social History
Work Status: Disabled by patient report, Retired.

Allergies
N.K.D.A.

Hospitalization/Major Diagnostic Procedure
Denies recent hospitalization

Review of Systems
Constitutional:
Negative for recent fever, recent fatigue, night sweats, recent weight loss, recent weight gain.
Genitourinary:

Negative for urinary tract infections, bladder problems, kidney disease, prostate probl

Musculoskeletal:
Negative for arthritis. Positive for muscle pain, joint pain, joint stiffness.

Neurology:
Negative for headaches, dizziness, arm weakness, leg weakness. Positive for tingling, numbness, insomnia.

Dermatology:
Negative for recent skin rash, recent skin sores, skin cancer.

Gastroenterology:
Negative for GERD, abdominal pain, ulcers, recent blood in stool, recent constipation, recent diarrhea.

Vital Signs
Wt 176, Ht 5'7, BP Initial 136/88, HR Initial 86, Temp Initial 97.6, PO2 Initial 95, Pain Initial 8/10

Examination
General examination:
Appearance: Patient is a well-developed well-nourished male in distress appropriate to pain complaint. Patient is well groomed with an appropriate affect for pain complaint. Mental status: Patient is alert, awake and oriented X 3. Short and long term memory intact. Normal language skills and normal fund of knowledge. Cranial N./Reflexes Cranial n. 2-12 intact and symmetrical. Sensory function: Sensation is grossly intact bilateral lower extremities. Motor Function: Coordination is normal. Muscle strength is grossly intact bilateral lower extremities. Tone is normal.

Physical Examination
Head/Cervical::
Cervical: moderate pain in the bilateral cervical paraspinous musculature into the bilateral trapezius muscles with tenderness to palpation.

Thoracic/Chest wall::
Thoracic: moderate pain bilateral middle thoracic paraspinous musculature with extension/rotation and to palpation.

Lumbo/Sacral::
Lumbar: mild pain in the upper lumbar paraspinous musculature in a bandlike distribution with extension and rotation of the spine with tenderness to palpation overlying the facets joints, improved from previous injection in this area.

Assessments
1. CERVICAL FACET ARTHROPATHY - 721.1
2. LUMBAR DISC DISPLACEMENT - 722.10
3. LUMBAR FACET ARTHROPATHY - 721.3
4. MUSCLE SPASMS - 728.85

Treatment
1. CERVICAL FACET ARTHROPATHY
Pt.'s neck and shoulder pain is the area with the greatest pain and we will treat it on return to clinic.

Procedures
1. Facet, Cervical Injection:
Level : Bilateral, C5/6, C6/7, C7/T1
Procedure note : Plan to perform on return to clinic, after authorization

Follow Up
Block only, for Dr. Nolan,after authorization

E. Nelson MD

Electronically signed by JOSEPH NOLAN on 07/21/2010 at 03:03 PM EDT
Sign off status: Pending

Patient: KARABEES, THOMAS W
DOB: 10/13/1948

Patient: Provider: J. Edward Nolan, MD
Date: 07/02/2010

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

JUN 14 2010

Questionnaire
Thomas Karabees, Jr.
DOB: 10/13/48

I saw Thomas Karabees for a work related injury of October 30, 2008. He received lumbar injections. He had injuries to his neck and low back but the workers' compensation carrier refused to authorize any additional treatment to his low back and also would not authorize any treatment for his neck. I previously issued an opinion that he is not at maximum medical improvement for his neck and needs additional treatment. It is my opinion that when I saw him he would not have been able to return to work and would remain out of work until he receives the treatment he needs and is re-evaluated.

6-9-10
Date

J. Edward Nolan, M.D.

TRIDENT PAIN CENTER, PA
INTERVENTIONAL PAIN MANAGEMENT
"Neck and Back Pain Specialists"
J. Edward Nolan, MD
Kristen R. Giet, PA-C
9267-G Medical Plaza Drive • N. Charleston, SC 29406 • Phone: (843) 797-3636
• Fax: (843) 797-3637

May 20, 2010

Thomas M. White
The Steinberg Law Firm
118 Goose Creek Blvd, South
PO Box 1028
Goose Creek, SC 29445

Patient: Thomas Karabees, Jr
DOB: 10/13/1948

Dear Mr. White,

Mr. Thomas Karabees was initially evaluated on November 3, 2009 for his chronic cervical, thoracic, and lumbar pain associated from work related injuries after falling down stairs on October 31, 2008. He was seen for a series of 3 lumbar injections (2 lumbar epidural steroid injections and a lumbar facet injection). He was evaluated again on March 9, 2010 and a request was submitted for authorization for a lumbar facet injection and a cervical facet injection. Mr. Karabees' worker's compensation carrier has denied any further treatment as they state he was only sent to our office for the initial 3 injections. Mr. Karabees was evaluated again on May 19, 2010. It is my opinion to a reasonable degree of medical certainty that Mr. Karabees will require ongoing care for his lumbar and cervical pain. He is at maximum medical improvement for his lumbar region but is not at maximum medical improvement for the cervical region as he has had no treatment to date. Based on the AMA Guides to the Evaluation of Permanent Impairment, 5th edition, Mr. Karabees has a DRE category II whole person impairment of 8% attributed to the lumbar spine and a 11% regional spine impairment. He would benefit from ongoing treatment to include intermittent therapeutic exercise and modalities, steroid injections for both cervical and lumbar regions (no more than 6 per year), and medication management including muscle relaxers, anti-inflammatory medications and possibly narcotics. If you have any questions, please feel free to call.

Sincerely,

J. Edward Nolan, M.D.
Board Certified Anesthesiology
Board Certified Interventional Pain Management
JEN/ krg

TRIDENT PAIN CENTER, PA
INTERVENTIONAL PAIN MANAGEMENT
"Neck and Back Pain Specialists"
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Kristen R. Giet, PA-C
9267-G Medical Plaza Drive • N. Charleston, SC 29406 • Phone: (843) 797-3636
• Fax: (843) 797-3637

MAY

April 19, 2010

Thomas M. White
The Steinberg Law Firm
118 Goose Creek Blvd, South
PO Box 1028
Goose Creek, SC 29445

Patient: Thomas Karabees, Jr
DOB: 10/13/1948

Dear Mr. White,

Mr. Thomas Karabees was initially evaluated on November 3, 2009 for his chronic cervical, thoracic, and lumbar pain associated from work related injuries after falling down stairs on October 31, 2008. He was seen for a series of 3 lumbar injections (2 lumbar epidural steroid injections and a lumbar facet injection). He was evaluated again on March 9, 2010 and a request was submitted for authorization for a lumbar facet injection and a cervical facet injection. Mr. Karabees' worker's compensation carrier has denied any further treatment as they state he was only sent to our office for the initial 3 injections. Mr. Karabees would also benefit from treatment of the cervical and thoracic regions. Due to the limited time Mr. Karabees was under my care, I cannot determine maximum medical improvement status or future medical needs. I will defer this to Dr. Wilson at this time. If Mr. Karabees' worker's compensation will authorize further treatment at Trident Pain Center, I will be more than happy to continue to see him. If you have any questions, please feel free to call.

Sincerely,

J. Edward Nolan, M.D.
Board Certified Anesthesiology
Board Certified Interventional Pain Management
JEN/ krg

TRIDENT PAIN CENTER, PA

Patient: KARABEES, THOMAS W
DOB: 10/13/1948 **Age:** 61 Y **Sex:** Male
PCP: JOHN W CAMPBELL, MD

Provider: J. Edward Nolan, MD
Date: 03/09/2010

Reason for Appointment
1. Low back pain
2. Neck pain

History of Present Illness
Description of pain::
Location: lower back. Onset of pain: fell down stairs, work injury. Date of injury: October 31, 2008. Nature: aching, stiffness. Severity: 5/10 overall. Timing: constant. Helping factors: physical therapy, position change. Aggravating factors: bending, house work.
Driver::
Present in office: Thomas.
Anticoagulants::
None: Patient denies anticoagulant use.
Pain relief from previous injection::
Date: 12/8/09. Injection: Lumbar facet injection. Pain relief: significant (>90%) pain relief. Duration of relief: the pain is slowly returning in the area treated.

Current Medications
Zanaflex
Simcor
Benicar
Nexium
aspirin

Past Medical History
Multiple Sclerosis

Surgical History
Shoulder surgery
Hernia

Family History
Father: alive
Mother: deceased

Social History
Education: Post-Graduate.
Occupation: Industrial Program Instructor.
Recent place of employment: Trident Technical College.

Work Status: Disabled by patient report, Retired.
Injured at work: Yes.
Marital Status: Married.
Children: 4.
Smoking: no.
Alcohol: yes.

Allergies
N.K.D.A.

Hospitalization/Major Diagnostic Procedure
Denies recent hospitalization

Review of Systems
Constitutional:
Negative for recent fever, recent fatigue, night sweats, recent weight loss, recent weight gain.
Genitourinary:
Negative for urinary tract infections, bladder problems, kidney disease, prostate problems.
Musculoskeletal:
Negative for muscle pain, arthritis. Positive for joint pain, joint stiffness.
Neurology:
Negative for headaches, dizziness, tingling, numbness, insomnia, arm weakness. Positive for leg weakness.
Dermatology:
Negative for recent skin rash, recent skin sores, skin cancer.
Gastroenterology:
Negative for GERD, abdominal pain, ulcers, recent blood in stool, recent constipation, recent diarrhea.

Vital Signs
Wt 176, Ht 5'7, BP Initial 113/74, HR Initial 84, Temp Initial 96.8, PO2 Initial 97, Pain Initial 5/10.

Examination
General examination:
Appearance: Patient is a well-developed well-nourished male in distress appropriate to pain complaint. Patient is well groomed with an appropriate affect for pain complaint. Mental status: Patient is alert, awake and oriented X 3. Short and long term memory intact. Normal language skills and normal fund of knowledge. Cranial N./Reflexes Cranial n. 2-12 intact and symmetrical.. Sensory function: Sensation is grossly intact bilateral lower extremities. Motor Function: Coordination is normal. Muscle strength is grossly intact bilateral lower extremities. Tone is normal. Gait is normal.

Physical Examination
Head/Cervical::
Cervical: moderate pain in the bilateral cervical paraspinous musculature into the bilateral trapezius muscles with tenderness to palpation overlying the C6/7 C7/T1 T1/2 facets.
Thoracic/Chest wall::
Thoracic: moderate pain bilateral lower thoracic paraspinous musculature with extension/rotation and to palpation.
Lumbo/Sacral::
Lumbar: moderate pain in the upper lumbar paraspinous musculature in a bandlike distribution with extension and rotation of the spine with tenderness to palpation overlying the facets joints.
Hip/Lower extremities::
Lower extremity mild pain in the left Posterior Femoral Cutaneous Nerve distribution to the knee intermittent in nature.

1. Use the following scales to rate the varying degrees of your pain. (0=NO PAIN, 10=EXCRUCIATING PAIN)
   a. Your pain at its LEAST SEVERE: 0 1 2 3 (4) 5 6 7 8 9 10
   b. Your pain as it USUALLY IS: 0 1 2 3 4 5 (6) 7 8 9 10
   c. Your pain at PRESENT: 0 1 2 3 4 5 (6) 7 8 9 10

2. How would you describe your pain? (Check all that apply.)
   ☒ Burning ☒ Sharp ☒ Dull ☒ Aching ☐ Throbbing ☒ Tingling

3. How would you describe the pattern of your pain? (Check one.)
   ☐ Continuous / Steady / Constant
   ☒ Rhythmic / Periodic / Intermittent
   ☐ Brief / Momentary / Transient

4. What time of day is your pain most intense?
   ☐ Morning ☐ Afternoon ☐ Evening ☐ Night - During Sleep ☒ Pain is always the same

5. Since your pain began, has it:
   ☐ Increased ☐ Decreased ☒ Stayed the same

6. What reduces your pain? (Ex: ice, heat, lying down...)
   LYING DOWN - PAIN MEDS

7. What increases your pain? (Ex: bending, twisting, lifting, standing...)
   BENDING LIFTING STANDING (> 45 min)

8. What time do you go to bed? 2230 ...Go to sleep? 2300 ...Wake up? 0545

9. Average amount of sleep per night: 6 hrs

10. To what degree has your pain inhibited your ability to participate in the following: (0=NONE)
    Physical Activities 0 1 2 3 4 5 6 7 8 (9) 10
    Social Activities 0 1 2 3 4 5 6 (7) 8 9 10
    Sexual Activities 0 1 2 3 4 5 6 (7) 8 9 10

11. How has your pain affected you emotionally?
    ☐ No affect ☒ Discouraged ☒ Depressed ☒ Hopeless ☐ Suicidal

12. Have you seen a psychiatrist or psychologist?
    ☐ No
    ☒ Yes Name of the therapist: SARAL GAINEY

13. Have you had "Nerve Block" injections previously?
    ☐ No
    ☒ Yes Performed by: SETH KUPFERMAN MD
    Location (i.e. neck, low back): LT SHOULDER
    Did you notice a reduction in pain following the injection(s)? ☒ No ☐ Yes
    Duration of relief: _____
    Have you had a reaction to a procedure in the past? ☒ No ☐ Yes

14. Have you had any of the following for Pain Management?
(Please check all that apply and indicate the pain relief experienced with each. 0=NONE)

☐ Physical Therapy	0	1	2	3	4	5	6	7	(8)	9	10
☐ TENS (Electrical Stimulation)	0	1	2	3	4	5	6	7	(8)	9	10
☐ Acupuncture	(0)	1	2	3	4	5	6	7	8	9	10
☐ Chiropractic Treatment	0	1	2	3	4	5	6	7	(8)	9	10
☐ Traction	(6)	1	2	3	4	5	6	7	8	9	10
☐ Heat Therapy	(6)	1	2	3	4	5	6	7	8	9	10

15. Have you had any of the following diagnostic procedures performed?
(Please check all that apply and indicate where the procedure was performed.)

- ☐ X-rays _____
- ☐ Myelogram _____
- ☐ EMG/Nerve Conduction Studies _____
- ☐ CAT Scan _____
- ☒ MRI Scan TRI COUNTY RADIOLOGY
- ☐ Bone Scan _____
- ☐ Other (describe) _____

16. Are you currently, or have you ever been involved in a lawsuit because of your pain?

☐ No
☒ Yes Lawyer: THOMAS WHITE When: 7 OCT 09

PAST MEDICAL HISTORY:

17. Please list any medical problems you have now or have experienced in the past:

MS

18. Do you consider yourself: ☐ Healthy ☐ Unhealthy ☒ Disabled

19. Do you take antibiotics for procedures? ☒ No ☐ Yes

ALLERGIES:

20. Please list ALL drug, dye, and/or latex allergies:

N/A

21. Have you had a reaction to IV radiology dye in the past? ☒ No ☐ Yes

PAST SURGICAL HISTORY:

22. Please list ALL surgeries you have had:

_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____

MEDICATIONS:

23. Please list ALL medications you are currently taking for pain:
(Indicate relief experienced from each. 0=NONE)

ZANAFLEX (10mg)	0 1 2 3 4 (5) 6 7 8 9 10
_____	0 1 2 3 4 5 6 7 8 9 10
_____	0 1 2 3 4 5 6 7 8 9 10
_____	0 1 2 3 4 5 6 7 8 9 10
_____	0 1 2 3 4 5 6 7 8 9 10
_____	0 1 2 3 4 5 6 7 8 9 10

24. Please list ALL OTHER medications you are currently taking:

ARONEL (INTERFERON BETA 1A) NEXIUM
SIMCOR
BEPICAR HCT

25. Please list all medications you have taken IN THE PAST for pain:
(Indicate relief experienced from each. 0=NONE)

HYDROCODONE APAP	0 1 2 3 4 5 6 7 (8) 9 10
_____	0 1 2 3 4 5 6 7 8 9 10
_____	0 1 2 3 4 5 6 7 8 9 10
_____	0 1 2 3 4 5 6 7 8 9 10
_____	0 1 2 3 4 5 6 7 8 9 10
_____	0 1 2 3 4 5 6 7 8 9 10

SOCIAL HISTORY:

26. Highest level of education completed:

☐ Grade School ☐ High School ☐ College ☒ Post-graduate

27. What is/was your occupation? (Please describe job duties/responsibilities.)

INSTRUCTOR - TTC - INDUSTRIAL PROGRAMS

28. Most recent place of employment:

TRIDENT TECH COLLEGE

29. Present work status:

☐ Full Time ☐ Part Time ☒ Retired ☒ Disabled ☐ Sick Leave

30. Were you injured at work? ☐ No ☒ Yes

31. Marital Status:

☐ Single ☒ Married ☐ Divorced ☐ Widowed

32. Do you have any children?

☐ No

☒ Yes How many? 4 Do any live at home with you? 0

33. Do you or did you ever smoke?

☒ No

☐ Yes Number of packs per day? _____ Number of years? _____ Quit: ____

34. Do you drink alcohol?

☐ No

☒ Yes Number of drinks per day? _____ Number of years? 2 Quit: ____

35. Do you drink alcohol to relieve your pain?

☒ No

☐ Yes

FAMILY HISTORY:

36. Is your mother living? ☐ No ☒ Yes

37. Health problems your mother experienced:

_____

_____

38. Is your father living? ☒ No ☐ Yes

39. Health problems your father experienced:

_____

_____

40. Please list chronic health conditions of any immediate family members:

N/A

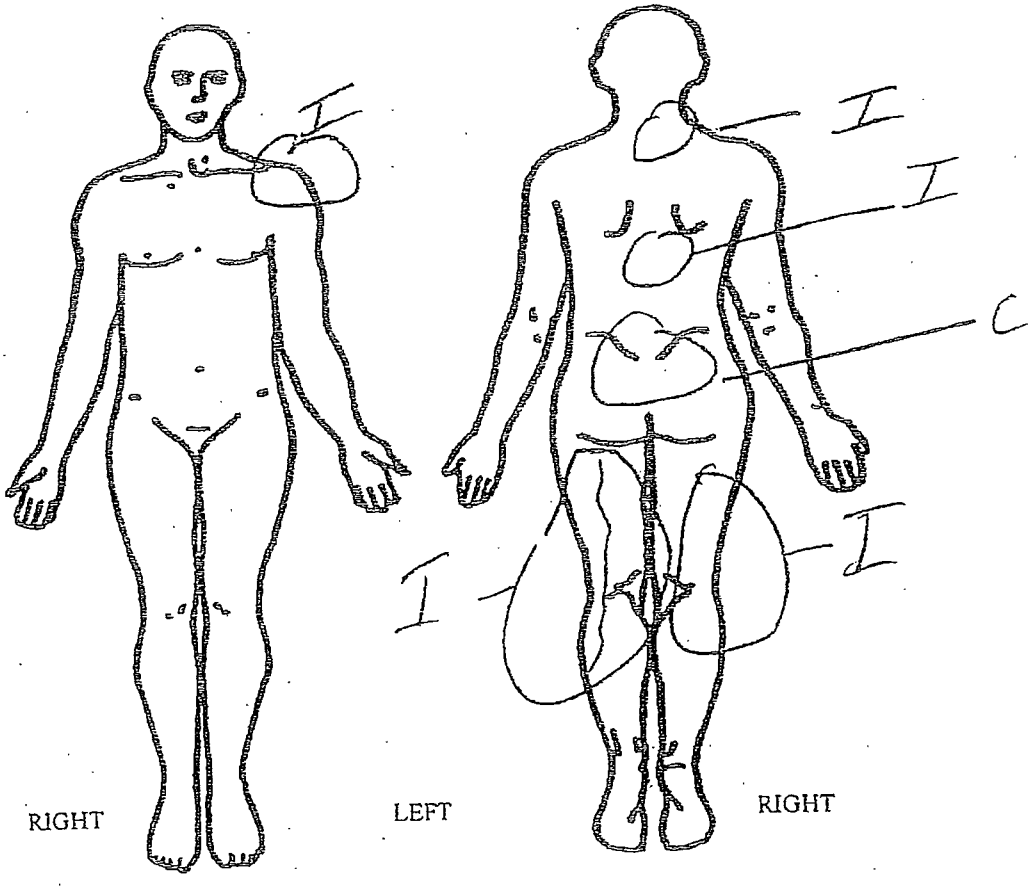
_____

_____

_____

NAME: TW KARABEES Age 61 DOB: 13OCT48 SS#: 385528253 SEX: (M) / F

Please indicate the location of your pain and whether it is constant (C), intermittent (I), or seldom (S).



Please indicate the cause of your pain:

☑ Work-related Injury ☐ Motor Vehicle Accident ☐ Other: _____

Please give a detailed description of how you were injured. Describe any pain conditions you had prior to the accident/injury.

ON 31OCT09, I FELL DOWN STEPS @ DAK AMERICA: I HAD A COMPUTER & PROJECTOR IN CASES ACROSS MY NECK. LANDED IN THE CORNER @ THE BOTTOM OF STEPS. I PUT MY NECK BACK IN PLACE AND CONTINUED TO CLASS. BOTH UPPER & LOWER BACK START TO HURT,

REVIEW OF SYSTEMS:

If you have experienced any of the following problems, please fill in the bubble completely (No check marks or cross marks)

Constitutional
recent fever O Yes
recent fatigue ● Yes
night sweats O Yes
recent weight loss O Yes
recent weight gain ● Yes

Eyes
glaucoma O Yes
problem with eyes O Yes
spots, floaters O Yes
cataracts O Yes

ENT
nose problems O Yes
hearing problems O Yes
mouth problems O Yes

Cardiology
chest pain (angina) O Yes
irregular heartbeats O Yes
heart attack /angina O Yes

Respiratory
shortness of breath O Yes
lung problems O Yes
chronic cough O Yes
wheezing O Yes

Gastroenterology
GERD ● Yes
abdominal pain O Yes
ulcers O Yes
recent blood in stool O Yes
recent constipation O Yes
recent diarrhea O Yes

Genitourinary
urinary tract infections O Yes
bladder problems O Yes
kidney disease O Yes
prostate problems O Yes

Dermatology
recent skin rash O Yes
recent skin sores O Yes
skin cancer O Yes

Musculoskeletal
muscle pain ● Yes
joint problems ● Yes
walking problems ● Yes
arthritis O Yes
history of fractures ● Yes

Endocrinology
diabetes O Yes
recent decreased appetite O Yes
recent increased appetite O Yes
thyroid problems O Yes

Psychology
any psychiatric condition O Yes
alcohol abuse O Yes
drug abuse O Yes
depression ● Yes
panic attacks O Yes

Neurology
history of seizures O Yes
stroke O Yes
memory loss O Yes
headaches ● Yes
speech/language O Yes
dizziness ● Yes

Hematology/Lymph
anemia O Yes
bleeding/bruising O Yes
blood transfusion O Yes

Allergy
seasonal allergies O Yes
hives/itching O Yes
frequent sneezing O Yes

TRIDENT PAIN CENTER, PA
CONSENT FOR PROCEDURE

Patient: THOMAS W KARABEES (10/13/1948)
Chief Complaints: New Block.
Past Histories:
Current Medications:
Allergies:

1. I hereby authorize Dr. Nolan and/or such assistants as may be selected by him to perform the following procedure(s): Lumbar Epidural Steroid Injection

2. The procedure(s) above have been explained to me and I fully understand the nature, alternatives and the consequences of the procedure. I recognize that during the course of the procedure unforeseen conditions may necessitate additional or different procedures than those set forth above. I further authorize and request that Dr. Nolan, his assistants, or his designees perform such procedures as are in his professional judgment necessary and desirable, including, but not limited to, procedures necessary to treat and correct conditions not known to Dr. Nolan at the time the procedure is recommended. I am aware that the practice of medicine is not an exact science and I acknowledge that no guarantees have been made to me as to the results of the procedure.

3. I consent to the taking of photographs or video taping prior to, during, or after the procedure for medical documentation. I understand that these photographs or tapes are the property of Trident Pain Center, PA.

4. I authorize the release of my records to my insurance company and other professionals related to my condition or involved in my care. With the approval of Dr. Nolan, I consent to the admittance of qualified observers in the procedure room for the purpose of advancing medical and nursing education.

5. I understand that if I have an injection with sedation, I must have a driver after a procedure and must not drive for the remainder of the day.

6. I consent to testing for Hepatitis B and HIV per Trident Pain Center protocol in the event that medical personnel involved in my care are exposed to my blood or body fluids. Disclosure of results will be determined by standard federal and state regulations.

7. I understand that if I am pregnant or if there is any possibility that I may be pregnant, or if I have been diagnosed with cancer (past or current), I must inform Trident Pain Center personnel immediately due to concerns regarding how specific procedures might affect my current status.

8. Possible side effects include, but are not limited to...
   a. **Injections:** bruising, bleeding, infection, transient hypotension, increased appetite, spinal headache, elevation in glucose levels, bone loss, intrathecal placement of steroids causing inflammation and clumping of nerves called arachnoiditis. For injections, traction, or electrical stimulation they may include, but are not limited to: increased pain, possibly no pain relief, nerve damage, numbness of the extremity, sexual, bowel and bladder dysfunction, and fracture.
   b. **Trigger Point Injection (TPI):** bleeding, infection, swelling, headache, bruising, skin discoloration, rash, muscle spasm, increased pain or possibly no relief at all.
   c. **Synvisc Injections:** bruising, bleeding, infection, increased pain, swelling, rash, fever, nausea, headache, dizziness, muscle spasm, flushing and facial swelling.
   d. **Electrical Stimulation, Ultrasound, Therapeutic Exercise and/or Traction:** increased pain, muscle spasm, headache, bruising, skin discoloration, possibly no pain relief, nerve damage, numbness of the extremity, sexual, bowel and bladder dysfunction, and fracture.

_____ Date: 11-3-09
(Patient or Authorized Person / Relationship)

Witness: _____ Date: 11-3-09

MILLENNIUM LABORATORIES
because pain matters

Millennium Laboratories, Inc.
16981 Via Tazon, San Diego, CA 92127
Ph: (858) 451-3535, FAX: (858) 451-3636
Lab Director: Amadeo Pesce, PhD, DABCC

SPECIMEN VALIDITY TESTING

TEST	TEST OUTCOME	MEASURED RESULT	REFERENCE RANGE
PH	Normal	7.6	4.5 - 9.5
SPECIFIC GRAVITY	Normal	1.006	1.003 - 1.030

THE FOLLOWING MEDICATIONS WERE REPORTED ON THE REQUISITION FORM[1,5]: ZANAFLEX

COMMENTS

Reference ranges have not been established for urine specimens.
Creatinine normalized values are for clinical pharmacokinetic comparison only.
ALL TESTING CERTIFIED BY CLINICAL LABORATORY SCIENTISTS.
Interpretation of the presumptive EIA results must be combined with clinical observation and professional judgment.
These test results are to be used for therapeutic monitoring of patients and not for employment-related purposes. These results may not meet forensic standards.

1. The prescriptions reported here and on the requisition form have not been verified by Millennium Laboratories. This report is not intended to replace the patient's official medical records.
2. Data for anticipated positives are extracted from recognized published pharmaceutical and pharmacokinetic data.
3. Several factors may affect the metabolism and excretion of a drug. The information provided here should be combined with clinical observation and professional judgment.
4. The following are considered here as illicit: cocaine, heroin, MDMA, methamphetamine, marijuana and phencyclidine. Some have very limited licit application. The information provided here should be combined with clinical observation and professional judgment.
5. Millennium Laboratories makes every effort to ameliorate entries on requisition forms that may be misspelled or illegible. However, please be advised that when a reported prescription is not recogized by our Data Management system because of a misspelling then the reported prescription will appear here using the same misspelling.

"'END OF REPORT"'

Millennium Laboratories performs all confirmations by LC MS/MS and screens by either EIA or ELISA
(Screen results are considered presumptive. In the event of contrary screen vs. LC MS/MS results Millennium Laboratories recommends relying on the LC MS/MS)

MILLENNIUM LABORATORIES
EXCEED OUR PATIENTS

Millennium Laboratories, Inc.
16981 Via Tazon, San Diego, CA 92127
Ph: (858) 451-3535, FAX: (858) 451-3636
Lab Director: Amadeo Pesce, PhD, DABCC

TABULATED RESULTS

TEST	TEST TYPE	TEST OUTCOME	MEASURED RESULT[a]	CREATININE NORMALIZED RESULT[b]	CUTOFF
NATURAL AND SEMI-SYNTHETIC OPIOIDS					
Codeine	CONFIRMATION	Negative			50 ng/mL
Morphine	CONFIRMATION	Negative			50 ng/mL
Hydrocodone	CONFIRMATION	Negative			50 ng/mL
Hydromorphone	CONFIRMATION	Negative			50 ng/mL
Oxycodone	CONFIRMATION	Negative			50 ng/mL
Oxymorphone	CONFIRMATION	Negative			50 ng/mL
SYNTHETIC OPIOIDS					
FENTANYL	SCREEN	Negative			1 ng/mL
Methadone	CONFIRMATION	Negative			100 ng/mL
EDDP (Methadone metabolite)	CONFIRMATION	Negative			100 ng/mL
Propoxyphene	CONFIRMATION	Negative			100 ng/mL
Norpropoxyphene	CONFIRMATION	Negative			100 ng/mL
BENZODIAZEPINES					
Alpha-Hydroxyalprazolam	CONFIRMATION	Negative			20 ng/mL
7-Amino-Clonazepam	CONFIRMATION	Negative			20 ng/mL
Lorazepam	CONFIRMATION	Negative			40 ng/mL
Nordiazepam	CONFIRMATION	Negative			40 ng/mL
Temazepam	CONFIRMATION	Negative			50 ng/mL
Oxazepam	CONFIRMATION	Negative			40 ng/mL
STIMULANTS					
Amphetamine	CONFIRMATION	Negative			100 ng/mL
OTHER					
CARISOPRODOL	SCREEN	Negative			100 ng/mL
BARBITURATES	SCREEN	Negative			200 ng/mL
TRICYCLIC ANTIDEPRESSANTS	SCREEN	Negative			1000 ng/mL
ETHANOL	SCREEN	Negative			20 mg/dL
ILLICITS					
Methamphetamine	CONFIRMATION	Negative			100 ng/mL
Cocaine metabolite	CONFIRMATION	Negative			50 ng/mL
cTHC (Marijuana metabolite)	CONFIRMATION	Negative			15 ng/mL
MDMA	CONFIRMATION	Negative			100 ng/mL
Phencyclidine	CONFIRMATION	Negative			10 ng/mL

a measured in (nanogram of analyte) per (milliliter of urine)
b measured in (microgram of analyte) per (gram of creatinine)

SPECIMEN VALIDITY TESTING

TEST	TEST OUTCOME	MEASURED RESULT	REFERENCE RANGE
CREATININE (CHEMICAL)	Normal	30.3	>20 mg/dL
OXIDANT	Normal	-17.4	200 ug/mL

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(Screen results are considered presumptive. In the event of contrary screen vs. LC MS/MS results Millennium Laboratories recommends relying on the LC MS/MS)

Millennium Laboratories, Inc
16981 Via Tazon, San Diego, CA 92127
Ph: (858) 451-3535, FAX: (858) 451-3636
Lab Director Amadeo Pesce, PhD, DABCC

Patient Name: KARABEES, THOMAS
Patient SSN: *** ** , TH
Patient DOB: 10/13/1948

Requesting Physician: Kristen R Giet,PA
Requesting Practice: Trident Pain Center

Specimen ID: E225791
Specimen Outcome: NEGATIVE

Collected	11/03/09 10:58AM
Received:	11/05/09 10:39AM
Tested:	11/05/09 02:11PM
Completed	11/06/09 02:07PM

Millennium R.A.D.A.R.

(Rapid Assessment of Drug Adherence Report)

CONSISTENT RESULTS

THE FOLLOWING RESULTS ARE CONSISTENT WITH A REPORTED PRESCRIPTION

REPORTED PRESCRIPTION[1]	ANTICIPATED POSITIVES[2]	TEST OUTCOME	MEASURED RESULT[5]	COMMENTS
NONE				

INCONSISTENT RESULTS - REPORTED PRESCRIPTION NOT DETECTED

THE FOLLOWING REPORTED PRESCRIPTIONS WERE NOT DETECTED IN THE SAMPLE

REPORTED PRESCRIPTION[1]	ANTICIPATED POSITIVES[2]	TEST OUTCOME	CUT OFF	COMMENTS
NONE				

INCONSISTENT RESULTS - ANALYTE DETECTED BUT NO CORRESPONDING PRESCRIPTION REPORTED

THE FOLLOWING POSITIVE RESULTS HAD NO CORRESPONDING PRESCRIPTION REPORTED (INCLUDING ILLICITS)

DETECTED ANALYTE	ILLICIT?[4]	TEST OUTCOME	MEASURED RESULT[5]	COMMENTS
NONE				

REPORTED MEDS[1,5]

THE FOLLOWING MEDICATIONS WERE REPORTED ON THE REQUISITION FORM

TESTED FOR IN THIS REPORT	NOT TESTED FOR IN THIS REPORT
NONE	ZANAFLEX

1. The prescriptions reported here and on the requisition form have not been verified by Millennium Laboratories. This report is not intended to replace the patient's official medical records
2. Data for anticipated positives are extracted from recognized published pharmaceutical and pharmacokinetic data.
3. Several factors may affect the metabolism and excretion of a drug. The information provided here should be combined with clinical observation and professional judgment.
4. The following are considered here as illicit: cocaine, heroin, MDMA, methamphetamine, marijuana and phencyclidine. Some have very limited licit application. The information provided here should be combined with clinical observation and professional judgment.
5. Millennium Laboratories makes every effort to ameliorate entries on requisition forms that may be misspelled or illegible. However, please be advised that when a reported prescription is not recogized by our Data Management system because of a misspelling then the reported prescription will appear here using the same misspelling.

Millennium Laboratories performs all confirmations by LC MS/MS and screens by either EIA or ELISA
(Screen results are considered presumptive. In the event of contrary screen vs LC MS/MS results Millennium Laboratories recommends relying on the LC MS/MS).

16981 Via Tazon, Suite F
San Diego, CA 92127
Toll Free: 877-451-3534
Fax: 858-451-3636

MILLENIUM Laboratories

CLIA ID# 05D1078705

Amadeo Pesce, Ph.D., DABCC
Laboratory Director
License Number DRH 98
File I.D. 45785

YOUR PRACTICE INFORMATION

NAME: TRIDENT PAIN CENTER
ADDRESS: 9265-G MEDICAL PLAZA DR
NORTH CHARLESTON SC 29406
PHONE: (843) 797-3636
ACCOUNT NUMBER: 29406-1 TRI

PEEL HERE

PEEL HERE

E 225791

E225791
SPECIMEN ID NUMBER

SOCIAL SECURITY NUMBER:
REQUIRED FOR MEDICARE AND INSURANCE BILLING

PATIENT LAST NAME (PLEASE PRINT)	FIRST NAME	M.I.
Faraballs	Moises	W

ORDERING PHYSICIAN: Kristen Fiet, PA-C

BILLING: PLEASE ATTACH COPY OF PATIENT FACESHEET AND INSURANCE CARD

DATE COLLECTED: 11/3/09

TIME COLLECTED: 10:58

Temperature read within 4 minutes and is in range of 32.5-37.7°C / 90.5-99.8°F: ☒ YES ☐ NO If NO, record actual temperature: _____ °C/F

DIAGNOSIS CODE: 724.4

COLLECTOR NAME (please print): Jennifer Nettle

Workers Comp Claim ☐

CONSENT/ INSURANCE RELEASE

SELF-PAY ☐

Authorization for Assignment of Payment of Insurance: I hereby authorize my insurance benefits to be paid directly to Millenium Laboratories of California, Inc., for services I received. I acknowledge that Millenium Laboratories of California, Inc. may be an out-of-network facility with my insurance provider. I am also aware that in some circumstances my insurance provider will send the payment directly to me for services provide. Under California Law, I agree to endorse the insurance check and forward it to Millenium Laboratories of California, Inc. within 30 days of receipt. Failure to do so could result in my account being forwarded to Collections and reported to the Credit Bureau.

By checking the SELF-PAY box I agree to be financially responsible for these tests.

I voluntarily consent to the collection and testing of my specimen and certify that the specimen identified in this form is my own. It is fresh and has not been adulterated in a manner. I certify that the information provided in this form and on the label affixed to the specimen bottle is accurate. I further authorize the laboratory to release the results of this testing to the ordering facility.

PATIENT SIGNATURE: [signature] 3 NOV 09

PRESCRIBED MEDICATIONS

- ☐ ACTIQ
- ☐ ADDERALL
- ☐ ALPRAZOLAM
- ☐ AMITRIPTYLINE
- ☐ ATIVAN
- ☐ AVINZA
- ☐ CARISOPRODOL
- ☐ CLONAZEPAM
- ☐ CODEINE
- ☐ DARVOCET
- ☐ DIAZEPAM
- ☐ DILAUDID
- ☐ DURAGESIC (☐ PATCH)
- ☐ ELAVIL
- ☐ ENDOCET
- ☐ FENTANYL (☐ PATCH)
- ☐ FIORICET
- ☐ FLEXERIL
- ☐ HYDROCODONE
- ☐ HYDROMORPHONE
- ☐ KADIAN
- ☐ KLONOPIN
- ☐ LORAZEPAM
- ☐ LORCET
- ☐ LORTAB
- ☐ METHADONE
- ☐ MORPHINE (☐ PUMP)
- ☐ MSCONTIN
- ☐ MSIR
- ☐ NORCO
- ☐ NORTRIPTYLINE
- ☐ OPANA (☐ ER)
- ☐ OXY IR
- ☐ OXYCODONE
- ☐ OXYCONTIN
- ☐ PERCOCET
- ☐ RESTORIL
- ☐ ROXICODONE
- ☐ SOMA
- ☐ SUBOXONE
- ☐ TEMAZEPAM
- ☐ TRAMADOL
- ☐ ULTRACET
- ☐ ULTRAM
- ☐ VALIUM
- ☐ VICODIN
- ☐ VICOPROFEN
- ☐ XANAX
- ☐ OTHER _____

Zanaflex

PRE POINT-OF-CARE TEST REQUEST

		Drug Screen #1	Drug Screen #2
Do not use this section if administering instant CLIA waived drug screen in your office.			
>>> Urine Drug Screen Mark Panel >>>		[ ]	[ ]
	Amphetamine*	•	•
	Barbiturates*	•	•
	Benzodiazepines*	•	•
	Cannabinoids (THC)*	•	
	Cocaine*	•	•
	MDMA (Ecstasy)*	•	•
	Methadone*	•	•
	Opiates*	•	•
	Oxycodone*	•	•
	Phencyclidine*	•	•
	Propoxyphene*	•	•

*Samples that screen positive will reflex to confirmation by LC/MS/MS

All samples received by Millenium Laboratories undergo specimen validity testing.

☒ Standing Order On File
OR
Ordering Physician Signature:

X _____

RECORD POINT-OF-CARE TEST RESULTS BELOW

Confirmation of negatives will provide lower cutoff testing results and quality control for point-of-care test.
Millenium Laboratories will confirm all positive results and will confirm negative results upon request.

☐ CONFIRM ALL NEGATIVE RESULTS

	POS	NEG	CONFIRM NEG	NOT TESTED
AMP	☐	☒	☐	☐
COC	☐	☒	☐	☐
THC	☐	☒	☐	☐
BZO	☐	☒	☐	☐
TCA	☐	☒	☐	☐
BAR	☐	☒	☐	☐
MDMA	☐	☒	☐	☐
OPI	☐	☒	☐	☐
PCP	☐	☒	☐	☐
OXY	☐	☒	☐	☐
PPX	☐	☒	☐	☒
OTHER (NTO)	☐	☒	☐	☐
OTHER (MT)	☐	☒	☐	☐
OTHER	☐	☐	☐	☐

ADDITIONAL TESTING

	Alcohol
	Buprenorphine (Suboxone)*
	Carisoprodol (Soma, Vanadom)*
X	Fentanyl (Actiq, Duragesic)*
	Methadone*
	Tramadol (Ultram)*
	Other *

WHITE - ABOVE FORMS COPY CANARY - MILLENIUM LABORATORIES COPY

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0174

TRIDENT PAIN CENTER, PA

Progress Note

Patient: KARABEES, THOMAS W
DOB: 10/13/1948 Age: 61 Y Sex: Male
PCP: J. Edward Nolan, MD

Provider: J. Edward Nolan, MD
Date: 11/03/2009

Reason for Visit
1. Low back pain
2. Leg pain
3. Neck pain
4. Mid back pain

History of Present Illness
Description of pain::
Location: low back, mid back, neck, legs, left shoulder. Onset of pain: fell down stairs, work injury. Date of injury: October 31, 2008. Nature: burning, sharp, aching, dull, tingling. Severity: 6/10 overall. Timing: intermittent. Helping factors: lying down, pain medications. Aggravating factors: bending, lifting, standing.
Driver::
Present in office: Tom.
Anticoagulants::
None: Patient denies anticoagulant use.
Legal/Work Compensation Issues::
Legal representation/status: Yes, attorney is, Tom White.

Current Medications
Zanaflex
Simcor
Benicar
Nexium
aspirin

Past Medical History
Multiple Sclerosis

Surgical History
Shoulder surgery
Hernia

Family History
Father: alive
Mother: deceased

Social History

Education: Post-Graduate.
Occupation: Industrial Program Instructor.
Recent place of employment: Trident Technical College.
Work Status: Disabled by patient report, Retired.
Injured at work: Yes.
Marital Status: Married.
Children: 4.
Smoking: no.
Alcohol: yes.

Allergies
N.K.D.A.

Hospitalizations
Denies recent hospitalization

Review of Systems
Constitutional:
Negative for recent fever, night sweats, recent weight loss. Positive for recent fatigue, recent weight gain.

Genitourinary:
Negative for urinary tract infections, bladder problems, kidney disease, prostate problems.
Eyes:
Negative for glaucoma, problem with eyes, spots, floaters, cataracts.
Musculoskeletal:
Negative for arthritis. Positive for muscle pain, joint problems, walking problems, history of fractures.
Neurology:
Negative for history of seizures, stroke, memory loss, speech/language. Positive for headaches, dizziness.
Allergy:
Negative for seasonal allergies, hives/itching, frequent sneezing.
Cardiology:
Negative for chest pain, irregular heartbeats, heart attack/angina.
Dermatology:
Negative for recent skin rash, recent skin sores, skin cancer.
Endocrinology:
Negative for diabetes, recent decreased appetite, recent increased appetite, thyroid problems.
ENT:
Negative for nose problems, hearing problems, mouth problems.
Gastroenterology:
Negative for abdominal pain, ulcers, recent blood in stool, recent constipation, recent diarrhea. Positive for GERD.
Hematology/Lymph:
Negative for anemia, bleeding/bruising, history of blood transfusion.
Psychology:
Negative for any psychiatric condition, alcohol abuse, drug abuse, panic attacks. Positive for depression.

Respiratory:
Negative for shortness of breath, lung problems, chronic cough, wheezing.

Vital Signs
Wt: 174, Ht: 5'7, BP Initial: 141/87, HR Initial: 86, Temp Initial: 96.5, PO2 Initial: 98, Pain Initial: 6/10, BP D/C: 133/74, HR D/C: 79, Temp D/C: 97.5, PO2 D/C: 96, Pain D/C: 0/10.

General Examination

General examination:

Appearance: Patient is a well-developed well-nourished male in no apparent distress. Patient is well groomed with a normal affect. Mental status: Patient is alert, awake and oriented X 3. Short and long term memory intact. Normal language skills and normal fund of knowledge. Cranial N./Reflexes Cranial n. 2-12 intact and symmetrical. Deep tendon reflexes are intact bilateral lower extremities 2+. Sensory function: Sensation is grossly intact bilateral lower extremities. Motor Function: Coordination is normal. Muscle strength is grossly intact bilateral lower extremities. Tone is normal. Gait is normal.

Focused Examination

Thoracic/Chest wall::

Thoracic: moderate pain bilateral lower thoracic paraspinous musculature with extension/rotation and to palpation.

Lumbo/Sacral::

Lumbar: moderate pain in the entire bilateral lumbar paraspinous musculature in a bandlike distribution with extension and rotation of the spine with tenderness to palpation overlying the facets joints L>>R.

Hip/Lower extremities::

Lower extremity moderate pain in the bilateral Posterior Femoral Cutaneous Nerve distribution to the knee L>>R.

Assessment

1. LUMBAR DISC DISPLACEMENT - 722.10
2. LOW BACK PAIN - 724.2

Plan - Treatment

1. LUMBAR DISC DISPLACEMENT

Pt.'s low back pain is the area with the greatest pain and we will treat it today.

Plan - Procedures

1. Sedation:
   - Versed : 5 mg WACKER,MONICA M 11/3/2009 11:25:21 AM >
   - Location : left, deltoid
   - Sedation level : 3/5 RIDGDILL,CRYSTAL L 11/3/2009 11:48:34 AM >
2. Supplies/Services:
   - Skin Prep : Betadine x 3
   - Needles : 18 gauge x 3.5 inch Tuohy needle
   - Local Anesthetic : Lidocaine 1% 5 cc (preservative free)
   - Steroid : DepoMedrol 80 mg (preservative free)
   - Omnipaque : 3 cc
   - Other : Procedure Tray, Epiduragram, Conscious Sedation
3. Epidural, Lumbar Steroid Injection:
   - Level : Left, L4/L5
   - Anesthesia : Lidocaine 1% PF, subcutaneous injection using a 27 gauge, 1.25 inch needle
   - Procedure note : Informed consent was obtained from the patient. The patient was placed in the prone position in the fluoroscopy suite. Appropriate monitors were applied. The skin was prepped X 3 as noted above and draped in a sterile fashion. The appropriate levels were identified using fluoroscopic imaging. The injection site was anesthetized as noted above. An 18 gauge Tuohy epidural needle was advanced to the epidural space using the loss of resistance to normal saline technique and fluoroscopic guidance. Both AP and lateral views were used. Aspiration was negative for CSF, heme, and air. No paresthesias were elicited during needle placement. Radiopaque dye noted above was injected to confirm needle placement in the epidural space. No evidence of intravascular or intrathecal placement was observed. A solution containing the steroid noted above was then injected in divided doses. The needle was flushed with the local anesthetic noted above and

withdrawn intact. The skin was cleansed and a sterile dressing applied to the injection sites
Complications : None, the patient tolerated the procedure well and no complications were encountered
4. Epiduragram:
Procedure Note : An epiduragram was performed using fluoroscopic imaging with the following results:
Omnipaque dye : 3 cc injected into the epidural space
Bony structure : intact
Pressure required : normal
Pain on injection : mild
Filling defects : a few filling defects superiorly on the left
Contrast flow : mild obstruction to flow inferiorly on the left
IMPRESSION : mild epidural inflammation, mild obstruction to contrast flow within the epidural space
5. Recovery and Discharge
Recovery : The patient was was taken to the recovery room and monitored until alert, awake, and in oriented condition
Discharge : The patient was instructed to avoid driving for 24 hours, discharge instructions were given to the patient, patient was discharged with vital signs stable

Plan - Counseling
Counseling: Exercise: explained the importance of exercise in helping to control the patients pain.

Procedure Codes
DRUG SCREEN, SINGLE

Follow Up
2 Weeks, for Dr. Nolan, Eval patients needs for further treatment

J. Nolan MD

Electronically signed by JOSEPH NOLAN on 11/24/2009 at 10:20 AM EST

Sign off status: Pending

Patient: KARABEES, THOMAS W
DOB: 10/13/1948

Patient: Provider: J. Edward Nolan, MD
Date: 11/03/2009

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

TRIDENT PAIN CENTER, PA

INTERVENTIONAL PAIN MANAGEMENT

"Neck and Back Pain Specialists"

J. Edward Nolan, MD

Kristen Giet, PA-C

9267-G Medical Plaza Drive • N. Charleston, SC 29406 • Phone: (843) 797-3636 • Fax: (843) 797-3637

TO: w/c	FROM: Trident Pain Center
Attention: Thomas White	Date: 11/04/09
Phone Number: 843-871-6522	Phone Number: 843-797-3636 Ext 220
Fax Number: 843-871-8565	Fax Number: 843-797-3637

- ☐ Urgent
- ☐ Please Comment
- ☐ Please Review
- ☐ For your information

Total pages, including cover: 5

Comments:

Patient: T. Karabees

Attached please find the office notes from Mr. Karabees initial eval appointment on 11/3/09. Please let me know if there is anything else you need.

Thank You,
Crystal Ridgdill
Workers Compensation Coordinator
(843) 303-7666

This information is confidential, if you received it in error please call us at 843-797-3636 to notify us of the error, and then shred the entire document.

TRIDENT PAIN CENTER, PA

INTERVENTIONAL PAIN MANAGEMENT

"Neck and Back Pain Specialists"

J. Edward Nolan, MD

Kristen Giet, PA-C

9267-G Medical Plaza Drive • N. Charleston, SC 29406 • Phone: (843) 797-3636 • Fax: (843) 797-3637

TO: w/c	FROM: Trident Pain Center
Attention: Kathy Avery	Date: 11/13/09
Phone Number: 1-877-709-2667	Phone Number: 843-797-3636 Ext 220
Fax Number: 678-376-8970	Fax Number: 843-797-3637

- ☐ Urgent
- ☐ Please Comment
- ☐ Please Review
- ☐ For your information

Total pages, including cover: 3

Comments:

Patient: T. Karabees

Please authorize patient for a follow up appointment on 11/24/09.

Thank You,
Crystal Ridgdill
Workers Compensation Coordinator
(843) 303-7666

This information is confidential, if you received it in error please call us at 843-797-3636 to notify us of the error, and then shred the entire document.

TRIDENT PAIN CENTER, PA

Progress Note

Patient: KARABEES, THOMAS W
DOB: 10/13/1948 **Age:** 61 Y **Sex:** Male
PCP: J. Edward Nolan, MD

Provider: J. Edward Nolan, MD
Date: 11/24/2009

Reason for Visit

1. Low back pain
2. Leg pain

History of Present Illness

Adjuvant therapies::

Electrical stimulation: Home Unit (RS Medical Muscle Stimulator) Home Unit (TENS) Lumbar Functional System (LFS)in preauth with RS Medical. Will call pt. once auth is given. 11-24-09.

Description of pain::

Location: low back, bilateral legs L>R. Onset of pain: fell down stairs, work injury. Date of injury: October 31, 2008. Nature: aching. Severity: 4-5/10 overall. Timing: constant. Helping factors: nothing. Aggravating factors: lifting, walking, sitting too long.

Driver::

Present in office: Pat.

Anticoagulants::

None: Patient denies anticoagulant use.

Legal/Work Compensation Issues::

Legal representation/status: Yes, attorney is, Tom White.

Pain relief from previous injection::

Date: 11/3/09. Injection: Lumbar epidural steroid injection. Pain relief: significant (>90%) pain relief. Duration of relief: patient states he was doing very well until lifting a piece of heavy equipment, the pain has slowly returned since then.

Current Medications

Zanaflex
Simcor
Benicar
Nexium
aspirin

Past Medical History

Multiple Sclerosis

Surgical History

Shoulder surgery
Hernia

Family History

Father: alive
Mother: deceased

Social History
Education: Post-Graduate.
Occupation: Industrial Program Instructor.
Recent place of employment: Trident Technical College.
Work Status: Disabled by patient report, Retired.
Injured at work: Yes.
Marital Status: Married.
Children: 4.
Smoking: no.
Alcohol: yes.

Allergies
N.K.D.A.

Hospitalizations
Denies recent hospitalization

Review of Systems
Constitutional:
Negative for recent fever, recent fatigue, night sweats, recent weight loss, recent weight gain.
Genitourinary:
Negative for urinary tract infections, bladder problems, kidney disease.
Musculoskeletal:
Negative for arthritis. Positive for muscle pain, joint pain, joint stiffness.
Neurology:
Negative for headaches, dizziness, tingling, numbness, insomnia, arm weakness, leg weakness.
Dermatology:
Negative for recent skin rash, recent skin sores, skin cancer.
Gastroenterology:
Negative for GERD, abdominal pain, ulcers, recent blood in stool, recent constipation, recent diarrhea.

Vital Signs
Wt: 175, Ht: 5'7", BP Initial: 122/77, HR Initial: 77, Temp Initial: 97.7, PO2 Initial: 98, Pain Initial: 4-5/10, BP D/C: 116/73, HR D/C: 70, Temp D/C: 96.0, PO2 D/C: 96, Pain D/C: 0/10.

General Examination
General examination:
Appearance: Patient is a well-developed well-nourished male in distress appropriate to pain complaint. Patient is well groomed with an appropriate affect for pain complaint. Mental status: Patient is alert, awake and oriented X 3. Short and long term memory intact. Normal language skills and normal fund of knowledge. Cranial N./Reflexes Cranial n. 2-12 intact and symmetrical. Motor Function: Coordination is normal. Tone is normal. Gait is normal.

Focused Examination

Thoracic/Chest wall::
Thoracic: moderate pain bilateral lower thoracic paraspinous musculature with extension/rotation and to palpation.
Lumbo/Sacral::
Lumbar: moderate pain in the entire bilateral lumbar paraspinous musculature in a bandlike distribution with extension and rotation of the spine with tenderness to palpation overlying the facets joints L>>R.

Hip/Lower extremities::

Lower extremity moderate pain in the bilateral Posterior Femoral Cutaneous Nerve distribution to the knee L>>R.

Assessment

1. LUMBAR DISC DISPLACEMENT - 722.10
2. LOW BACK PAIN - 724.2

Plan - Treatment

1. LUMBAR DISC DISPLACEMENT

Pt. reports very good relief from the last injection, but they require further treatment. Referral to RS Medical for muscle stimulator, tens and LFS.

Plan - Procedures

1. Sedation:
   - Versed : 5 mg TUTTLE,JENNIFER H 11/24/2009 12:24:12 PM >
   - Location : left, deltoid
   - Sedation level : 3/5 RIDGDILL,CRYSTAL L 11/24/2009 1:04:54 PM >
2. Supplies/Services:
   - Skin Prep : Betadine x 3
   - Needles : 18 gauge x 3.5 inch Tuohy needle
   - Local Anesthetic : Lidocaine 1% 5 cc (preservative free)
   - Steroid : DepoMedrol 80 mg (preservative free)
   - Omnipaque : 3 cc
   - Other : Procedure Tray, Epiduragram, Conscious Sedation
3. Epidural, Lumbar Steroid Injection:
   - Level : Left, L4/L5
   - Anesthesia : Lidocaine 1% PF, subcutaneous injection using a 27 gauge, 1.25 inch needle
   - Procedure note : Informed consent was obtained from the patient. The patient was placed in the prone position in the fluoroscopy suite. Appropriate monitors were applied. The skin was prepped X 3 as noted above and draped in a sterile fashion. The appropriate levels were identified using fluoroscopic imaging. The injection site was anesthetized as noted above. An 18 gauge Tuohy epidural needle was advanced to the epidural space using the loss of resistance to normal saline technique and fluoroscopic guidance. Both AP and lateral views were used. Aspiration was negative for CSF, heme, and air. No paresthesias were elicited during needle placement. Radiopaque dye noted above was injected to confirm needle placement in the epidural space. No evidence of intravascular or intrathecal placement was observed. A solution containing the steroid noted above was then injected in divided doses. The needle was flushed with the local anesthetic noted above and withdrawn intact. The skin was cleansed and a sterile dressing applied to the injection sites
   - Complications : None, the patient tolerated the procedure well and no complications were encountered
4. Epiduragram:
   - Procedure Note : An epiduragram was performed using fluoroscopic imaging with the following results:
   - Omnipaque dye : 3 cc injected into the epidural space
   - Bony structure : intact
   - Pressure required : normal
   - Pain on injection : moderate
   - Filling defects : a few filling defects superiorly and inferiorly on the left
   - Contrast flow : no significant obstruction to flow
   - IMPRESSION : moderate epidural inflammation, no obstruction to contrast flow within the epidural space
5. Recovery and Discharge
   - Recovery : The patient was was taken to the recovery room and monitored until alert, awake, and in oriented condition
   - Discharge : The patient was instructed to avoid driving for 24 hours, discharge instructions were given to the patient, patient was discharged with vital signs stable

Follow Up
2 Weeks, for Dr. Nolan, Eval patients needs for further treatment

J. Nolan MD

Electronically signed by JOSEPH NOLAN on 12/10/2009 at 02:59 PM EST

Sign off status: Pending

Patient: KARABEES, THOMAS W
DOB: 10/13/1948

Patient: Provider: J. Edward Nolan, MD
Date: 11/24/2009

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

Electronically signed by JOSEPH NOLAN on 12/10/2009 at 02:58 PM EST

Sign off status: Pending

Patient: KARABEES, THOMAS W
DOB: 10/13/1948

Patient: Provider: J. Edward Nolan, MD
Date: 12/08/2009

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

TRIDENT PAIN CENTER, PA

Progress Note

Patient: KARABEES, THOMAS W
DOB: 10/13/1948 Age: 61 Y Sex: Male
PCP: J. Edward Nolan, MD

Provider: J. Edward Nolan, MD
Date: 12/08/2009

Reason for Visit
1. Low back pain

History of Present Illness
Description of pain::
Location: low back. Onset of pain: fell down stairs, work injury. Date of injury: October 31, 2008. Nature: weakness, stiffness, popping. Severity: 5/10 overall. Timing: constant. Helping factors: injections by this clinic. Aggravating factors: lifting, bending.
Driver::
Present in office: Linda.
Anticoagulants::
None: Patient denies anticoagulant use.
Pain relief from previous injection::
Date: 11/24/09. Injection: Lumbar epidural steroid injection. Pain relief: significant (>80%) pain relief. Duration of relief: still benefiting from relief in the area treated last, the pain intensified significantly in the lower back.

Current Medications
Zanaflex
Simcor
Benicar
Nexium
aspirin

Past Medical History
Multiple Sclerosis

Surgical History
Shoulder surgery
Hernia

Family History
Father: alive
Mother: deceased

Social History
Education: Post-Graduate.
Occupation: Industrial Program Instructor.

Recent place of employment: Trident Technical College.
Work Status: Disabled by patient report, Retired.
Injured at work: Yes.
Marital Status: Married.
Children: 4.
Smoking: no.
Alcohol: yes.

Allergies
N.K.D.A.

Hospitalizations
Denies recent hospitalization

Review of Systems
Constitutional:
Negative for recent fever, recent fatigue, night sweats, recent weight loss. Positive for recent weight gain.

Genitourinary:
Negative for urinary tract infections, bladder problems, kidney disease, prostate problems.
Musculoskeletal:
Negative for arthritis. Positive for muscle pain, joint pain, joint stiffness.
Neurology:
Negative for insomnia. Positive for headaches, dizziness, tingling, numbness, arm weakness, leg weakness.
Dermatology:
Negative for recent skin rash, recent skin sores, skin cancer.
Gastroenterology:
Negative for GERD, abdominal pain, ulcers, recent blood in stool, recent constipation, recent diarrhea.

Vital Signs
Wt: 174.2, Ht: 5'7", BP Initial: 159/117, HR Initial: 88, Temp Initial: 97.8, PO2 Initial: 97, Pain Initial: 5/10, BP D/C: 92/64, HR D/C: 87, Temp D/C: 96.9, PO2 D/C: 94, Pain D/C: 0/10, Repeat BP: 107/74.

General Examination
General examination:
Appearance: Patient is a well-developed well-nourished male in distress appropriate to pain complaint. Patient is well groomed with an appropriate affect for pain complaint. Mental status: Patient is alert, awake and oriented X 3. Short and long term memory intact. Normal language skills and normal fund of knowledge. Cranial N./Reflexes Cranial n. 2-12 intact and symmetrical. Motor Function: Coordination is normal. Tone is normal. Gait is normal.

Focused Examination

Thoracic/Chest wall::
Thoracic: moderate pain bilateral lower thoracic paraspinous musculature with extension/rotation and to palpation.
Lumbo/Sacral::
Lumbar: moderate pain in the bilateral lumbar paraspinous musculature in a bandlike distribution with extension and rotation of the spine with tenderness to palpation overlying the L3/L4, L4/L5, and L5/S1 facets joints.
Hip/Lower extremities::
Lower extremity mild pain in the bilateral Posterior Femoral Cutaneous Nerve distribution to the knee intermittent in nature.

Assessment

1. LUMBAR FACET ARTHROPATHY - 721.3
2. MUSCLE SPASMS - 728.85

Plan - Treatment

1. LUMBAR FACET ARTHROPATHY

Pt.'s low back pain is the area with the greatest pain and we will treat it today.

Plan - Procedures

1. Sedation:
   - Versed : 5 mg TUTTLE,JENNIFER H 12/8/2009 9:58:43 AM >
   - Location : left, deltoid
   - Sedation level : 3/5 RIDGDILL,CRYSTAL L 12/8/2009 10:59:24 AM >
2. Supplies/Services:
   - Skin Prep : Betadine x 3
   - Needles : 25 gauge x 3.5 inch spinal needle
   - Local Anesthetic : Lidocaine 1% 5cc, Marcaine 0.5% 3 cc (preservative free)
   - Steroid : DepoMedrol 80 mg (preservative free)
   - Omnipaque : 3 cc
   - Other : Procedure Tray, Fluoroscopy, Conscious Sedation
3. Facet, Lumbar Injection:
   - Level : Bilateral, L3/4, L4/5, L5/S1
   - Procedure note.: Informed consent was obtained from the patient. The patient was placed in the prone position in the fluoroscopy suite. Appropriate monitors were applied. The skin was prepped X 3 as noted above. The appropriate levels were identified by fluoroscopic imaging. The injection site was anesthetized as noted above. A spinal needle as noted above was advanced to each facet joint using fluoroscopic guidance. Aspiration was negative for CSF, heme, and air. No paresthesias were elicited during needle placement. Needle placement was confirmed with multiple views. Radiopaque dye was injected as noted above to confirm needle placement. No evidence of intravascular, epidural, or intrathecal placement was observed. The steroid noted above was injected in equally divided doses at each site. A solution containing the other medication as noted above were combined. 0.5 cc of this solution was injected at each site. The needle was flushed and removed intact from the skin. The skin was cleansed and a sterile dressing applied to the injection sites
   - Complications : None. The patient tolerated the procedure well. No complications were encountered
4. Recovery and Discharge
   - Recovery : The patient was was taken to the recovery room and monitored until alert, awake, and in oriented condition
   - Discharge : The patient was instructed to avoid driving for 24 hours, discharge instructions were given to the patient, patient was discharged with vital signs stable

Follow Up

3 Months, for Dr. Nolan, Eval patients needs for further treatment

J. Nolan MD

PATIENT'S NAME AND ADDRESS
Thomas Karabees
377 Oxford Road
Ladson, SC 29456

PATIENT'S DATE OF BIRTH
10/13/1948

PHYSICIAN'S NAME AND ADDRESS
John Lucas, MD
Charleston Neurology Assoc
9313 Medical Plaza Dr Ste 310
Charleston, SC 29406

PHYSICIAN'S PHONE & FAX
(843)569-1856
(843)569-1879
PHYSICIAN'S UPIN
G74373

DIAGNOSIS (ICD-9 AND/OR NARRATIVE)
340 MULTIPLE SCLEROSIS , 73679 ACQ ANKLE-FOOT DEF NEC , 72887 MUSCLE WEAKNESS-GENERAL

DESCRIPTION OF ITEM/SERVICES ORDERED

RIGHT -1 Custom Molded Solid Plastic AFO; 1 Plastic Varus/Valgus Correction;

FUNCTIONAL CAPACITY (from K1-K4)

PRESCRIPTION DATE (START DATE)
11/17/2005

EXPECTED LENGTH OF NEED
INDEFINITELY

PROGNOSIS
Poor

MEDICAL NECESSITY Custom Semi-Solid AFO w/ Valgus control to assist with dorsiflexion clearance of foot in swing phase and control of pronation in stance.

I AUTHORIZE THE ITEMS/SERVICES SHOWN ABOVE AND CERTIFY THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND ACCURATE.

PHYSICIAN'S SIGNATURE

11/22/05
DATE

Hanger Prosthetics & Orthotics, Inc. dba Progressive Biomechanics
9267 Medical Plaza Drive
Unit I
North Charleston, SC 29406
(843)863-1734
Fax: (843)863-1601

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
WCC FILE NO. 0822094

THOMAS KARABEES, JR.,

Employee/Claimant,

vs.

STATE BOARD FOR TECH. & COMP. EDUCATION,

Employer,

and

SC STATE ACCIDENT FUND,

Carrier/Defendants.



The deposition of J. EDWARD NOLAN, M.D., taken before Dana K. Olive, Court Reporter and Notary Public, at the offices of Trident Pain Center, 9267-G Medical Plaza Drive, N. Charleston, South Carolina, on September 14, 2010, commencing at 5:30 p.m.

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A-P-P-E-A-R-A-N-C-E-S

For the Claimant: STEINBERG LAW FIRM, LLP
By: Thomas M. White
Attorney at Law
118 Goose Creek Blvd., South
Goose Creek, SC 29445

For the Defendants: CLAWSON & STAUBES, LLC
By: Margaret M. Urbanic
Attorney at Law
126 Seven Farms Drive, Suite 200
Charleston, SC 29492

Also Present: Thomas Karabees

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INDEX TO EXAMINATIONS

Witness:

J. Edward Nolan, M.D. (sworn)

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INDEX TO EXHIBITS

(No exhibits were offered or marked for identification.)

(J. Edward Nolan, M.D., having been first duly sworn, testified as follows:)

EXAMINATION BY MR. WHITE:

Q. Would you state your full name for the record, please.

A. Joseph Edward Nolan.

Q. Dr. Nolan, my name is Tom White. I represent Thomas Karabees in a workers' compensation case that's pending for an injury of October 31, 2008. We've talked briefly off the record. Now we're on the record, and I may kind of go back and just restate where we are on this. But I think for the purposes of your expertise, I think we can probably stipulate you're board certified and specialize in pain management and do spinal care involving the neck and the low back; is that correct?

A. Yes, sir.

Q. And maybe just give us your areas of board certification.

A. Anesthesiology and chronic pain injections.

MR. WHITE: And I would offer Dr. Nolan as an expert.

MS. URBANIC: Okay.

Q. Dr. Nolan, off the record we discussed your treatment of Mr. Karabees, and I think you first saw him in November of 2009. And I believe when he first came

to see you, he was really only authorized by the State Accident Fund to provide maybe three injections for lumbar problems. And we've since had a consent order issued by our commission finding that the cervical spine also was related, and you've been authorized to treat both his neck and back problem. But I understand that while he is at maximum medical improvement for his low back, he is not yet at maximum medical improvement for his cervical spine; is that correct?

A. Yes, sir.

Q. And you expect to see him again on November 23, 2010. In a recent note to me it said you would reevaluate maximum medical improvement at that time. So it looks likes we're getting the word maybe, we're getting close to maximum medical improvement; is that correct?

A. Yes, sir.

Q. What I really need to ask you about is just employability and your opinions regarding Mr. Karabees' ability to work. And if I could draw your attention to a letter you sent to me dated August 31, 2010, which should be the very last page in there, you talk about his ability to work as it relates to the injuries from the fall of October 2008. And in that letter you state that: I do not feel he can work in his present

condition due to the multiple injuries from the fall in October 2008. So I'd ask: Is that still your opinion? Has that opinion changed at all?

A. That's still my opinion and it hasn't changed.

Q. And because this letter deals with the present condition, which would be as of August 2010, I really would like for you to address his employability from your viewpoint going all the way back to when you first saw him in November of 2009. And if you can give us an opinion as to his ability to work based upon the injuries from the fall of October of 2008 and those injuries alone, whether or not you think he would have been employable, if you can give us kind of your opinion on that.

A. No, sir, I don't feel like he was employable from the date I saw him to the present.

Q. And that would be from the first visit of November 3, 2009?

A. Yes, sir.

Q. And to go back through this, it looked like you initially saw him -- and I don't want to go through every visit -- but it looks like you saw him fairly consistently through November, and he had multiple injections to his low back.

A. Uh-huh.

Q. And his treatment I believe kind of broke off after no more treatment was authorized. And I believe you stated that to me in a letter dated April 19, 2010 -- which I can show you if you would like -- and then you started seeing him again after that; is that correct?

A. Yes, sir. But then it resumed -- I was just looking through my notes -- it resumed back in June 15 of 2010.

Q. And you have seen him consistently since then?

A. Yes, sir.

Q. And the opinion as to his ability to work or not work based upon his injuries on October of 2008, again, that is based upon solely his neck injury and his low back injury?

A. Yes, sir.

Q. And is that opinion given to a reasonable degree of medical certainty and to the most probable standard?

A. Yes, sir. I should have included that already.

MR. WHITE: Okay. I think that's all the questions that I have regarding his employment, and other issues we will wait for your opinion as to maximum medical improvement. And, of course, at that time you can address residual restrictions, impairment, and future medical needs. That's all I've got.

EXAMINATION BY MS. URBANIC:

Q. Dr. Nolan, my name is Peggy Urbanic, again, and I represent the State Accident Fund and Trident Tech with regards to this comp case. I understand you originally started treating him for his lumbar spine; is that correct?

A. Yes.

Q. And he came over here from Dr. Wilson?

A. Yes, ma'am.

Q. What was his diagnosis to his lumbar spine; do you recall?

A. His original diagnosis was lumbar disc displacement and low back pain.

Q. And you said that was the original. Was there a different diagnosis developed for his lumbar at some point?

A. It depends on -- when I see somebody -- when doctors see them, we don't necessarily do every diagnosis. We concentrate on the diagnosis that we're actually doing -- we're limited no more than five diagnoses per visit by the insurance company. So what we do is we try to concentrate on the particular area that's causing him the most problems. That doesn't exclude other diagnoses from the patient having them. It's just that those were the two -- I usually only put

two diagnoses on any visit. So on that particular visit we were concentrating on his low back, so we diagnosed him with the lumbar. He's also got lumbar facet arthropathy -- let me just make sure my memory is serving me correctly -- I diagnosed him on the 12/8/09 visit with muscle spasms at that time as well. But that doesn't exclude the lumbar disc displacement. So it's one of those things where -- I used to when I first started out I would have six or eight diagnoses attached to somebody, but the insurance company actually denies our claim these days with electronics if we have too many diagnoses. So we concentrate on just a few per visit.

Q. So it's lumbar dis displacement and then facet --

A. Arthropathy. And I wasn't actually allowed to comment on the neck at the time since it was not included. Work comp will actually not allow me to even comment on it. So later we diagnosed him with -- we had this discussion just the other day, that's why I'm so -- because I actually had a claim returned from work comp because I had mentioned a part that wasn't being covered currently. So I had to actually go and remove it from the dictation. It was kind of ironic. So the 5/19/10 is a very comprehensive diagnosis because we have lumbar disc, lumbar facet arthropathy, muscle spasm, cervical

facet arthropathy, and shoulder pain all in the same visit. So that was probably one of the most descriptive ones for him.

Q. That kind of encompasses pretty much everything?

A. Yes.

Q. And somebody diagnosed -- you said it was 5/19?

A. Yes, ma'am.

Q. I'm just looking for it in the notes. Somebody with those diagnoses, would it be unusual for them to be able to work in some capacity?

A. I mean, there are people with that diagnosis that do work, yes.

Q. And do you have any information as to what type of job Mr. Karabees has held prior to this fall?

A. It's in here. It was an industrial program instructor at Trident Tech.

Q. And were you ever provided with a job description or anything of that nature?

A. We have discussed it, but I don't know that I have actually gotten an actual written description of it.

Q. And I'm sure you're aware, Mr. Karabees also suffers from multiple sclerosis.

A. Yes, ma'am. That hasn't even factored into this to be honest with you. I haven't even addressed his

multiple sclerosis. It doesn't even play into my thinking.

Q. Okay. And you know Dr. Lucas treats him for his MS?

A. Right.

Q. Have you ever discussed it with Dr. Lucas in any way?

A. No, ma'am. The MS hasn't even been a factor with me. I haven't even factored it in because I don't really deal with -- I let Dr. Lucas take care of that.

Q. Sure. I understand that's not your area of specialty.

A. Right. So I haven't concentrated on -- and everything that I've done -- because for you guys it would -- it's not fair to include that in anything, even my impairment or any type of work restrictions or anything based on him. If it was, then I would have to put an addendum on there that would say, due to his MS, then his work restrictions are this.

Q. Okay. Do you have any knowledge or information that due to the fact that he does have MS that -- and it's at whatever level or state -- that is has affected his ability to move or engage in activities in any fashion?

A. No. I haven't concentrated or factored that in.

Q. Do you know if Dr. Lucas has ever rendered an opinion that Mr. Karabees would be unable to work due to his multiple sclerosis?

A. No, ma'am. I'm not familiar with that.

Q. And I know you said you've never seen Dr. Lucas' records or his deposition.

A. No. And Dr. Lucas is a wonderful doctor. He's actually a very close professional friend of mine.

Q. Sure.

A. And I know you're not questioning that.

Q. No, no. I understand he's a neurologist and you're the pain guy. Two different worlds, I get it.

A. It is.

Q. I'm just trying to see in Mr. Karabees' case if some reason that ever came into your consideration in any fashion.

A. My impression has been that it hasn't -- his MS hasn't been that severe. That's just my impression while I've been taking care of him. That's one of the reasons I haven't factored anything in. You know, if Dr. Lucas said that his -- he couldn't work at all because of MS, then I would certainly like to see that and take a look at it.

Q. Were you aware -- and this is part of Dr. Lucas' deposition -- the question was asked of Dr. Lucas on

9/15, and I'll let you read it.

MR. WHITE: What page is that, Peggy?

MS. URBANIC: I'm sorry. Page 12 of Dr. Lucas' deposition.

A. Interesting. Even with that, in looking at that, in my taking care of Mr. Karabees --

Q. And I'm not questioning that that affected your treatment or what you may not treat.

A. No, I -- then he has several reasons why he's disabled and he can't work. But his physical injuries also are significant enough to prevent him from working. So it's interesting that -- I didn't realize this, but it's --

Q. You were not aware of Dr. Lucas' opinion?

A. No, ma'am, I wasn't.

Q. Okay.

A. Because he actually -- if MS is also severe enough, then he has multiple reasons why he can't work.

Q. Okay. And I understand you have an appointment set with Mr. Karabees for November, and you're hoping at that point to rate him for the neck?

A. Yes, ma'am.

Q. Do you know at this point if you're going to anticipate additional treatment in what we call dodge medicals in the comp world for his neck? Do you have

any thoughts on that yet?

A. He will probably require ongoing physical therapy at some point. Typically, what I allow is up to 24 visits a year, 12 to 24. A typical session with physical therapy is 12 to 14 sessions. And I usually project either one or two of those, which is either 12 or 24 sessions of physical therapy just because that's typical what a patient would normally need. And then I typically don't perform more than six injections per year on anybody. So I put a limit of no more than six injections. And he does have two sites, his neck and low back. So he did respond very well to the low back and he's responded fairly good to his neck as well. So I'm hoping that -- I certainly would hope that he wouldn't require even the six. I wouldn't perform more than six. But anywhere between two and six next year. And then as far as projecting his needs, that's what I would -- and then ongoing pain meds as well.

Q. When you rate him, you will project that for us?

A. I'll put that in with the rating as well.

MS. URBANIC: I think that's all the questions I have.

RE-EXAMINATION BY MR. WHITE:

Q. Just one other question. In going back to that same deposition with Dr. Lucas, if you can also look at

page 14 and maybe just read from line 6. And then it just goes on and that's the end of the deposition. Just review that, please.

A. I'll read line 6. "I do not know exactly when he stopped working, and he had been working up until the date of his fall with multiple sclerosis? Yes, he had. Do you know following the fall, for example, in your note of March 19, 2009, can you tell from that note if he was still working or not? I don't remember and it doesn't say definitely on March 19. So I'm not certain." I'm glad that his records don't always include everything like mine.

Q. Doctors aren't perfect? You're not going to admit that?

A. The problem isn't that -- not everything that's discussed in a visit is recorded in the note. You have a 30-minute visit, and a note doesn't -- I'm just glad somebody else experiences that, too. "Do you have an opinion or knowledge that the role that his shoulder problem, neck, or back problems may have played to his being forced to eventually leave work when he left work in addition to the multiple sclerosis? I think it certainly may have sped things up some. I mean, he was just someone who basically was insisting that he was not in a bad way -- a good way, that he was going to keep

working until the last minute that he couldn't work." And that's exactly how I've perceived him. The multiple sclerosis is there and it affects him, but I don't feel like that was keeping him -- what kept him from working. And I agree with what he's saying. Certainly, any type -- I'm continuing reading. "Any type of even minor injury on top of the neurologic problems that he had could speed up. I almost don't know how he kept working before, and anything added to that wasn't going to help." So I do feel like it's primarily his injury that kept him from working. I do think the multiple sclerosis is a factor for him to deal with, but it hasn't been something that I've had to factor in at all as far as evaluating him and doing his impairment rating and his limitations and things like that.

Q. Dr. Nolan, you gave an opinion on direct examination as to your opinion as to his ability to work based upon the fall itself. And have any of those opinions changed based upon reading the deposition of Dr. Lucas or any of the other questions asked?

A. No, sir.

MR. WHITE: That's all I've got.

(End of deposition.)

REPORTER'S CERTIFICATE

I do hereby certify that the witness whose attached deposition was taken before me in the aforementioned matter was, by me, first duly sworn to testify the truth, the whole truth, and nothing but the truth; that the testimony contained in said deposition was, by me, reduced to writing in the presence of said witness by means of computerized transcription. The said deposition is a true and accurate transcript of the whole of the testimony given by the said witness, as aforesaid.

I do further certify that I am not connected by blood or marriage with any of the parties or their attorneys or agents, and that I am not an employee of either of them, nor interested directly or indirectly in the matter of controversy either as counsel, attorney, agent or otherwise.

Sworn to and subscribed before me this the 5th day of September 2010.

_____

Dana K. Olive
Court Reporter and Notary Public
My Commission Expires 4/1/20

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DEC 23 2011

CLAWSON & STAUBES, LLC
ATTORNEYS AT LAW

MARGARET M. URBANIC
purbanic@clawsonandstaubes.com

December 23, 2010

Reply to Charleston Office
File No.: 2009-1190 mmu

Commissioner T. Scott Beck
SC Workers' Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202-1715

Re: Thomas Karabees, Jr. v. State Board for Tech. & Comp. Education
WCC File No.: 0822094
Date of Injury: 10/31/08

Dear Commissioner Beck:

Please find enclosed the original and one (1) copy of the Form 58, Pre-Hearing Brief and Notice of APA submissions in the above-captioned matter, which is scheduled for a hearing to be held on January 4, 2012. I would appreciate your filing the original Brief and Notice, and returning a clocked copy in the enclosed self-addressed stamped envelope.

I am providing the Pre-Hearing Brief and APA submissions, which will be submitted at the time of hearing to Thomas M. White, the Claimant's attorney.

Best regards,

Very truly yours,

CLAWSON & STAUBES, LLC

Margaret M. Urbanic

MMU/res
Enclosures
cc: Thomas M. White, Esquire (w/enc.)

South Carolina Workers' Compensation Commission
P.O. Box 1715 ♦ 1612 Marion Street
Columbia, South Carolina 29202-1715
(803) 737-5700

WCC File #	0822094
Carrier File #	2008-5039
Carrier Code #	500 - SF
Employer FEIN	570000H59

Thomas Karabees, Jr. 385-52-8253	State Board for Tech. & Comp. Education
Claimant's Name SSN	Employer's Name
377 Oxford Road Ladson, SC 29456	700 Rivers Avenue Charleston, SC 29406
Address City State Zip	Address City State Zip
843-572-0431	SC State Accident Fund
Home Phone # Work Phone #	Insurance Carrier
Margaret M. Urbanic, Esquire	(843) 577-2026
Preparer's Name	Phone #

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

√ Injury ____ Illness ___ Repetitive Trauma

1. Compensation Rate: $661.29 2. AWW: $1225.64 Date of Injury: 10/31/08

3. Type of Injury and body part(s): Employer/Carrier admit Claimant suffered an injury to her left shoulder, neck and low back only. The Employer/Carrier deny the nature and extent of the injuries, and further denies all other body parts.

4. Facts in Controversy: Whether Claimant suffered a permanancy; Carrier requests credit for overpayment as appropriate.

5. Legal issues involved: See above

6. Unusual problems: Claimant was previously diagnosed with Multiple Sclerosis; Claimant received his salary in lieu of temporary benefits; Claimant voluntarily retired from Trident Tech.

7. Witnesses (designate if expert)*: Employer Representative; Angela Wimberly; DeVetta Hughs; Candy Marlowe

8. Exhibits: Excerpts of Employment file; conversion chart for whole person ratings; Defendants rely on previsouls submitted APA Submissions that includeElection Form, Voluntary Retirement Paperwork; Deposition of Dr. Lucas; Deposition of Dr. Wilson

9. Medical evidence: (indicate report pursuant to R.67-612; deposition or appearance) Claimants MS would have prevented him from returning to work (Dr. Lucas' deposition, p.8 & p.24.) .

10. Name, address, and specialty, if any, of the treating physician: Dr. Seth P. Kupferman and Dr. William Wilson, SC Sports Medicine

11. Impairment rating(s); body part(s); physician and date of opinion: 8% to left upper extremity, Dr. Seth P. Kupferman, 3/17/09; MMI for his back per Dr. Wilson's deposition, 21% whole person to his spine. (However, Dr. Wilson failed to use the conversion chart for in the AMA Guides) Per Dr. Lucas, Claimant's doctor for his MS, Claimant would have been unable to work due to his MS (Depo., p.12).

12. I am amending my Form 50/51 in the follow manner: N/A

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

MARGARET M. URBANIC

Email: purbanic@clawsonandstaubes.com

Date of hearing: January 5, 2011 Time needed for hearing: 30 minutes
On Behalf of: [ ] Claimant [X] Employer

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

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true copy of the Form 58, Pre-Hearing Brief, and Notice of APA Submissions, has been served upon opposing counsel by mailing a copy properly addressed with sufficient postage affixed thereto this 23rd day of December 2010.

Thomas M. White, Esquire
The Steinberg Law Firm, L.L.P.
P.O. Box 1028
Goose Creek, SC 29445

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO. 0822094

Thomas Karabees, Jr., Claimant, v. State Board for Tech. & Comp. Education, Employer, SC State Accident Fund, Carrier.	**NOTICE OF APA SUBMISSIONS AND WITNESSES ON BEHALF OF STATE BOARD FOR TECH. & COMP. EDUCATION / SC STATE ACCIDENT FUND**

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND THOMAS M. WHITE, ESQUIRE, ATTORNEY FOR CLAIMANT:

YOU ARE HEREBY NOTIFIED, pursuant to the provisions of the South Carolina Workers' Compensation Act and South Carolina Code Section 1-23-330, (1985), Employer, State Board for Tech. & Comp. Education, and Carrier, SC State Accident Fund, hereby submit the following medical records or other evidence:

The following APA's have been previously submitted and are part of the record

PROVIDER	REPORT DATE	PAGE NOS.
1. **EXHIBIT:** Deposition transcript of Dr. John Lucas	5/6/10	152 - 167
2. **EXHIBIT:** Deposition transcript of Dr. William Wilson	3/16/10	168 - 173
3. **EXHIBIT:** Election Form and Retirement Paperwork	11/17/08 and 4/2/09	174 - 181
4. Trident Sports Medicine	6/14/07 - 11/14/08	182 - 185
5. Tricounty Radiology	11/14/09	186 - 188

PROVIDER	REPORT DATE	PAGE NOS.
6. Seth Kupferman, MD / William E. Wilson, MD / SC Sports Medicine & Orthopaedic Center	5/13/09 11/13/09	189 - 190
7. Carolina Family Medicine	1/3/08	191 - 192
8. Select Physical Therapy	12/01/08 - 10/08/09	193 - 451
9. J. Edward Nolan, MD / Trident Pain Center	5/19/10	452 - 454
10. Select Physical Therapy	9/30/11 - 10/5/11	455-466
11. Trident Pain	8/30/11	467-468
12. AMA Conversion Chart (Criteria for Converting Whole Person Impairment to Regional Spine Impairment)		469
13. Excerpts from Claimant's Employment File		470-488

YOU ARE FURTHER HEREBY NOTIFIED you have the right to cross-examination. Should you desire to exercise that right, you are to schedule the deposition(s) of any of the physicians or other person(s) whose reports are submitted, for the purposes of cross-examination.

YOU ARE FURTHER NOTIFIED that the documents referred to herein will be submitted at the Hearing before the South Carolina Workers' Compensation Commission.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called:

1. Employer Representative;
2. Angela Wimberly
3. DeVetta Hughes.

CLAWSON & STAUBES, LLC

Margaret M. Urbanic
126 Seven Farms Drive, Suite 200
Charleston, SC 29492-8144
(843) 577-2026
Attorneys for Employer, State Board for Tech. & Comp. Education, and Carrier, SC State Accident Fund.

December 23, 2010
Charleston, South Carolina

Select Physical Therapy
7 South Alliance Drive
Ste 102A
Goose Creek, SC USA 29445
Phone: (843) 569-2303
Fax: (843) 569-2304

Patient:	Thomas Karabees		
Acct #:	013-610290966	Visit Date:	Sep 30, 2011
DOB:	Oct 13, 1948	FSC:	Workers Compensation
Clinician:	Laura D. Pruette, PT	Payor:	WC OF SC
Prim Phy:	Kristen R. Giet	Pol/Claim#:	Not Specified
Phy Phone:	(843) 797-3636	Insured:	Not Specified
Phy Fax:	(843) 797-3637	Employer:	Trident Tech College
Sec Phy:	Not Specified	Case Mgr:	Not Specified
Inj. Date:	10/31/2008	Visits:	7
Surg. Date:	Not Specified	Cxl/Ns:	0

Daily Note

Diagnoses Spine

7231	CERVICALGIA
7241	PAIN IN THORACIC SPINE
7242	LUMBAGO

Subjective Examination

ADL / Functional Status: ADL's: Activities:

• Bathing	Independent without difficulty
• Climbing	some LBP, diff due to LE weakness, incr reliance on rails
• Dressing.	Independent without difficulty
• Driving/Traveling	pain/limited turning head, looking behind when backing up
• Forward Bending	with LBP, 15min bent to wash dishes/workbench/morning ADLs
• Lifting(pain to take out trash, use weed eater/lawn tools)	Avoids heavier wts 2* balance, incr pain with lifting
• Sitting.(09/21/11)	15-20min
• Sleeping.	2/wk disturbances
• Vacuum/Sweeping/Mopping	Unable to perform, unable to carry vaccum up/down stairs
• Walking.(09/21/11)	HH distances, limited since surgical procedure

ADL / Functional Status:

- Occupation: Instructor at Trident Tech Premorbid status: Work status: Full time / Full duty. (at time of injury, not worked since 04/11/09).
- Current status:
  - Work status: In litigation for disability. Pt states 4 MD's have told him he cannot go back to work at previous position. Recreation / Athletics; Was doing Aftercare Program 3/wk and HEP 2/wk. Pt states has not done anything in last 2wks 2* ending Aftercare program. Reports incr pain with bending/lifting when working at wood working bench or playing with grandkids.

09/21/11: Pt reports he hasn't been able to do much of HEP since surgerical procedure 3wks ago.

Chief Complaint:

- Pain:
  - Current Severity: 09/21/11: 3-4/10 LBP, 5/10 neck Location: Midline neck R>L and entire back = bilaterally. Radicular pain down back of both thighs to knee.
- Abnormal Sensation: intermittent tingling in B LE's "sciatic nerve related" L>R, from hip to knee. Worsens with sitting.

Daily Comments:

- Pt reports some increased tightness along R UT, levator and scalenes as well as in LB, B lumbar mms. Feels heat helps decrease tightness prior to stretches, and states some days are better than others w/regard to mm tightness. Feels therapy is really helping to decrease soreness/tightness and improve ROM. Still experiences some dizziness if he "hits" head, such as when switching positions while sleeping or if he turns his head too fast. "The Dr said it could take about 6 months for healing in the skull where they drilled." 9/30/11

Mechanism of Injury:

- Pt reports initial injury occurred on 10/31/08 when he tripped and fell down 2 flights of stairs while carrying AV equipment. Pt reports neck, back, and L shld pain since that time, denies pathology in these regions prior to injury. Pt is well known to tis facility, having been treated 24 visits for L shld and 29 visits for neck/back pain in 2008-2009. Pt has since attended Aftercare Program for several month with good results. Pt states as long as he is able to workout he feels better.

Medical History:

- Past/Present Conditions: MS, back injury, HTN, hernia, L shld RTC repair 01/2009

Medical Management:

- Injections: spinal injections 3-4x/yr. Has home TENS unit and cervical traction unit.

Objective Examination

	Left	Right
Flexibility:		
• Hamstrings(09/21/11 AKE in degrees)	-48	-50
Functional Tests:		
• 09/21/11 Squat: 85* IND with min LBP.		
Muscle Testing: Lower Extremity MMT:	**Left**	**Right**
• Hip Abduction	5/5	+4/5

Patient: Thomas Karabees
Acct #: 013-610290966 Visit Date: Sep 30, 2011

• Hip Extension	5/5	+4/5
• Hip Flexion	5/5	+4/5
• Knee Extension	5/5	5/5
• Knee Flexion	5/5	5/5
• Ankle Dorsiflexion	5/5	5/5
• Ankle Plantarflexion	5/5	5/5
Muscle Testing: Upper Extremity MMT:	**Left**	**Right**
• Shoulder Abduction	5/5	5/5
• Shoulder Flexion	5/5	5/5
• Shoulder External Rotation	5/5	5/5
• Shoulder Internal Rotation	5/5	5/5
Muscle Testing: Thoracolumbar Planes:	**Left**	**Right**
• Upper Abdominals(pain)	4/5	4/5
• Lower Abdominals	-3/5	-3/5
Range of Motion: Cervical Degrees:		
• Active Extension(09/21/11 all updated)	30 Degrees	
• Active Flexion	50 Degrees	
• Active Rotation Left	28 Degrees	
• Active Rotation Right	64 Degrees	
• Active Side Bend Left	22 Degrees	
• Active Side Bend Right	20 Degrees	
Range of Motion: Active Thoracic:		
• Extension(all with pain)	15%	
• Flexion	80%	
• Side Bending Left	20%	
• Side Bending Right	12%	
Range of Motion: Lumbar Degrees:		
• Active Extension(09/21/11 all updated)	11 Degrees	
• Active Flexion(c/o dizziness)	35 Degrees	
• Active Rotation Left	30 Degrees	
• Active Rotation Right	42 Degrees	
• Active Side Bend Left	10 Degrees	
• Active Side Bend Right	7 Degrees	
Special Tests: Cervical:	**Left**	**Right**
• Foraminal Compression	Incr pressure	Incr pain
• Traction	decr pain	decr pain
• Vertical Spinal Loading	Incr pressure	Incr pressure
Special Tests: Lumbar:	**Left**	**Right**
• Straight Leg Raise	Hamstring Tightness	35-70 deg; Ipsilateral Pain

Treatments

Exercise Activities: Flexibility(U. Quarter):

• Levator Scapulae Musculature	Time Elapsed: 3 Minutes, Repetitions: 2, Technique: Passive, Body Position: Seated, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Pectoralis Major Muscle	Time Elapsed: 2 Minutes, Repetitions: 2, Side: Bilateral, Technique: Positions I/II, Body Position: Standing, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Upper Trapezius Muscle	Time Elapsed: 3 Minutes, Repetitions: 2, Technique: Passive, Body Position: Seated, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Flexibility Activity 1	Time Elapsed: 3 Minutes, Repetitions: 2, Technique: Active Assistive, Hold.: 30 Seconds, Description: post cap stretch, Charge As: Therapeutic Exercise

Exercise Activities: Stabilization Training: Supine Position:

• Bilateral Knee to Chest	Time Elapsed: 3 Minutes, Repetitions: 20, Additional Detail: swiss ball, Charge As: Therapeutic Activities
• Bridging(This visit)	Did Not Perform: This visit
• Chin Tuck/Head Lift(This visit)	Did Not Perform: This visit
• Trunk Rotation-Lower Portion	Time Elapsed: 3 Minutes, Repetitions: 20, Range: w tball, Charge As: Therapeutic Activities

Patient: Thomas Karabees
Acct #: 013-610290966 Visit Date: Sep 30, 2011

Exercise Activities: Flexibility(L. Quarter):
- Hamstring Muscle — Time Elapsed: 3 Minutes, Repetitions: 2, Technique: Active, Body Position: Long sit, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
- Piriformis Muscle — Time Elapsed: 3 Minutes, Repetitions: 2, Technique: Active Assistive, Body Position: Supine, Hold.: 30 Seconds, Charge As: Therapeutic Exercise

Exercise Activities: Range of Motion:
- Rotation in Flexion — Time Elapsed: 3 Minutes, Repetitions: 20, Additional Detail: LTR with contralat UE movement to engage thoracic, ROM Performed: Pain Free, Number of Pillows: 2, Charge As: Therapeutic Exercise

Exercise Activities: Aerobic Conditioning:
- Recumbent Bicycle — Time Elapsed: 10 Minutes, Level: 2, Charge As: Therapeutic Activities
- Upper Body Ergometer(This visit) — Did Not Perform: This visit

Exercise Activities: Tubing/Bands(U. Quarter):
- Abduction, Shoulder — Time Elapsed: 4 Minutes, Repetitions: 20ea, Tubing/Band Color: RTB, Resistance: Concentric/Eccentric, Additional Detail: horiz and bilat ER, standing at 1/2 foam, Charge As: Therapeutic Activities
- D1 Extension. — Time Elapsed: 2 Minutes, Repetitions: 20, Tubing/Band Color: RTB, Resistance: Concentric/Eccentric, Additional Detail: bilat, Charge As: Therapeutic Activities
- Pull Downs — Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 30, Resistance: Concentric/Eccentric, Additional Detail: icarian, Charge As: Therapeutic Activities
- Rows — Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 30, Resistance: Concentric/Eccentric, Additional Detail: Icarian, Charge As: Therapeutic Activities
- Shoulder Shrugs: — Time Elapsed: 2 Minutes, Repetitions: 20, Tubing/Band Color: 30, Resistance: Concentric/Eccentric, Charge As: Therapeutic Activities
- Tubing/Bands 1 — Time Elapsed: 3 Minutes, Repetitions: 10, Tubing/Band Color: 2, Resistance: Concentric/Eccentric, Description: IY standing at 1/2 foam, Charge As: Therapeutic Activities
- Tubing/Bands 2 — Time Elapsed: 2 Minutes, Repetitions: 20, Tubing/Band Color: 30, Resistance: Concentric/Eccentric, Description: depression, Charge As: Therapeutic Activities

Exercise Activities: Dynamic Training: C-K-C Activity (U. Quarter):
- Push-Ups — Time Elapsed: 2 Minutes, Repetitions: 20, Charge As: Therapeutic Activities

Manual Interventions: Upper Quarter Soft Tissue:
- Cervicothoracic PVM — Time Elapsed: 10 Minutes, Tx Depth: Moderate, Side: Bilateral, Technique: S/DTT, Additional Detail: cervical paraspinals, UT, LS, SO, scalenes/SCM, Charge As: Manual Therapy Techniques

Manual Interventions: Manual Traction:
- Manual Traction 1(This visit) — Did Not Perform: This visit

Modalities:
- Moist Hot Pack(pt declined today 9/30/11) — Did Not Perform: pt declined today 9/30/11

Pt./Family Education:
- Patient Education 1(This visit) — Did Not Perform: This visit

Therapy Session Time
- Therapy Session Start Time — 08:00 AM
- Therapy Session Stop Time — 09:10 AM

Documented Procedural Code Summary:

Description	Code	Units	Minutes
Manual Therapy Techniques	97140	1	10
Therapeutic Activities	97530	2	35
Therapeutic Procedure	97110	1	20

Assessment

The patient tolerated today's treatment intervention with minimal complaints of pain. Good compliance with the outlined clinical treatment program is exhibited.

No objective measurements taken today.

Pt tolerated MTT well stating decreased mm tightness following, and declined MHP application to end session today stating "I'm doing o.k. today."

Client Behavior/Traits:

- Compliance: Clinical Exercise Program: Pt w/good recall of all ex's of therapy program

Tolerance:

- min increase in soreness w/resisted TB activities 2* pt's report of mm tightness today, but was able to complete all reps w/fair-good mechanics. Min dizziness upon sitting from supine, which alleviated following min rest interval. No c/o pain in LB w/wt'd pull downs or rows.

Plan

Daily Plan:

- Continue w/ Current Rehabilitation Program. obj measures n/v

Brandi Greene PTA 9/30/11

Brandi Greene, PTA, PTA(SC Lic: 1914)

Brandi Greene PTA 9/30/11

Laura D. Pruette, PT, PT(SC Lic: 5511)

Under the direct supervision of the primary therapist.

Select Physical Therapy
7 South Alliance Drive
Ste 102A
Goose Creek, SC USA 29445
Phone: (843) 569-2303
Fax: (843) 569-2304

Patient:	**Thomas Karabees**		
Acct #:	**013-610290966**	**Visit Date:**	**Oct 03, 2011**
DOB:	Oct 13, 1948	FSC:	Workers Compensation
Clinician:	Erika R. Walton, PT	Payor:	WC OF SC
Prim Phy:	Kristen R. Giet	Pol/Claim#:	Not Specified
Phy Phone:	(843) 797-3636	Insured:	Not Specified
Phy Fax:	(843) 797-3637	Employer:	Trident Tech College
Sec Phy:	Not Specified	Case Mgr:	Not Specified
Inj. Date:	10/31/2008	Visits:	8
Surg. Date:	Not Specified	Cxl/Ns:	0

Daily Note

Diagnoses	Spine	7231	CERVICALGIA
		7241	PAIN IN THORACIC SPINE
		7242	LUMBAGO

Subjective Examination

ADL / Functional Status: ADL's: Activities:

- Bathing — Independent without difficulty
- Climbing — some LBP, diff due to LE weakness, incr reliance on rails
- Dressing — Independent without difficulty
- Driving/Traveling — pain/limited turning head, looking behind when backing up
- Forward Bending — with LBP, 15min bent to wash dishes/workbench/morning ADLs
- Lifting(pain to take out trash, use weed eater/lawn tools) — Avoids heavier wts 2* balance, incr pain with lifting
- Sitting.(09/21/11) — 15-20min
- Sleeping. — 2/wk disturbances
- Vacuum/Sweeping/Mopping — Unable to perform, unable to carry vaccum up/down stairs
- Walking.(09/21/11) — HH distances, limited since surgical procedure

ADL / Functional Status:

- Occupation: Instructor at Trident Tech Premorbid status: Work status: Full time / Full duty. (at time of injury, not worked since 04/11/09).
- Current status:
  - Work status: In litigation for disability. Pt states 4 MD's have told him he cannot go back to work at previous position. Recreation / Athletics: Was doing Aftercare Program 3/wk and HEP 2/wk. Pt states has not done anything in last 2wks 2* ending Aftercare program. Reports incr pain with bending/lifting when working at wood working bench or playing with grandkids.

  09/21/11: Pt reports he hasn't been able to do much of HEP since surgerical procedure 3wks ago.

Chief Complaint:

- Pain:
  - Current Severity: 09/21/11: 3-4/10 LBP, 5/10 neck Location: Midline neck R>L and entire back = bilaterally. Radicular pain down back of both thighs to knee.
- Abnormal Sensation: Intermittent tingling in B LE's "sciatic nerve related" L>R, from hip to knee. Worsens with sitting.

Daily Comments:

- Pt. reports an incr in R shoulder/neck tightness and pain as a result of performing yardwork over the weekend. Pt. states he had relief w using heat at home.

Mechanism of Injury:

- Pt reports initial injury occurred on 10/31/08 when he tripped and fell down 2 flights of stairs while carrying AV equipment. Pt reports neck, back, and L shld pain since that time, denies pathology in these regions prior to injury. Pt is well known to tis facility, having been treated 24 visits for L shld and 29 visits for neck/back pain in 2008-2009. Pt has since attended Aftercare Program for several month with good results. Pt states as long as he is able to workout he feels better.

Medical History:

- Past/Present Conditions: MS, back injury, HTN, hernia, L shld RTC repair 01/2009

Medical Management:

- Injections: spinal injections 3-4x/yr. Has home TENS unit and cervical traction unit.

Objective Examination

Objective Measurements Not Reassessed Today.

	Left	Right
Flexibility:		
• Hamstrings(09/21/11 AKE in degrees)	-48	-50
Functional Tests:		
• 09/21/11 Squat: 85* IND with min LBP.		
Muscle Testing: Lower Extremity MMT:	**Left**	**Right**
• Hip Abduction	5/5	+4/5
• Hip Extension	5/5	+4/5

• Hip Flexion	5/5	+4/5
• Knee Extension	5/5	5/5
• Knee Flexion	5/5	5/5
• Ankle Dorsiflexion	5/5	5/5
• Ankle Plantarflexion	5/5	5/5
Muscle Testing: Upper Extremity MMT:	**Left**	**Right**
• Shoulder Abduction	5/5	5/5
• Shoulder Flexion	5/5	5/5
• Shoulder External Rotation	5/5	5/5
• Shoulder Internal Rotation	5/5	5/5
Muscle Testing: Thoracolumbar Planes:	**Left**	**Right**
• Upper Abdominals(pain)	4/5	4/5
• Lower Abdominals	-3/5	-3/5
Range of Motion: Cervical Degrees:		
• Active Extension(09/21/11 all updated)	30 Degrees	
• Active Flexion	50 Degrees	
• Active Rotation Left	28 Degrees	
• Active Rotation Right	64 Degrees	
• Active Side Bend Left	22 Degrees	
• Active Side Bend Right	20 Degrees	
Range of Motion: Active Thoracic:		
• Extension(all with pain)	15%	
• Flexion	80%	
• Side Bending Left	20%	
• Side Bending Right	12%	
Range of Motion: Lumbar Degrees:		
• Active Extension(09/21/11 all updated)	11 Degrees	
• Active Flexion(c/o dizziness)	35 Degrees	
• Active Rotation Left	30 Degrees	
• Active Rotation Right	42 Degrees	
• Active Side Bend Left	10 Degrees	
• Active Side Bend Right	7 Degrees	
Special Tests: Cervical:	**Left**	**Right**
• Foraminal Compression	Incr pressure	Incr pain
• Traction	decr pain	decr pain
• Vertical Spinal Loading	Incr pressure	Incr pressure
Special Tests: Lumbar:	**Left**	**Right**
• Straight Leg Raise	Hamstring Tightness	35-70 deg: Ipsilateral Pain

Treatments

Exercise Activities: Flexibility(U. Quarter):

- Levator Scapulae Musculature — Time Elapsed: 3 Minutes, Repetitions: 2, Technique: Passive, Body Position: Seated, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
- Pectoralis Major Muscle — Time Elapsed: 2 Minutes, Repetitions: 2, Side: Bilateral, Technique: Positions I/II, Body Position: Standing, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
- Upper Trapezius Muscle — Time Elapsed: 3 Minutes, Repetitions: 2, Technique: Passive, Body Position: Seated, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
- Flexibility Activity 1 — Time Elapsed: 3 Minutes, Repetitions: 2, Technique: Active Assistive, Hold.: 30 Seconds, Description: post cap stretch, Charge As: Therapeutic Exercise

Exercise Activities: Stabilization Training: Supine Position:

- Bilateral Knee to Chest — Time Elapsed: 3 Minutes, Repetitions: 20, Additional Detail: swiss ball, Charge As: Therapeutic Activities
- Bridging(This visit) — Did Not Perform: This visit
- Chin Tuck/Head Lift(This visit) — Did Not Perform: This visit
- Trunk Rotation-Lower Portion — Time Elapsed: 3 Minutes, Repetitions: 20, Range: w tball, Charge As: Therapeutic Activities

Exercise Activities: Flexibility(L. Quarter):

Patient: Thomas Karabees
Acct #: 013-610290966 Visit Date: Oct 03, 2011

• Hamstring Muscle	Time Elapsed: 3 Minutes, Repetitions: 2, Technique: Active, Body Position: Long sit, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Piriformis Muscle	Time Elapsed: 3 Minutes, Repetitions: 2, Technique: Active Assistive, Body Position: Supine, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
Exercise Activities: Range of Motion:	
• Rotation in Flexion.	Time Elapsed: 3 Minutes, Repetitions: 20, Additional Detail: LTR with contralat UE movement to engage thoracic, ROM Performed: Pain Free, Number of Pillows: 2, Charge As: Therapeutic Exercise
Exercise Activities: Aerobic Conditioning:	
• Recumbent Bicycle	Time Elapsed: 10 Minutes, Level: 2, Charge As: Therapeutic Activities
• Upper Body Ergometer(This visit)	Did Not Perform: This visit
Exercise Activities: Tubing/Bands(U. Quarter):	
• Abduction, Shoulder	Time Elapsed: 4 Minutes, Repetitions: 20ea, Tubing/Band Color: RTB, Resistance: Concentric/Eccentric, Additional Detail: horiz and bilat ER, standing at 1/2 foam, Charge As: Therapeutic Activities
• D1 Extension.	Time Elapsed: 2 Minutes, Repetitions: 20, Tubing/Band Color: RTB, Resistance: Concentric/Eccentric, Additional Detail: bilat, Charge As: Therapeutic Activities
• Pull Downs	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 30, Resistance: Concentric/Eccentric, Additional Detail: icarian, Charge As: Therapeutic Activities
• Rows	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 30, Resistance: Concentric/Eccentric, Additional Detail: icarian, Charge As: Therapeutic Activities
• Shoulder Shrugs:	Time Elapsed: 2 Minutes, Repetitions: 20, Tubing/Band Color: 30, Resistance: Concentric/Eccentric, Charge As: Therapeutic Activities
• Tubing/Bands 1	Time Elapsed: 3 Minutes, Repetitions: 10, Tubing/Band Color: 2, Resistance: Concentric/Eccentric, Description: IY standing at 1/2 foam, Charge As: Therapeutic Activities
• Tubing/Bands 2	Time Elapsed: 2 Minutes, Repetitions: 20, Tubing/Band Color: 30, Resistance: Concentric/Eccentric, Description: depression, Charge As: Therapeutic Activities
Exercise Activities: Dynamic Training: C-K-C Activity (U. Quarter):	
• Push-Ups	Time Elapsed: 2 Minutes, Repetitions: 20, Charge As: Therapeutic Activities
Manual Interventions: Upper Quarter Soft Tissue:	
• Cervicothoracic PVM	Time Elapsed: 10 Minutes, Tx Depth: Moderate, Side: Bilateral, Technique: S/DTT, Additional Detail: cervical paraspinals, UT, LS, SO, scalenes/SCM, Charge As: Manual Therapy Techniques
Manual Interventions: Manual Traction:	
• Manual Traction 1(This visit)	Did Not Perform: This visit
Modalities:	
• Moist Hot Pack	Time Elapsed: 10 Minutes, Location: cervical, Clinical Use: Post, Charge As: No Charge
Pt./Family Education:	
• Patient Education 1(This visit)	Did Not Perform: This visit
Therapy Session Time	
• Therapy Session Start Time	10:05 AM
• Therapy Session Stop Time	11:20 AM

Documented Procedural Code Summary:

Description	Code	Units	Minutes
• Manual Therapy Techniques	97140	1	10
• Therapeutic Activities	97530	2	35
• Therapeutic Procedure	97110	1	20

Assessment

Client Behavior/Traits:
• Pt. performing today at slower pace 2*malaise related to sinus problems.
Impairments Identified:

• Soft Tissue Mobility. (tight: R UT).

Tolerance:

• Pt. able to complete entire Rx program w minimal complaints. Pt. reports incr cervical mobility post MTT/use of MHP.

Treatment Emphasis to focus on:

• Postural Improvements.

Plan

Daily Plan:

• Continue w/ Current Rehabilitation Program.

Erika R. Walton, PT, PT(SC Lic: SC5997)

Select Physical Therapy
7 South Alliance Drive
Ste 102A
Goose Creek, SC USA 29445
Phone: (843) 569-2303
Fax: (843) 569-2304

Patient:	**Thomas Karabees**		
Acct #:	**013-610290966**	**Visit Date:**	**Oct 05, 2011**
DOB:	Oct 13, 1948	FSC:	Workers Compensation
Clinician:	Laura D. Pruette, PT	Payor:	WC OF SC
Prim Phy:	Kristen R. Giet	Pol/Claim#:	Not Specified
Phy Phone:	(843) 797-3636	Insured:	Not Specified
Phy Fax:	(843) 797-3637	Employer:	Trident Tech College
Sec Phy:	Not Specified	Case Mgr:	Not Specified
Inj. Date:	10/31/2008	Visits:	9
Surg. Date:	Not Specified	Cxl/Ns:	0

Daily Note

Diagnoses Spine

7231	CERVICALGIA
7241	PAIN IN THORACIC SPINE
7242	LUMBAGO

Subjective Examination

ADL / Functional Status: ADL's: Activities:

- Bathing — Independent without difficulty
- Climbing — some LBP, diff due to LE weakness, incr reliance on rails
- Dressing. — Independent without difficulty
- Driving/Traveling — pain/limited turning head, looking behind when backing up
- Forward Bending — with LBP, 15min bent to wash dishes/workbench/morning ADLs
- Lifting(pain to take out trash, use weed eater/lawn tools) — Avoids heavier wts 2* balance, incr pain with lifting
- Sitting.(09/21/11) — 15-20min
- Sleeping. — 2/wk disturbances
- Vacuum/Sweeping/Mopping — Unable to perform, unable to carry vaccum up/down stairs
- Walking.(09/21/11) — HH distances, limited since surgical procedure

ADL / Functional Status:

- Occupation: Instructor at Trident Tech Premorbid status: Work status: Full time / Full duty. (at time of injury, not worked since 04/11/09).
- Current status:
  - Work status: In litigation for disability. Pt states 4 MD's have told him he cannot go back to work at previous position. Recreation / Athletics: Was doing Aftercare Program 3/wk and HEP 2/wk. Pt states has not done anything in last 2wks 2* ending Aftercare program. Reports incr pain with bending/lifting when working at wood working bench or playing with grandkids.

  09/21/11: Pt reports he hasn't been able to do much of HEP since surgerical procedure 3wks ago.

Chief Complaint:

- Pain:
  - Current Severity: 09/21/11: 3-4/10 LBP, 5/10 neck Location: Midline neck R>L and entire back = bilaterally. Radicular pain down back of both thighs to knee.
- Abnormal Sensation: intermittent tingling in B LE's "sciatic nerve related" L>R, from hip to knee. Worsens with sitting.

Daily Comments:

- Pt reports he is feeling better and loosening up a little.

Mechanism of Injury:

- Pt reports initial injury occurred on 10/31/08 when he tripped and fell down 2 flights of stairs while carrying AV equipment. Pt reports neck, back, and L shld pain since that time, denies pathology in these regions prior to injury. Pt is well known to tis facility, having been treated 24 visits for L shld and 29 visits for neck/back pain in 2008-2009. Pt has since attended Aftercare Program for several month with good results. Pt states as long as he is able to workout he feels better.

Medical History:

- Past/Present Conditions: MS, back injury, HTN, hernia, L shld RTC repair 01/2009

Medical Management:

- Injections: spinal injections 3-4x/yr. Has home TENS unit and cervical traction unit.

Objective Examination

Flexibility:	**Left**	**Right**
• Hamstrings(09/21/11 AKE in degrees)	-48	-50

Functional Tests:

- 09/21/11 Squat: 85* IND with min LBP.

Muscle Testing: Lower Extremity MMT:	**Left**	**Right**
• Hip Abduction	5/5	+4/5
• Hip Extension	5/5	+4/5
• Hip Flexion	5/5	+4/5
• Knee Extension	5/5	5/5

Patient: Thomas Karabees
Acct #: 013-610290966 Visit Date: Oct 05, 2011

• Knee Flexion	5/5	5/5
• Ankle Dorsiflexion	5/5	5/5
• Ankle Plantarflexion	5/5	5/5
Muscle Testing: Upper Extremity MMT:	**Left**	**Right**
• Shoulder Abduction	5/5	5/5
• Shoulder Flexion	5/5	5/5
• Shoulder External Rotation	5/5	5/5
• Shoulder Internal Rotation	5/5	5/5
Muscle Testing: Thoracolumbar Planes:	**Left**	**Right**
• Upper Abdominals(pain)	4/5	4/5
• Lower Abdominals	-3/5	-3/5
Range of Motion: Cervical Degrees:		
• Active Extension(09/21/11 all updated)	30 Degrees	
• Active Flexion	50 Degrees	
• Active Rotation Left	28 Degrees	
• Active Rotation Right	64 Degrees	
• Active Side Bend Left	22 Degrees	
• Active Side Bend Right	20 Degrees	
Range of Motion: Active Thoracic:		
• Extension(all with pain)	15%	
• Flexion	80%	
• Side Bending Left	20%	
• Side Bending Right	12%	
Range of Motion: Lumbar Degrees:		
• Active Extension(09/21/11 all updated)	11 Degrees	
• Active Flexion(c/o dizziness)	35 Degrees	
• Active Rotation Left	30 Degrees	
• Active Rotation Right	42 Degrees	
• Active Side Bend Left	10 Degrees	
• Active Side Bend Right	7 Degrees	
Special Tests: Cervical:	**Left**	**Right**
• Foraminal Compression	Incr pressure	Incr pain
• Traction	decr pain	decr pain
• Vertical Spinal Loading	Incr pressure	Incr pressure
Special Tests: Lumbar:	**Left**	**Right**
• Straight Leg Raise	Hamstring Tightness	35-70 deg: Ipsilateral Pain

Treatments

Exercise Activities: Flexibility(U. Quarter):	
• Levator Scapulae Musculature	Time Elapsed: 3 Minutes, Repetitions: 2, Technique: Passive, Body Position: Seated, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Midback Stretch	Time Elapsed: 3 Minutes, Repetitions: 2, Hold.: 30 Seconds, Additional Detail: x-lat, Charge As: Therapeutic Exercise
• Pectoralis Major Muscle	Time Elapsed: 2 Minutes, Repetitions: 2, Side: Bilateral, Technique: Positions I/II, Body Position: Standing, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Upper Trapezius Muscle	Time Elapsed: 3 Minutes, Repetitions: 2, Technique: Passive, Body Position: Seated, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Flexibility Activity 1	Time Elapsed: 3 Minutes, Repetitions: 2, Technique: Active Assistive, Hold.: 30 Seconds, Description: post cap stretch, Charge As: Therapeutic Exercise
Exercise Activities: Stabilization Training: Supine Position:	
• Bilateral Knee to Chest	Time Elapsed: 3 Minutes, Repetitions: 20, Additional Detail: swiss ball, Charge As: Therapeutic Activities
• Bridging(This visit)	Did Not Perform: This visit
• Chin Tuck/Head Lift(This visit)	Did Not Perform: This visit
• Curl Ups-Straight Plane	Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Technique 1: Hands on Thighs, Charge As: Therapeutic Activities

• Trunk Rotation-Lower Portion	Time Elapsed: 3 Minutes, Repetitions: 20, Range: w tball, Charge As: Therapeutic Activities
Exercise Activities: Flexibility(L. Quarter):	
• Hamstring Muscle	Time Elapsed: 3 Minutes, Repetitions: 2, Technique: Active, Body Position: Long sit, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Piriformis Muscle	Time Elapsed: 3 Minutes, Repetitions: 2, Technique: Active Assistive, Body Position: Supine, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
Exercise Activities: Range of Motion:	
• Rotation in Flexion(This visit)	Did Not Perform: This visit
Exercise Activities: Aerobic Conditioning:	
• Recumbent Bicycle(This visit)	Did Not Perform: This visit
• Upper Body Ergometer	Time Elapsed: 10 Minutes, Direction: forward & backward, Speed (rpm): level 3, Charge As: Therapeutic Activities
Exercise Activities: Tubing/Bands(U. Quarter):	
• Abduction, Shoulder	Time Elapsed: 3 Minutes, Repetitions: 20ea, Tubing/Band Color: Green, Resistance: Concentric/Eccentric, Additional Detail: horiz and bilat ER, standing at 1/2 foam, Charge As: Therapeutic Activities
• D1 Extension.	Time Elapsed: 2 Minutes, Repetitions: 20, Tubing/Band Color: Green, Resistance: Concentric/Eccentric, Additional Detail: bilat, Charge As: Therapeutic Activities
• Pull-Downs	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 35#, Resistance: Concentric/Eccentric, Additional Detail: icarian, Charge As: Therapeutic Activities
• Rows	Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 35#, Resistance: Concentric/Eccentric, Additional Detail: icarian, Charge As: Therapeutic Activities
• Shoulder Shrugs:(This visit)	Did Not Perform: This visit
• Tubing/Bands 1	Time Elapsed: 3 Minutes, Repetitions: 10, Tubing/Band Color: 2, Resistance: Concentric/Eccentric, Description: IY standing at 1/2 foam, Charge As: Therapeutic Activities
• Tubing/Bands 2	Time Elapsed: 2 Minutes, Repetitions: 20, Tubing/Band Color: Green, Resistance: Concentric/Eccentric, Description: scap depression, Charge As: Therapeutic Activities
Exercise Activities: Dynamic Training: C-K-C Activity (U. Quarter):	
• Push-Ups	Time Elapsed: 3 Minutes, Repetitions: 20, Position: Into Wall, Charge As: Therapeutic Activities
Exercise Activities: Tubing/Bands(L. Quarter):	
• Hip Flexion (Tubing)	Time Elapsed: 3 Minutes, Repetitions: 20, Tubing/Band Color: 0, Additional Detail: SLR with ab brace, Charge As: Therapeutic Activities
Manual Interventions: Upper Quarter Soft Tissue:	
• Cervicothoracic PVM	Time Elapsed: 10 Minutes, Tx Depth: Moderate, Side: Bilateral R>L, Technique: S/DTT, Additional Detail: cervical & upper/mid thoracic paraspinals, UT, LS, SO, scalenes/SCM, medial scap mm, Charge As: Manual Therapy Techniques
Manual Interventions: Manual Traction:	
• Manual Traction 1(This visit)	Did Not Perform: This visit
Modalities:	
• Moist Hot Pack	Time Elapsed: 10 Minutes, Location: cervical, Clinical Use: Post Activity, Charge As: No Charge
Pt./Family Education:	
• Patient Education 1(This visit)	Did Not Perform: This visit
Therapy Session Time	
• Therapy Session Start Time	08:00 AM
• Therapy Session Stop Time	09:20 AM
• Total Therapy Session Time	80 Minutes

Documented Procedural Code Summary:

Description	Code	Units	Minutes
• Manual Therapy Techniques	97140	1	10
• Therapeutic Activities	97530	3	40

Patient: Thomas Karabees
Acct #: 013-610290966 Visit Date: Oct 05, 2011

• Therapeutic Procedure	97110	1	20

Assessment

Advanced:
- RTB ex's to GTB, rows/pull downs to 35#

Initiated:
- x-lat stretch for thoraic ROM/flexibility. SLR with brace, curl-ups for incr core strength/stabilization.

Tolerance:
- Pt performed all ex's without c/o pain. Pt reports decr mm tightness post MTT and MHP.

Plan

Daily Plan:
- Continue w/ Current Rehabilitation Program. Advance as tolerated. Re-assess cervical ROM next visit.

10/05/11

Laura D. Pruette, PT, PT(SC Lic: 5511)

Corvel Scan Date: 8/30/2011

TRIDENT PAIN CENTER, PA

KARABEES, THOMAS W

62 Y old Male, DOB: 10/13/1948
377 OXFORD ROAD, LADSON, SC-29456
Home: 843-572-0431
Guarantor: KARABEES, THOMAS W Insurance: STATE ACCIDENT FUND WC
PCP: JOHN W CAMPBELL, MD Referring: WILLIAM E WILSON W, MD

Kristen Giet, PA

08/02/2011

Current Medications
Zanaflex
Simcor
Benicar
Nexium
aspirin

Past Medical History
Multiple Sclerosis

Surgical History
Shoulder surgery
Hernia

Family History
Father: alive
Mother: deceased

Social History
Work Status: Disabled by patient report, Retired.
Smoking: no.

Allergies
N.K.D.A.

Hospitalization/Major Diagnostic Procedure
Denies recent hospitalization

Review of Systems
Genitourinary:
Negative for urinary tract infections, bladder problems, kidney disease, prostate problems.
Constitutional:
Negative for recent fever, recent fatigue, night sweats, recent weight loss. Positive for recent weight gain.
Musculoskeletal:
Negative for arthritis. Positive for muscle pain, joint pain, joint stiffness.
Neurology:
Negative for headaches, dizziness, insomnia. Positive for tingling,

Reason for Appointment
1. Shoulder pain
2. Back Pain

Assessments
1. LUMBAR FACET ARTHROPATHY - 721.3 (Primary)
2. CERVICAL FACET ARTHROPATHY - 721.1
3. THORACIC FACET ARTHROPATHY - 721.2
4. MUSCLE SPASMS - 728.85

Treatment
1. LUMBAR FACET ARTHROPATHY
Continue Physical therapy cervical , thoracic, and lumbar pain, 15 visits, Eval and treat: please include modalities and traction when indicated, Diag: Musculoskeletal pain
Pt has been doing well with physical therapy, will have pt continue therapy at this time.

2. CERVICAL FACET ARTHROPATHY
Referral To:
Reason:Physical therapy x15 visits, cervical and lumbar pain

Follow Up
Keep previous appointment

History of Present Illness
Description of pain::
Location: entire back, left shoulder. Onset of pain: work injury. Date of injury: 10/31/2008. Nature: dull, tingling, shooting. Severity: 4/10 overall. Timing: constant. Helping factors: physical therapy. Aggravating factors: lack of physical therapy.
Anticoagulants::
None: Patient denies anticoagulant use.
Driver::
Present in office: no.
Pain relief from previous injection::
Date: 7/28/2011. Injection: Lumbar facet injection. Pain relief: minimal (<25%) pain relief. Duration of relief: had significant increased pain after injection, patient was on the floor doing his exercises he heard a "pop" and his pain started to let up (popping sound was above injection site, pt reports).

Corvel Scan Date: 8/30/2011

numbness, arm weakness, leg weakness.
Dermatology:
Negative for recent skin rash, recent skin sores, skin cancer.
Gastroenterology:
Negative for GERD, abdominal pain, ulcers, recent blood in stool, recent constipation, recent diarrhea.

Legal/Work Compensation Issues::
Work Status: patient is not working at this time. Legal representation/status: Yes, attorney is Tom White, case is ongoing.

Examination

General examination:
Appearance: Patient is a well-developed well-nourished male in distress appropriate to pain complaint. Patient is well groomed with an appropriate affect for pain complaint. Mental status: Patient is alert, awake and oriented X 3. Short and long term memory intact. Normal language skills and normal fund of knowledge. Cranial N./Reflexes Cranial n. 2-12 intact and symmetrical. Motor Function: Coordination is normal. Muscle strength is grossly intact bilateral upper extremities. Tone is normal. Gait is antalgic.

Physical Examination

Head/Cervical::
Cervical: moderate pain in the bilateral entire cervical paraspinous musculature into the bilateral trapezius muscles to palpation and on ROM with decreased cervical spine ROM R>>L palpable paraspinous myospasms present.
Thoracic/Chest wall::
Thoracic: moderate pain bilateral middle thoracic paraspinous musculature with extension/rotation and to palpation with palpable paraspinal myospasms.
Lumbo/Sacral::
Lumbar: moderate pain in the entire bilateral lumbar paraspinous musculature in a bandlike distribution with tenderness to palpation overlying the facets joints.

Kristen K. Giet, PA-C

Electronically signed by KRISTEN, (PA-C) GIET on 08/19/2011 at 10:02 AM EDT

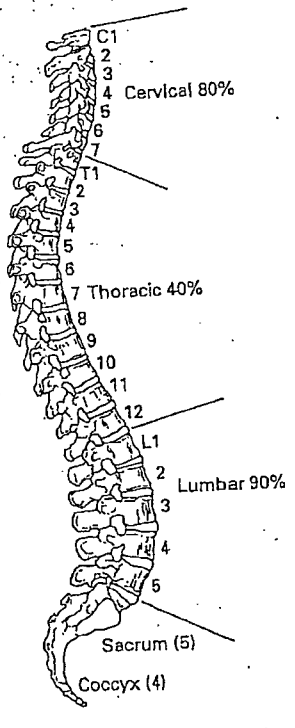
Sign off status: Pending

TRIDENT PAIN CENTER PA
9267 G MEDICAL PLAZA DR
N CHARLESTON, SC 29406

15.13 Criteria for Converting Whole Person Impairment to Regional Spine Impairment

In some instances, the evaluator may be asked to express an impairment rating in terms of the involved spine region rather than the whole person. This is done by dividing the whole person impairment estimate by the percent of spine function that has been assigned to that region. Under the DRE method, a whole person estimate being converted to a regional estimate would be divided by 0.35 for the cervical spine, 0.20 for the thoracic spine, and 0.75 for the lumbar and sacral spines. Under the ROM method, a whole person estimate being converted to a regional estimate should be divided by 0.80 for the cervical spine, 0.40 for the thoracic spine, or 0.90 for the lumbosacral spine (Figure 15-19). For example, a 24-year-old female office worker sustained a cervical injury that, after it was healed and stable, resulted in a whole body impairment, estimated by the DRE method, of 20%. Dividing the 20% by 0.35 results in 57% impairment of the cervical spine. An individual with multiple lumbar compression fractures was rated 25% whole body impairment by the ROM method. To obtain an estimate of lumbar spine impairment, the physician should divide the 25% by 0.9, resulting in a 27.7% rounded up to 28% lumbar spine impairment. Any values that exceed 100% are rounded down to 100% regional impairment.

Figure 15-19 Side View of Spinal Column



The whole spine divided into regions indicating the maximum whole person impairment represented by a total impairment of one region of the spine. Lumbar 90%, thoracic 40%, cervical 80%.

15.14 The Pelvis

Criteria for Rating Impairment Due to Pelvic Injury

The pelvis is composed bilaterally of three bones: the ilium, the ischium, and the pubis, forming a ringlike structure. Each ilium is attached to the sacrum via the sacroiliac synchondrosis. The pelvis, including the symphysis pubis, assists in transfer of body weight to the lower extremities. In females, the pelvic structure and function are also of paramount importance in pregnancy and delivery.

0230

TRIDENT TECHNICAL COLLEGE

WORKERS' COMPENSATION EMPLOYEE'S NOTICE OF ELECTION FORM

I, Thomas Karabees, elect the following method of receiving disability compensation as a result of my work related injury:

X To be placed on paid leave status, using accrued sick and/or annual leave. (When such leave credits are exhausted before the employee can return to work, the employee will be entitled to workers' compensation disability benefits at the time the specified amount of leave is exhausted.)

____ To use workers' compensation benefits awarded in accordance with Title 42 of the 1976 Code. (Under this method, the employee would receive the disability benefits equal to 66.67% of employee's average gross weekly pay for the year immediately preceding the accident date, not to exceed the current maximum rate of $661.29 per week.); or

____ To receive sick and/or annual leave on a prorated basis in combination with workers' compensation according to the formula approved by the Budget and Control Board.

Thomas Karabees
Employee's Signature

17 NOV 08
Date

DO NOT COMPLETE THIS SECTION, FOR PAYROLL PURPOSES ONLY:

Prorated leave percentage to be charged per month: _____

FOR DATES OF RETIREMENT OF JULY 1, 2005, OR AFTER

OFFICE USE ONLY
☒ SCRS
☐ Correlated _____
☐ Disability pending
☐ TERI Participant

Form 6101S
Revised 05/04/2007
Page 1

SCRS SERVICE RETIREMENT APPLICATION
State Budget and Control Board
South Carolina Retirement Systems
P.O. Box 11960, Columbia, SC 29211-1960

The member must be off the payroll from all employment under South Carolina Retirement System, Police Officers Retirement System, or the State Optional Retirement Program as of the effective date of retirement. Applications for retirement may be filed as early as six month prior to, and up to three months after, your service retirement effective date.

Section I (Attach Your Birth Certificate) — **PERSONAL INFORMATION** — TYPE OR PRINT IN BLUE INK

LAST NAME & SUFFIX (Jr., Sr., etc.)	FIRST/MIDDLE NAME	SOCIAL SECURITY NUMBER
Karabees, Jr.	Thomas W	385 52 8253

Address	Date of Birth (proof required)	Sex
379 Oxford Road	10-13-1948	☒ M ☐ F

City	State	ZIP+4	Home Phone	Work Phone
Ladson	SC	29456	843 572-0431	

Section II — **SCRS RETIREMENT PLAN ELECTION AND BENEFICIARY DESIGNATION**

YOUR PAYMENT PLAN MAY NOT BE CHANGED ONCE BENEFITS ARE FIRST PAYABLE, except as noted on the reverse side.
If designating more than three beneficiaries, complete and attach an additional Form 6101S. For all plans, attach a copy of your birth certificate and your current driver's license or special identification card issued by your State Department of Transportation or Public Safety. For any joint retiree-survivor plan, attach your beneficiary's birth certificate.

☐ **Check here if payments are to be paid through a trust and attach a completed Form 1113, Certification of Trust.**

☐ **OPTION A (Maximum-Retiree Only)**
☒ **OPTION B (100% - 100% Joint Retiree-Survivor)**
☐ **OPTION C (100% - 50% Joint Retiree-Survivor)**

1. Name of Beneficiary	Social Security #/Federal ID#	Sex	Date of Birth	Relationship (Check one)
Patricia A. Karabees	299-46-4998	☐ M ☒ F	2-18-1951	☒ Spouse ☐ Son ☐ Daughter ☐ Other
2. Name of Beneficiary	Social Security #	☐ M ☐ F	Date of Birth	☐ Spouse ☐ Son ☐ Daughter ☐ Other
3. Name of Beneficiary	Social Security #	☐ M ☐ F	Date of Birth	☐ Spouse ☐ Son ☐ Daughter ☐ Other

Section III — **RETIREE GROUP LIFE INSURANCE**
☒ CHECK IF SAME BENEFICIARY(IES) AS IN SECTION II

1. Name of Beneficiary	Social Security #/Federal ID#	Sex	Date of Birth	Relationship (Check one)
		☐ M ☐ F		☐ Spouse ☐ Son ☐ Daughter ☐ Other
2. Name of Beneficiary	Social Security #	☐ M ☐ F	Date of Birth	☐ Spouse ☐ Son ☐ Daughter ☐ Other
3. Name of Beneficiary	Social Security #	☐ M ☐ F	Date of Birth	☐ Spouse ☐ Son ☐ Daughter ☐ Other

Section IV — **EMPLOYMENT INFORMATION**

Current/Former Employer(s)	Your Position Title
Trident Technical College	Faculty - Instructor

Last day on payroll will be or was:	Effective Date of Retirement (choose one):	☐ Day following last day on payroll	☒ Specific date:
4-10-09			4-11-09

Do you plan to defer your retirement benefits through the Teacher and Employee Retention Incentive (TERI) program? ☐ Yes ☒ No
If yes, please attach a completed Form 6201 from your employer indicating the dates of your TERI period.

Section V — **SIGNATURE STATEMENT**

Please read the Authorization section of the instructions on the reverse (page 2) before signing this form IN BLUE INK.

I hereby certify I have read and understand the information on the reverse side (page 2), including the authorization, and I agree to the terms stated.

My signature indicates that I understand that it is my responsibility to contact my employer or health insurance provider regarding my eligibility for retiree health insurance, if applicable.

MEMBER'S SIGNATURE _____ DATE 2 APRIL 2009
(Certified copy of legal authorization required with signature other than applicant's)

WITNESS _____ DATE _____
(Required only when signed by mark)

THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS AND DOES NOT CREATE A CONTRACT BETWEEN THE MEMBER AND THE SOUTH CAROLINA RETIREMENT SYSTEMS. THE SOUTH CAROLINA RETIREMENT SYSTEMS RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT.

Please call SC Retirement Systems Customer Service with any questions: (800) 868-9002 (in state) or (803) 737-6500

Form 7202
Revised 09/20/2005
Page 1

PENSION WITHHOLDING CERTIFICATE / AUTOMATIC DEPOSIT AUTHORIZATION

State Budget and Control Board
South Carolina Retirement Systems
Box 11960, Columbia, SC 29211-1960

Print or type in black ink

☐ Check box if new address

Payee Last Name & Suffix	First/Middle Name	Social Security Number	Phone Number
Karabees, Jr	Thomas W	385-52-8253	572-0431

Mailing Address	City	State	ZIP+4
377 Oxford Road	Ladson	SC	29456

Check appropriate system:

☒ South Carolina Retirement System ☐ General Assembly Retirement System ☐ Police Insurance and Annuity Fund
☐ Police Officers Retirement System ☐ Retirement System for Judges/Solicitors ☐ Accidental Death Program (police only)
☐ National Guard Retirement System

Indicate whether you are receiving checks as a retiree of one of the above systems or as a beneficiary from the account of a former member or retiree. (Note: Complete a separate form for each system and/or account if receiving multiple checks.)

☐ As a retiree ☐ As beneficiary of a former member or retiree SSN of former member or retiree

PENSION WITHHOLDING

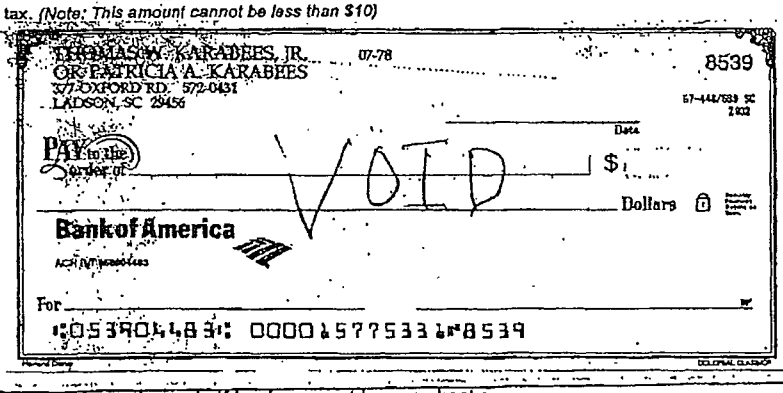
FEDERAL INCOME TAX

☐ Do not withhold federal income tax from my monthly benefits.
☒ Withhold federal income tax from my monthly benefits based on the tax table and exemptions claimed below.
☐ I want to have $_____(please round to the nearest dollar) per month withheld for federal income tax, if that amount is greater than the withholding based on tax tables and the exemptions claimed below. Otherwise, withhold in accordance with the tax tables. *(Note: You must complete the marital status and exemption sections below.)*

MARITAL STATUS ☐ Single or Widowed ☒ Married EXEMPTIONS 0 Enter Number of Exemptions Claimed

SOUTH CAROLINA INCOME TAX Note: SC National Guard retirement income is exempt from SC withholding.

☐ Do not withhold South Carolina state income tax from my monthly benefits.
☒ Withhold South Carolina state income tax from my monthly benefits based on the tax table and (enter #) 0 exemptions.
☐ I want to have $_____ (please round to nearest dollar) per month withheld for South Carolina state income tax. *(Note: This amount cannot be less than $10)*



Type of account (check one)
☒ Checking
☐ Savings

Complete information only if bank account has no checks.
Financial Institution's Name Transit/Routing Number Account Number

(Note: This form must be signed and dated. See notes on reverse side/page 2)

Thomas W Karabees — 2 APRIL 2009

PAYEE'S SIGNATURE (or property authorized attorney-in-fact under a Power of Attorney on file with SC Retirement Systems) DATE

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Please call SC Retirement Systems Customer Service with any questions (800) 868-9002 (in state) or (803) 737-6800

Form 6201
Revised 12/03/2008
Page 1 of 2

EMPLOYER CERTIFICATION OF LAST DAY PAID

State Budget and Control Board - South Carolina Retirement Systems
Customer Service Annuity Claims
PO Box 11960, Columbia SC 29211-1960

Please attach to retirement application or fax to - Customer Service Annuity Claims (803) 737-7752. The purpose of this information is to determine an effective date of retirement for estimated payroll purposes.

Retiring Member's Name: Thomas W. Karabees, Jr SSN: 385528253

Planned Retirement Date: 4-11-09 ☑ SCRS ☐ PORS ☐ GARS ☐ JSRS

Section I FOR RETIREMENT PURPOSES, PLEASE INDICATE APPROPRIATE TERMINATION DATE BELOW

Indicate last day from which active member retirement contributions, prior to retirement, will be withheld from earned compensation: 4-10-09

If the date of termination will be later than date above, due to an unpaid leave of absence, etc., please indicate actual termination date here: _____

Note: For members retiring and continuing to work as currently authorized by statute (i.e., TERI participants [§9-1-2210]; SCRS [§9-1-1510], JSRS [§9-8-60(7)] GARS [§9-9-60(3)], etc.) **please use the last day employed, prior to retirement, as an active, contributing member.**

Employer Name: Trident Technical College Employer Code: 311.08

Completed by: Candy W Marlowe Job Title: BA

Phone Number: 843-574-6286 Fax Number: 843 574-6682

Email Address: Candy.Marlowe@tridenttech.edu

Authorized Employer Signature: Candy W Marlowe Date: 4/2/09

Section II FOR TEACHER AND EMPLOYEE RETENTION INCENTIVE PROGRAM PARTICIPANTS ONLY

This is to certify that in conjunction with the above-named member's SCRS service retirement, the employer acknowledges the member's participation in the Teacher and Employee Retention Incentive (TERI) program on the TERI start date below and the termination of his or her participation on the TERI end date below:

*TERI Start Date: _____ (DATE OF RETIREMENT) TERI End Date: _____ Number of Months: _____ (MAXIMUM OF 60 MONTHS)

*** For TERI participation, this termination date should be no more than one day prior to TERI start date (effective date of retirement) so as to certify that the member was actively employed upon TERI participation. For all retirees, complete Section I. For TERI retirees, complete Sections I and II.**

RETIREE HEALTH INSURANCE

Please discuss retiree health insurance with your employee who is anticipating retiring or participating in TERI. Although one may be eligible to retire it does not automatically make one eligible for retiree health insurance. Therefore, the consideration of a termination date as it relates to retiree health insurance coverage maybe of vital importance, prior to retirement.

Please submit a corrected copy as soon as possible should any information change. The TERI participant or employer should notify the Retirement Systems' Payroll Department, either by telephone or in writing, three months prior to the TERI participant's TERI ending date.

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Please call SC Retirement Systems Customer Service with any questions: (800) 868-9002 (in state) or (803) 737-6800

First Name | Middle Initial | Last Name | Date of Birth (Month/Day/Year) | Social Security Number

$ 70 000 — Optional Life Total Coverage
$ 70 000 — I Elect to Port: ($10,000 Increments)
(843) 522-0431 — Phone Number

377 Oxford Rd — Address
Ladson — City
SC — State
29456 — Zip Code

4-10-09 — Last Day Worked
5-1-09 — Active Group Coverage Termination Effective Date

If you left employement due to being disabled attach a copy of the Waiver of Premium Form.

Billing Option: (Please circle your preference: A $5 administrative fee per billing period is applicable)

Annual Semi-annual (Quarterly)

Patricia A. Karabees — Your Beneficiary: (First Name, Middle Initial, Last Name)
Wife — Relationship to you

I UNDERSTAND THAT THE INSURANCE FOR WHICH I HAVE APPLIED FOR WILL NOT BECOME EFFECTIVE UNLESS I HAVE FULLY COMPLETED THIS FORM. THIS FORM MUST BE COMPLETE IN ITS ENTIRETY OR IT WILL BE RETURNED TO YOU.

Signature: [signature] Date: 2 APRIL 2009

I HAVE ALREADY RECEIVED A PORTION OF MY COVERAGE UNDER THE LIVING BENEFITS OPTION AND UNDERSTAND MY CONTINUATION COVERAGE WILL EQUAL THE REMAINING COVERAGE IN EFFECT

Signature (if applicable): _____ **Date:** _____

Signature of verification by benefits administrator: [signature] **Date:** 4/2/09

This application form is necessary for continuation of the Optional Life coverage under portability. To be eligible for continuation under portability, the employee must be leaving covered employment due to disability retirement or service retirement and must be eligible for retirement at the time the active group Optional Life coverage ends. Under portability provisions, the retiring employee may continue his Optional Life coverage in $10,000 increments up to his active coverage level unless he has already received a portion of his coverage under the Living Benefits Option. Portability premiums are the same as the active employee Optional Life Premiums determined by age and increased in five-year increments until age 75. Coverage will be reduced at age 70 and continued until age 75. A $5 administrative fee will be charged with each billing cycle (annually, semi-annually, or quarterly: refer to billing option above). If the employee elects to continue the Optional Life coverage under portability, he is eligible to continue the coverage until age 75 and to convert his coverage to an individual life insurance at age 75.

This form and/or conversion request form should be completed and filed within 31 days of the coverage termination date.

In lieu of portability, the retiring employee may elect conversion to an Individual Life insurance policy. Conversion is available to employees who lose Optional Life Coverage and dependants who lose Dependent Life Coverage. It is issued without evidence of insurability. Applications for conversion must be filed within 31 days of the coverage termination date. Any amount of coverage (in thousand dollar increments) may be converted up to the benefit amount of the coverage terminated. Conversion brochures and information are available at the employer's benefits office.

Please send completed form to: Hartford Life Insurance Company
Attention: SRL&H Department
PO Box 2999
Hartford, CT 06104-2999

Rev 01/08

Do not send premium now as you will be billed.

SOUTH CAROLINA STATE BUDGET AND CONTROL BOARD
EMPLOYEE INSURANCE PROGRAM (EIP)
RETIREE NOTICE OF ELECTION

R
SEE INSTRUCTIONS IF COMPLETING BY HAND USE BLACK INK

ELIG.

Select ONE or BOTH if Applicable
- [X] Regular Retiree
- [ ] Disability Retiree
- [ ] Police Retiree

Indicate Record of Service (Attach Employment Record)
30 Yrs. 1 Mos. 25 Days

Select ONE (If Applicable)
- [ ] 5-10 Year Retiree
- [ ] Age 55/25 Years Retiree Ending Date _____
- [ ] TERI Retiree Ending Date _____

Verification of eligibility (required of retirees from entities other than state agencies and school districts)
Benefits Administrator Signature _____ Employer ID _____

ACTION

Select ONE of the Following:
- [X] New Subscriber - Date of Retirement 4-11-09 [ ] Termination
- [ ] Previously enrolled as a Retiree - returning to Retiree status
- [ ] Address Change [ ] Change (Specify) _____
- SSN Change - Incorrect # _____ Date of Occurrence _____ (Attach Copy of Social Security Card)

EIP USE ONLY
Employer ID _____
Transfer from [ ] SSN _____
Effective Date _____
Group ID # _____

ENROLLEE INFO

1. Social Security Number	2. Last Name	3. Suffix	4. First Name	5. M.I.
385-52-8253	Karabees	Jr.	Thomas	W

6. Date of Birth MM/DD/YYYY	7. Sex	8. Marital Status	9. Home Phone #	10. E-mail Address
10-13-48	[X] M [ ] F	[ ] Single [ ] Divorced [ ] Legally Separated [X] Married [ ] Widowed	( )	

11. Mailing Address	12. Apt.	13. City	14. State	15. Zip Code	16. County Code
377 Oxford Road		Ladson	SC	29456	Select 08

COVERAGE

It is your responsibility to select the appropriate insurance coverage. See the benefits options before making your selection. Select one health plan and dental plan(s). To refuse coverage, mark "REFUSE."

17. HEALTH PLAN (Refuse or select one plan and one category)
PLAN [ ] Refuse [ ] HMO _____ (Name of HMO)
[ ] Savings (Non-Medicare Retiree) [X] Standard [ ] Medicare Supplement
CATEGORY (Select One)
[X] Enrollee [ ] Enrollee/Child(ren) [ ] Enrollee/Spouse [ ] Family

18. STATE DENTAL PLAN
[X] Enrollee
[ ] Enrollee/Spouse
[ ] Enrollee/Child(ren)
[ ] Family [ ] Refuse

19. DENTAL PLUS [ ] Yes [X] Refuse
(You must be enrolled in the State Dental Plan to elect Dental Plus. If no election is indicated for Dental Plus, you will not be enrolled for this coverage)

MEDICARE AND OTHER COVERAGE

List below, yourself and any other persons to be covered who are eligible for Part A and/or Part B of Medicare. Please include copy of Medicare card.

20. NAME	MEDICARE #	ELIGIBLE DUE TO	EFFECTIVE DATE PART A MM/DD/YYYY	EFFECTIVE DATE PART B MM/DD/YYYY
		[ ] Age [ ] Disability [ ] Renal Disease		
		[ ] Age [ ] Disability [ ] Renal Disease		

Do you or any of your dependents have other group health coverage? [ ] YES [ ] NO Does this coverage include pharmacy benefits? [ ] YES [ ] NO
If you and/or your dependents have had other coverage with another carrier within 62 days of this request, please attach a copy of your certificate of health coverage. This will ensure proper credit for any pre-existing conditions, if applicable.

21. DEPENDENT NAME	INSURANCE COMPANY	POLICY HOLDER DATE OF BIRTH	EFFECTIVE DATE OF POLICY	TERMINATION DATE

DEPENDENTS

22. List spouse and all children to be covered under health and/or dental. If they are not listed, they will not be covered. In order for children age 19 through 24 to be considered eligible for coverage, documentation must be provided to verify the dependent is a full-time student or incapacitated.

Is your spouse a state employee or retiree? [ ] YES [ ] NO

Add (A) or Delete (D)	Dependent SSN#	Last Name	First Name	SEX M/F	Relation	Date of Birth MM/DD/YYYY	Indicate Status
	Spouse						Spouse employed by state-covered entity? [ ] Yes [ ] No
	Child						[ ] Full-time student [ ] Incapacitated
	Child						[ ] Full-time student [ ] Incapacitated
	Child						[ ] Full-time student [ ] Incapacitated

CERTIFICATION & AUTHORIZATION

23. CERTIFICATION: I have read this NOE and made authorizations herein and selected the coverages noted. I have provided Social Security numbers and documentation establishing my dependent(s)' eligibility for the plan(s) selected. I understand that unless otherwise provided in the Plan, I may cancel coverage for me or my dependent(s) only during an open enrollment period (every two years). Should I refuse any coverage or fail to enroll all eligible dependents when first eligible, I and/or all eligible dependents may only enroll during an open enrollment period (every two years) unless otherwise provided by the Plan. I understand and agree that all selected plans will not be effective unless and until the NOE is approved. I understand that the State reserves the right to alter benefits or premiums at any time to preserve the financial stability of the Plan.
AUTHORIZATION: I understand that it is my sole responsibility to pay all required premiums for all plans selected. Failure to pay the required premiums by the due dates will result in cancellation of coverage. I authorize any healthcare provider, prescription drug dispenser and claims administrator to release any information necessary to evaluate, administer and process claims for any benefits.
DISCLAIMER: THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE AGENCY. THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS. THE AGENCY RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT IN WHOLE OR IN PART. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT.

Enrollee Signature _____ Date 2 APRIL 2009

EIP REV. 3/08 ORIGINAL TO EIP COPY TO RETIREE

TRIDENT TECHNICAL COLLEGE

To: Thomas Karabees

From: John Snowden, Vice President of Continuing Education and Economic Development

Lloyd Kling, Director of Manufacturing, Industrial & Construction Trades

Re: Reprimand and Notice of Suspension

Date: November 19, 2008

This memorandum serves as an official reprimand and notice of suspension for five days for your extremely poor judgment and unprofessional behavior. This reprimand specifically relates to an incident involving you and a line break training class incident that occurred on October 31, 2008, at DAK Americas. As a result of your behavior, DAK has requested that you be removed from your assignment there. This is a very serious matter and one which has required that the division make other personnel changes to adjust for your removal from this assignment. Additionally, Dr. Thornley has expressed her concern about the negative impact your actions have caused on TTC's relationship with a significant TTC business partner. Your suspension is in accordance with State Board for Technical and Comprehensive Education procedure 8-5-100.1.

According to the attendees of the October 31st line break training class, when you arrived at the class you seemed aggravated and told the attendees they were not supposed to be there. You said that one person was scheduled for training, but five additional people were in attendance. The attendees allege that you then started mumbling about how DAK Americas management was incompetent. Then, they said you took the laptop and projector out of their cases and placed them on the table and slammed the carrying cases against the wall. One of the supervisors joked with you about having a bad day and he said that you responded by cursing while informing him that you just fell down the stairs.

On November 11, 2008, John Snowden and DeVetta Hughes, HR Director met with you. During the meeting, you agreed that you probably said that you fell down the g-d stairs. You also agreed that you threw the cases, and advised that you always do that because there is nowhere to put them. You said that you do not recall saying that DAK Americas management was incompetent. Overall, you agreed that your behavior was not professional.

Tom, your lack of judgment and unprofessional behavior on October 31, 2008 is totally unacceptable. As a result of your poor judgment and unprofessional behavior, you will be suspended from your regular work duties for the following five (5) days: Thursday, November 20, 2008-Wednesday, November 26, 2008. As a result of this suspension, the payroll clerk will deduct $1,352.75 from your paycheck on November 25, 2008. Developing good resources for another adjunct to be successful at DAK and supporting the Division training needs will be important requirements when you return.

Tom, please review Section III of the FPMS Form, performance characteristics, specifically the Judgment and Adaptability sections carefully. You must adhere to these requirements to continue to work at TTC.

We understand that you have attended a counseling session, as a result of the referral to the Employee Assistance Program from Lloyd on November 5, 2008. As you know EAP counseling is not mandatory, but we are strongly encouraging you to continue this counseling to assist you in anger management and any other underlying conditions which may be causing you significant stress.

Tom, we hope you recognize the seriousness of this reprimand and suspension. Further incidences of such poor judgment and unprofessional behavior will result in additional disciplinary action, up to and including termination. You must carefully follow all college policies and procedures if you want to continue to work at Trident Technical College. We are ready to assist you in any way possible.

I have received a copy of this memo:

Thomas W Kinsley
Signature

Date 19 NOV 2008

cc: Personnel file
DeVetta W. Hughes, Human Resources Director

Attachments: SBTCE Procedure 8-5-100.1
TTC Policy 8-11-0
TTC Procedure 8-11-1

STATE BOARD FOR TECHNICAL AND COMPREHENSIVE EDUCATION

PROCEDURE

PROCEDURE NUMBER: 8-5-100.1

PAGE: 1 of 6

TITLE: DISCIPLINARY ACTION

POLICY REFERENCE NUMBER: 8-5-100

DIVISION OF RESPONSIBILITY: HUMAN RESOURCE SERVICES

DATE OF LAST REVISION: May 15, 2008

Chief Human Resource Administrator

Executive Director/System President

DISCLAIMER

PURSUANT TO SECTION 41-1-110 OF THE CODE OF LAWS OF SC, AS AMENDED, THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE SC STATE BOARD FOR TECHNICAL AND COMPREHENSIVE EDUCATION / THE SC TECHNICAL COLLEGE SYSTEM.

1. GENERAL INFORMATION

Disciplinary misconduct will be handled by one or more of the following actions, but not necessarily in this progressive order:

1. Informal Counseling*
2. Oral Warning*
3. Written Warning**
4. Reassignment
5. Demotion
6. Disciplinary Suspension
7. Investigatory Suspension
8. Termination

* None of the first three disciplinary actions noted with an asterisks may be formally grieved or appealed through the State Employee Grievance Procedure Act.

The appropriate discipline shall be determined after the particular circumstances of the case have been carefully considered.

It is the responsibility of the Human Resource Officer to ensure consistent application of disciplinary measures for the same or similar offenses; however, the Human Resource Officer must consult with the supervisor before disciplinary actions are taken.

Whenever possible, management should make reasonable efforts (e.g. training) to prevent disciplinary misconduct. However, if disciplinary measures are imposed, it is essential that:

a. Each problem be investigated so that the facts of the situation are known.
b. Any action taken should be corrective and be appropriate to the offense.

2. CASE BY CASE DETERMINATIONS

Management, in conjunction with the Human Resource Officer, must decide the appropriate discipline based on the circumstances in each case. No two cases are identical; therefore it may not be possible to impose a particular discipline for a specific offense.

At the occurrence of any offense, the appropriate discipline shall be determined after the particular circumstances have been carefully considered.

Multiple offenses, which when considered individually, may only require lesser disciplinary action; when combined, might require more severe disciplinary action.

The below indicated range of offenses is to be used as a guide and is not intended to be all-inclusive.

OFFENSE
Unauthorized Leave
Habitual Tardiness or Failure to Observe Assigned Work Hours
Abuse of Leave
Excessive Absenteeism
Leaving Work Station Without Authorization
Reporting to Work Under the Influence of Alcohol
Drinking Alcoholic Beverages on the Job
Reporting to Work Under the Influence of Drugs
Possessing or Using Illegal Drugs on the Job

Insubordination
Falsification of Records or Documents
Stealing
Negligence
Willful Violation of Written Rules, Regulations or Written Policies
Unauthorized Use of State Equipment or Property
Destruction or Misuse of State Property or Equipment
Unauthorized Solicitation or Sales on State Premises
Unauthorized Possession of Firearms on the Job
Unauthorized Distribution of Written or Printed Material of Any Kind
Sleeping While on Duty
Horseplay
Malicious Use of Profane/Abusive Language to Others
Loafing
Interference With Other Employee's Work
Working on Personal Jobs During Work Hours
Excessive Use of Telephone for Personal Matters
Defacing State Property
Sexual Harassment
Conviction of Up to a Felony
Conviction of a Misdemeanor which Adversely Reflects on an Individual's Suitability for Continued Employment
Discourteous Treatment of Visitors and/or Customers
Failure to Maintain Satisfactory or Harmonious Working Relationships with Employees or Supervisors
Improper Conduct or Conduct Unbecoming a State Employee
Willful False Statements to a Supervisor
Workplace Violence

3. ORAL WARNING AND INFORMAL COUNSELING

Generally, discipline is progressive and can start with informal counseling or with an oral warning. If it appears that an employee has failed to conduct himself/herself in accordance with SBTCE policies and procedures or state law, the supervisor should first talk to the employee about the matter and then, if necessary, informally inquire into the situation further. When the facts indicate the employee may have been at fault, the supervisor should discuss the matter with him/her privately. The supervisor's first objective should be to find out whether the employee understands the rules involved or

the standard expected. If not, the supervisor should fully explain what is expected and should be open to consideration of whether special circumstances may have been involved.

The employee should be cautioned that further offenses could result in serious disciplinary action up to and including termination. Informal counseling and oral warnings should be briefly documented for the employee or supervisor's file at the discretion of the supervisor or higher level manager.

4. WRITTEN WARNING

If a conduct problem continues after the oral warning or informal counseling, a written warning should follow. However, a written warning can be the first step depending upon the seriousness of the offense. The issuance of a written warning is a serious step. It creates a negative record to be considered in connection with performance review, promotion, and similar actions. However, a written warning may be the best way to motivate the employee to the desired improvement.

The written warning should be written by management in consultation with the Human Resource Officer, prior to being issued to the employee. It should be sufficiently detailed to let the employee know the reasons for the disciplinary action. It should also advise the employee that the future occurrence(s) may result in further disciplinary action up to and including termination.

A copy of the written warning should be sent to the Human Resource Officer for the employee file. It should bear the employee's comments, if any, and signature indicating receipt. The employee should be advised that signing only indicates receipt of a copy, and not necessarily agreement with the contents of the warning. If the employee refuses to sign, the refusal should be witnessed by another manager.

5. DISCIPLINARY REASSIGNMENT

Depending on the severity of and the circumstances related to the offense, disciplinary action may result in a reassignment to a more suitable job within the department or institution. Reassignment from one job to another must be coordinated with the Human Resource Office to ensure that no inequities in classification will exist due to the reassignment. Management should make reasonable efforts to ensure that any reassignments exceeding thirty (30) miles from the employee's previous worksite are necessary, and have been given appropriate consideration, since involuntary reassignments could be grievable. (See Procedure 8-6-100.1)

6. DISCIPLINARY DEMOTION

If, during the investigation of the misconduct or the initial disciplinary action, it is determined that the employee could possibly function satisfactorily in a position in a state classification, in a lower pay band than what the employee currently occupies, then demotion should be considered. This action should also be coordinated with the Human Resource Officer, prior to notifying the employee of the disciplinary action.

7. DISCIPLINARY SUSPENSION WITHOUT PAY[1]

Disciplinary suspension without pay is a very serious form of corrective action. It should only be employed when management or supervision believes that by its use the employee will correct this misconduct. The disciplinary suspension without pay should be for a specified period of time but only of a duration sufficient to correct misconduct. The employee will be given a written statement of the reasons for disciplinary suspension. Disciplinary suspensions should be acknowledged in writing as received by the employee and witnessed by an equal or higher level manager if the employee refuses to sign. Exempt employees may not receive suspension without pay for less than one full day.

8. INVESTIGATORY SUSPENSIONS WITHOUT PAY

In cases that have many issues or considerations or where the facts are not clearly evident, an investigatory suspension may be used by placing the employee on a leave of absence without pay. Investigatory suspension means the interruption of active employment status (without compensation) pending investigation and a decision as to the extent of disciplinary action. Time off during an investigatory suspension may be considered part of the disciplinary suspension period if the investigation finally determines that disciplinary suspension is appropriate. If the investigation finally determines that appropriate disciplinary action is less than the length of the investigatory suspension without pay, then the employee will receive back pay for the difference. The investigatory suspension should last only long enough to permit time for adequate investigation and the formulation of a decision after the investigation.

9. DISCIPLINARY TERMINATION OF EMPLOYMENT

[1] Disciplinary suspensions are always without pay.

Termination should only be used as a last resort.

Termination without prior disciplinary action may only be justified for very serious offenses (e.g. workplace violence, threats, etc.) determined by System Office/College management.

10. RELATED POLICIES, PROCEDURES, OR REGULATIONS

Before taking disciplinary actions involving alcohol, drugs, harassment of any type, management should ensure compliance with the following sources respectively:

SC Code - Section 8-11-110 (Alcoholism); agency policy 8-7-105 (Employee Alcohol/Drug Use), procedure 8-5-101.1 (Anti-Harassment), and 8-5-102 (Workplace Violence).

Also, all competency and job performance related issues should be addressed through the following agency procedures:

Agency Procedure 8-4-100.1 and 100.2 (EPMS) and 8-4-101.1 (FPMS)

11. VOLUNTARY RESIGNATIONS

Employees who voluntarily fail to report to work for three consecutive workdays and fail to contact the System Office or College during this time period will be considered to have voluntarily resigned.

12. FAIRNESS AND CONSISTENCY

Fairness and consistency require that certain general principles of administering discipline be followed by all management; therefore, the Human Resource Officer should coordinate any disciplinary action with management and employee. Disciplinary actions beyond the written warning must have the approval of the appropriate institutional officer or System Office executive officer.

8-11-0 Grievance and Appeal

TITLE	NUMBER	APPROVED DATE
GRIEVANCE AND APPEAL	8-11-0	10 - 22 - 04

LEGAL AUTHORITY

SBTCE POLICY 8-6-100 GRIEVANCE APPEAL PROCEDURE

In accordance with South Carolina Code of Laws, Sections 8-17-310 et seq., the State Board for Technical and Comprehensive Education and Trident Technical College recognize the right of permanent covered employees to present complaints and grievances and to seek relief thereof without fear of restraint, interference, coercion, discrimination or retaliation.

The grievance procedure is informal in nature and does not become an adversary procedure until it reaches the State Employee Grievance Committee.

Classified employees and non-teaching faculty attain permanent status after satisfactorily completing an initial twelve (12) month probationary period. Teaching faculty personnel attain permanent status after satisfactorily completing an initial probationary period of two (2) full academic years.

Employees who are hired in temporary positions, either full-time or part-time, and those hired in permanent positions but who have not yet attained permanent status may seek redress of grievances arising only from acts of alleged discrimination because of race, color, creed, religion, gender, national origin, age or disability.

Trident Technical College also provides permanent covered employees an opportunity to be heard concerning non-grievable complaints in a prompt, fair and judicious manner when the employee believes that he or she has been subjected to unfair, inequitable or derogatory treatment. Employees who believe they have been subjected to such treatment should follow the same timeline and procedure as if the matter was grievable and in accordance with Trident Technical College Procedure 8-11-1

Employees, or supervisors, or both may consult with the Employee Relations Manager on maters relating to grievances, non-grievable complaints or other concerns.

This page was last updated January 24, 2005.

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8-11-1 Grievance and Appeal

TITLE	NUMBER	APPROVED DATE
GRIEVANCE AND APPEAL	8-11-1	9-01-99

BASED ON POLICY NUMBER AND TITLE

8-11-0 GRIEVANCE AND APPEAL

THE LANGUAGE USED IN THIS PROCEDURE DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND TRIDENT TECHNICAL COLLEGE. TRIDENT TECHNICAL COLLEGE RESERVES THE RIGHT TO REVISE THE CONTENTS OF THIS PROCEDURE, IN WHOLE OR IN PART.

I. INTRODUCTION

The State Employee Grievance Procedure Act (hereinafter referred to as the "Act") provides that Trident Technical College shall establish a written employee grievance procedure for covered employees, which shall be approved by the State Human Resources Director. A copy of the approved grievance procedure must be made available to covered employees. A covered employee means a permanent employee occupying a part or all of an established full-time position, who has completed the probationary period with a "meets" or higher overall rating on the employee's performance evaluation and who has grievance rights. Employees choosing to file a grievance or appeal must not be disciplined or otherwise prejudiced for exercising rights or testifying under the provisions of this policy.

II. DETERMINATION OF GRIEVABLE ISSUES

A. **As used in this Act, the following actions are grievable:**

- Terminations
- Suspensions
- Involuntary reassignments in excess of thirty (30) miles from the prior workstation except in situations where there is no closer campus available
- Demotions
- Salary decreases, based on performance as indicated on EPMS or FPMS evaluations, are adverse employment actions and may be considered grievable.

B. **As used in this Act, the following are not grievable:**

- Lateral reclassifications
- Reassignments
- Transfers

C. **As used in the Act, the following actions may be considered grievable in limited circumstances:**

- Reclassifications are not grievable unless the State Human Resources Director determines that there is a material issue of fact as to whether the action is a punitive reclassification.
- Promotions are not grievable unless the President of Trident Technical College, or in the case of appeals, the State Human Resources Director, determines that there is a material issue of fact as to whether or not TTC has considered a qualified covered employee for a position for which the employee formally applied, or would have applied if the employee had known of the promotional opportunity. Further, when an

employee is promoted only one organizational level above the employee's former level, that action is not grievable for any other qualified employee. Failure to be selected for a promotion is not considered an adverse employment action, and therefore is not grievable.

- Reductions in force are not grievable adverse employment actions unless the State Human Resources Director determines that there is a material issue of fact as to whether TTC inconsistently or improperly applied its reduction in force policy or plan.

D. **Waiver of Time Limits**

The time periods for each step in the Grievances and Appeals Procedure may be waived upon the written agreement of both parties. The forty-five (45) calendar day period for action may also be waived by written agreement of both parties.

III. PROCEDURE FOR FILING A GRIEVANCE

A. Step One

The employee must initiate the grievance in writing with the college's Employee Relations Manager within fourteen (14) calendar days of the effective date of the original action, which the employee is grieving.

Prior to filing a grievance, the employee may first attempt to resolve a dispute or problem informally with his immediate supervisor. This informal presentation may be made verbally or in writing. However, this is merely an informal attempt to resolve the matter and cannot be substituted for the requirements of the grievance procedure, including the fourteen (14) day deadline for originally filing a grievance in writing.

If the matter was not resolved informally with the employee's immediate supervisor, the employee must notify the college's Employee Relations Manager in writing of the fact and to initiate a formal grievance within 14 calendar days of the event or issue being grieved.

The college's Employee Relations Manager, or other official as designated by the President, shall initially review the grievance to determine whether the complaint involves a grievance as defined by the State Employee Grievance Procedure Act and as outlined above. The Employee Relations Manager, or other designated official, may conduct appropriate investigations and fact-findings, as she/he may consider necessary to make this determination. The President will make a determination, upon the recommendation of the Employee Relations Manager, as to whether the matter is grievable. If the President has determined that the matter is not grievable, the employee shall be so advised in writing by the Employee Relations Manager, normally within five (5) calendar days of receipt of the grievance. The President's determination shall be a final decision within the college. However, this determination may be appealed to the Executive Director of the State Board for Technical and Comprehensive Education.

Any initial determination by the Employee Relations Manager or other designated official that the matter may be grieved shall only entitle the employee to have the matter considered in accordance with this grievance procedure and shall in no way be construed to be an adjudication of the merits of the grievance.

If it is determined that the matter is grievable, the Employee Relations Manager, or other designated official, will contact the employee and other appropriate college employee(s), normally within five (5) calendar days of receipt of the grievance, to inform them the issue can be heard under this grievance procedure. The Employee Relations Manager will ask whether or not the parties desire to participate in voluntary mediation. Both parties must provide a written response to the Employee Relations Manager within four (4) calendar days of this notification. Failure by either party to respond within four (4) calendar days of notification is deemed a refusal to participate in the voluntary mediation.

B. Step Two - With Mediation

When the employee and the other appropriate college employee(s) agree in writing to participate in

voluntary mediation, the Employee Relations Manager or other designated official will schedule a mediation conference to occur within five (5) calendar days of receipt of the notification and make the necessary arrangements for the selection of a mediator. The mediator will serve as an impartial third party that will encourage and facilitate a resolution to the dispute without advising what the result should be. The mediation conference(s) will be confidential. Each party may bring a total of three other persons, which may include legal counsel. The person filing the grievance is responsible for the cost of his legal counsel. Other persons may attend with the permission of the mediator and the parties.

The mediator may not be compelled by subpoena or otherwise to divulge any records or discussions or to testify in regard to the mediation conference in any adversary proceeding or judicial forum. If the parties agree to settle the matter, the mediator will assist in drafting a mediation agreement, which both parties must sign. The mediator may share terms of the settlement agreement with the college's Employee Relations Manager and other designated officials who need to finalize and assist in implementing the agreement. If the matter is not settled within eight (8) calendar days of the initial mediation conference, the mediator will inform the Employee Relations Manager or other designated official that settlement has not occurred.

The Employee Relations Manager or other designated official will then schedule a conference to hear the grievance. The conference will occur between the employee's Vice President, Associate Vice President or other supervisor as designated by the President and the employee within five (5) calendar days. At the conference the employee will have an opportunity to present his position regarding the grievance. The Vice President, Associate Vice President or other designated supervisor may conduct appropriate investigations and fact-findings to determine whether to accept, reject, or modify the action, which has been grieved. The Vice President, Associate Vice President or other designated supervisor will advise the employee of his decision in writing within five (5) calendar days of the conference.

C. Step Two - Without Mediation

If the matter is grievable and the employee or the college submits a written decision not to participate or fails to timely respond concerning voluntary mediation, the Employee Relations Manager or other designated official will promptly schedule a conference to occur between the Vice President, or the Associate Vice President, or other supervisor as designated by the President, and the employee, normally within five (5) calendar days. At the conference the employee will have an opportunity to present his position regarding the grievance. The Vice President or the Associate Vice President may conduct appropriate investigations and fact-findings to determine whether to accept, reject, or modify the action, which is being grieved. The Vice President or Associate Vice President will advise the employee of his decision in writing within five (5) calendar days of the conference.

D. Step Three

To continue the grievance, the employee must notify the college President or a designee in writing within five (5) calendar days after receiving the Step Two decision. The President or a designee must promptly schedule and conduct a conference with the employee, normally within five (5) calendar days. The employee will be provided an opportunity at this time to present his position regarding the grievance. The President or a designee may conduct appropriate investigations and fact-findings to determine whether to accept, reject, or modify the Vice President's or Associate Vice President's decision. The President or a designee must advise the employee of the decision in writing within five (5) calendar days of the conference. This decision will be final within the college.

E. Step Four

If the decision reached by the President is not satisfactory to the grieving employee, the matter may be appealed by the employee to the Executive Director of the State Board for Technical and Comprehensive Education. The employee must submit his appeal in writing within five (5) calendar days of receipt of the President's decision. The appealing employee shall provide a written summary of the specific facts of his complaint, copies of which shall be provided to all other parties concerned.

The Executive Director may personally handle Step Three of the grievance, or at his discretion, may appoint an ad hoc committee. The Executive Director or the committee shall conduct whatever

inquiries, investigations, and/or fact-finding sessions as necessary. Within fifteen (15) calendar days of receipt of the grievance, the Executive Director will render a decision, in writing, to all parties concerned.

The decision of the Executive Director shall be final unless appealed by the employee as provided in Step Five below, if the grievance is subject to appeal under South Carolina Code Section 8-17-310.

F. Step Five

If the decision of the Executive Director is not satisfactory to the employee, the decision may be appealed to the State Employee Grievance Committee. Such appeal must be in writing and submitted directly to the State Human Resources Director. The appeal must be made within ten (10) calendar days of receipt of the Executive Director's decision or within fifty-five (55) calendar days of the date of the initial grievance, whichever comes later. Failure to file an appeal within this time period shall constitute a waiver of the right of appeal by the employee.

Trident Technical College, Copyright ©2008

DAVID T. PEARLMAN
J. KEVIN HOLMES
THOMAS M. WHITE
DALE E. VAN SLAMBROOK
MALCOLM M. CROSLAND, JR.
STEVEN E. GOLDBERG
KEVIN B. SMITH
MICHAEL J. JORDAN
BENJAMIN W. AKERY

CHARLES S. GOLDBERG, LLC, OF COUNSEL

HUGO M. SPITZ (RETIRED)
IRVING STEINBERG (1902-1980)

Reply to: Thomas M. White
twhite@steinberglawfirm.com

THE STEINBERG LAW FIRM L. L. P.

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SUMMERVILLE OFFICE
1520 OLD TROLLEY RD, SUITE B
SUMMERVILLE, SC 29485
TELEPHONE (843) 871-6522
FAX (843) 871-8565

December 20, 2011

Commissioner T. Scott Beck
S.C. Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202-1715

RE: Thomas Karabees, Jr. v. Trident Technical College
WCC File No.: 0822094

Dear Commissioner Beck:

Enclosed please find the Pre-Hearing Brief and APA Submissions on behalf of the Claimant in the above matter which is scheduled to be heard before you on January 4, 2012. Claimant will rely on the APA Submissions previously provided to the Defendants for the December 2010 hearing and Supplemental APA Submissions. By copy of this letter, I am sending to Margaret Urbanic, Esquire, attorney for the Defendant, a copy of the Pre-Hearing Brief and Supplemental APA Submissions.

Yours very truly,

Thomas M. White

TMW/sdg

Enclosures

cc: Thomas Karabees, Jr.
Margaret Urbanic, Esquire

South Carolina Workers' Compensation Commission
1333 Main St., Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5739
www.wcc.sc.gov

PRE-HEARING BRIEF
WCC File No: 0822094

Claimant's Name: Thomas Karabees, Jr.
Address: 377 Oxford Road
City: Ladson State: SC Zip: 29456
Home Phone: c(843) 572-0431 Work Phone:
Preparer's Name: Thomas M. White, Esquire

Employer's Name: Trident Technical College
Address: 7000 Rivers Ave.
City: N. Charleston State: SC Zip: 29407
Carrier: State Accident Fund
Preparer's Phone #: (843) 572-0700

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

1. Compensation Rate: $661.29 2. AWW: $1225.64 **Date of Injury:** October 31, 2008
3. Type of injury and body part(s): left shoulder, left arm, neck, mid back, low back, left leg and right leg
4. Facts in controversy: The claim is admitted as to the left shoulder, low back and neck. Issues in controversy are: Is Claimant at maximum medical improvement? If Claimant is at maximum medical improvement, is he permanently and totally disabled under §42-9-10 and/or §42-9-30? If Claimant is permanently and totally disabled, is he entitled to have his benefits paid in a lump sum or under **Dodge.**
5. Legal Issues involved: None other than those listed above.
6. Unusual aspects: Claimant has pre-existing multiple sclerosis.
7. Witnesses (designate if expert):* Claimant and any and all witnesses listed by the Defendant; David Price – vocational expert (report to be submitted in lieu of live testimony.
8. Exhibits: None.
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance): SEE ATTACHED LIST
10. Name, address, and specialty, if any, of the treating physician: Dr. Kupferman, Dr. William Wilson, Dr. Nolan, Dr. Lucas – Charleston, SC
11. Impairment rating(s); body part(s); physician and date of opinion: Dr. Nolan 7/27/11 – 8% to whole person for his back injury - 11% regional; 8% whole person for cervical injury - 23% regional; combined values chart – 15% whole person; will need ongoing treatment – "I do not feel he can work in his present condition due to multiple injuries from the fall in October of 2008. He would not be able to sit, stand or walk for prolonged periods and would have to lie down periodically throughout the day which is not conducive to gainful employment. He would also likely miss an excessive amount of work due to his pain." David Price – 9/16/11 – Claimant is permanently and totally disabled for the work force. Is not capable of returning. He is not a candidate for vocational rehabilitation.
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: Email: twhite@steinberglawfirm.com

Date of hearing: January 4, 2012 Time needed for hearing: 1 hour

On behalf of ☒ Claimant ☐ Employer

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

CERTIFICATE OF SERVICE

I hereby certify that on December 20, 2011, I served the Defendant in the foregoing matter with a copy of the attached Form 58/Pre-Hearing Brief and APA Submissions by mailing a copy of same via first class mail, postage pre-paid and addressed as follows:

S.C. Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202

Margaret Urbanic, Esquire
126 Seven Farms Drive, Suite 200
Charleston, SC 29492

By: _____
Thomas M. White

APA SUBMISSIONS

Thomas Karabees, Jr. vs. Trident Technical College

WCC File No.: 0822094

1. Concentra		Records, 11/11/08	Pages 1 - 7
2. Dr. John Lucas	Charleston Neurology Assoc.	Deposition 5/6/10 - Records, 3/4/10 - 10/4/01	Pages 8 - 49
3. Dr. Wilson/Dr. Kupferman	S.C. Sports Medicine	Records, 11/15/10 - 1/3/02	Pages 50 - 69
4. Tricounty Radiology Assoc.		Records, 4/8/09 - 12/1/08	Pages 70 - 72
5. Trident Surgery Center		Records, 1/20/09 - 1/19/09	Pages 73 - 76
6. Dr. Edward Nolan		Records, 7/27/11 - 12/8/09	Pages 77 - 133
7. Hangar Prosthetics		Records, 11/22/07	Pages 134
8. Exhibit		Deposition of Dr. Nolan, 9/14/10	Pages 135 - 151
9. Exhibit	David Price, M.Ed	Vocational Assessment, 9/16/11	Pages 152 - 158

12/20/11

TRIDENT PAIN CENTER, PA
INTERVENTIONAL PAIN MANAGEMENT
"Neck and Back Pain Specialists"
J. Edward Nolan, MD
Kristen R. Giet, PA-C
9267-G Medical Plaza Drive ◦ N. Charleston, SC 29406 ◦ Phone: (843) 797-3636
◦ Fax: (843) 797-3637

July 27, 2011

Thomas M. White
The Steinberg Law Firm
118 Goose Creek Blvd, South
PO Box 1028
Goose Creek, SC 29445

Patient: Thomas Karabees, Jr
DOB: 10/13/1948

Dear Mr. White,

Mr. Thomas Karabees was evaluated on March 8, 2011 and was placed at maximum medical improvement for his cervical region. As you know, he has already been placed at MMI for the lumbar spine and received a whole person impairment rating of 8%. According to the AMA Guides to the Evaluation of Permanent Impairment, 5th Edition, Mr. Karabees has a DRE Category II whole person impairment of 8% attributed to the cervical spine and a 23% regional spine impairment. Using the combined values chart, he has a 15% whole person impairment. His cervical MRI dated November 14, 2009 showed facet hypertrophy at multiple levels and a disc bulge at C6/7. He also had disc osteophyte complexes at multiple levels. He has been treated on several occasions for cervical facet arthropathy but has not required treatment for radicular symptoms. He will require ongoing treatment to include intermittent therapeutic exercise and modalities, steroid injections for both cervical and lumbar regions (no more than 6 per year), and medication management including muscle relaxers, anti-inflammatory medications and possibly narcotics. I also do not feel he can work in his present condition due to multiple injuries from the fall in October 2008. He would not be able to sit, stand, or walk for prolonged periods and would have to lie down at periodically throughout the day which is not conducive to gainful employment. He would also most likely miss an excessive amount of work due to his pain. If you have any questions, please feel free to call.

Sincerely,

J. Edward Nolan, M.D.
Board Certified Anesthesiology
Board Certified Interventional Pain Management
JEN/krg

76(a)

JUL 29 2011

TRIDENT PAIN CENTER, PA

KARABEES, THOMAS W

62 Y old Male, DOB: 10/13/1948
377 OXFORD ROAD, LADSON, SC-29456
Home: 843-572-0431
Guarantor: KARABEES, THOMAS W Insurance: STATE ACCIDENT FUND WC
PCP: JOHN W CAMPBELL, MD Referring: WILLIAM E WILSON W, MD

06/29/2011 J. Edward Nolan, MD

Current Medications
Physical therapy
Zanaflex
Simcor
Benicar
Nexium
aspirin

Past Medical History
Multiple Sclerosis

Surgical History
Shoulder surgery
Hernia

Family History
Father: alive
Mother: deceased

Social History
Work Status: Disabled by patient report, Retired.
Smoking: no.

Allergies
N.K.D.A.

Hospitalization/Major Diagnostic Procedure
Denies recent hospitalization

Review of Systems
Constitutional:
Negative for recent fever, recent fatigue, night sweats, recent weight loss. Positive for recent weight gain.
Genitourinary:
Negative for urinary tract infections, bladder problems, kidney disease, prostate problems.
Musculoskeletal:
Negative for arthritis. Positive for muscle pain, joint pain, joint stiffness.
Neurology:
Negative for headaches, dizziness,

Reason for Appointment
1. Low back pain
2. Neck pain

Assessments
1. LUMBAR FACET ARTHROPATHY - 721.3 (Primary)
2. MUSCLE SPASMS - 728.85

Treatment
1. LUMBAR FACET ARTHROPATHY
Pt.'s low back pain is the area with the greatest pain and we will treat it after receiving authorization.

Procedures
Facet, Lumbar Injection:
Level : Bilateral, L3/4, L4/5, L5/S1
Procedure note : Plan to perform on return to clinic after authorization

Follow Up
Block only for Dr. Nolan after authorization

History of Present Illness
Anticoagulants::
None: Patient denies anticoagulant use.
Driver::
Present in office: no.
Description of pain::
Location: low back, neck. Onset of pain: work injury. Date of injury: 10/31/2008. Nature: dull, sharp. Severity: 2/10 overall. Timing: intermittent. Helping factors: exercising. Aggravating factors: standing, bending.
Pain relief from previous injection::
Date: 3/29/2011. Injection: Thoracic facet injection. Pain relief: almost complete (>95%) pain relief. Duration of relief: still benefiting from relief in the area treated last, some good days some bad days.
Legal/Work Compensation Issues::
Work Status: patient is not working at this time. Limitation Status: not able to work at this time. Legal representation/status: Yes, attorney is Tom White.

tingling, numbness, insomnia, arm weakness, leg weakness.
Dermatology:
Negative for recent skin rash, recent skin sores, skin cancer.
Gastroenterology:
Negative for GERD, abdominal pain, ulcers, recent blood in stool, recent constipation, recent diarrhea.

Vital Signs
Wt 180.2, Ht 5'8", BP Initial 130/84, HR Initial 94, Temp Initial 93.0, PO2 Initial 95, Pain Initial 2/10.

Examination
General examination:
Appearance: Patient is a well-developed well-nourished male in distress appropriate to pain complaint. Patient is well groomed with an appropriate affect for pain complaint. Mental status: Patient is alert, awake and oriented X 3. Short and long term memory intact. and normal fund of knowledge. Cranial N./Reflexes Cranial n. 2-12 intact and symmetrical. Deep tendon reflexes are intact bilateral lower extremities 2+. Motor Function: Coordination is normal. Muscle strength is grossly intact bilateral lower extremities. Tone is normal. Gait is antalgic.

Physical Examination
Lumbo/Sacral::
Lumbar: moderate pain in the bilateral lumbar paraspinous musculature in a bandlike distribution with tenderness to palpation overlying the L3/L4, L4/L5, L5/S1 facets joints.

Electronically signed by JOSEPH NOLAN on 07/28/2011 at 04:10 PM EDT

Sign off status: Pending

TRIDENT PAIN CENTER PA
9267 G MEDICAL PLAZA DR
N CHARLESTON, SC 29406
Tel: 843-797-3636
Fax: 843-797-3637

2009-7-183

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MAY 02 2011
BY:

TRIDENT PAIN CENTER, PA

KARABEES, THOMAS W

62 Y old Male, DOB: 10/13/1948
377 OXFORD ROAD, LADSON, SC-29456
Home: 843-572-0431
Guarantor: KARABEES, THOMAS W Insurance: STATE ACCIDENT FUND WC
PCP: JOHN W CAMPBELL, MD Referring: WILLIAM E WILSON, MD

03/29/2011 J. Edward Nolan, MD

Current Medications
Physical therapy
Zanaflex
Simcor
Benicar
Nexium
aspirin

Past Medical History
Multiple Sclerosis

Surgical History
Shoulder surgery
Hernia

Family History
Father: alive
Mother: deceased

Social History
Work Status: Disabled by patient report, Retired.
Smoking: no.

Allergies
N.K.D.A.

Hospitalization/Major Diagnostic Procedure
Denies recent hospitalization

Review of Systems
Constitutional:
Negative for recent fever, recent fatigue, night sweats, recent weight loss. Positive for recent weight gain.
Genitourinary:
Negative for urinary tract infections, bladder problems, kidney disease, prostate problems.
Musculoskeletal:
Negative for arthritis. Positive for muscle pain, joint pain, joint stiffness.
Neurology:
Negative for headaches, dizziness,

Reason for Appointment
1. Mid back pain

Assessments
1. THORACIC FACET ARTHROPATHY - 721.2 (Primary)
2. LUMBAR FACET ARTHROPATHY - 721.3
3. CERVICAL FACET ARTHROPATHY - 721.1

Treatment
1. THORACIC FACET ARTHROPATHY
Pt.'s mid back pain is the area with the greatest pain and we will treat it today.

Procedures
Sedation:
Versed : 3 mg HILLEGAS,JANINE (LPN) 3/29/2011 4:57:14 PM >
Location : left, deltoid
Sedation Level : 3/5 (OAA/S)
Supplies/Services:
Skin Prep : Betadine x 3
Needles : 25 gauge x 3.5 inch spinal needle
Local Anesthetic : Lidocaine 1% 5cc
Steroid : Celestone 9 mg (preservative free)
Omnipaque : 2 cc
Other : Procedure Tray, Fluoroscopy, Conscious Sedation
Facet, Thoracic Injection:
Level : Bilateral, T7/T8, T8/T9, T9/T10
Procedure note: Informed consent was obtained from the patient. The patient was placed in the prone position in the fluoroscopy suite. Appropriate monitors were applied. The skin was prepped X 3 as noted above. The appropriate levels were identified by fluoroscopic imaging. The injection site was anesthetized as noted above. A spinal needle as noted above was advanced to each facet joint using fluoroscopic guidance withe the line-of-sight technique. Aspiration was negative for CSF, heme, and air. No paresthesias were elicited during needle placement. Needle placement was confirmed with multiple views as needed. Radiopaque dye was injected as noted above to confirm needle placement. No evidence of intravascular, epidural, or intrathecal placement was observed. The steroid noted above was injected in equally divided doses at each site. A solution containing the other medication as noted above were combined. 0.5 cc of this soluction was

insomnia. Positive for tingling, numbness, arm weakness, leg weakness.
Dermatology:
Negative for recent skin rash, recent skin sores, skin cancer.
Gastroenterology:
Negative for GERD, abdominal pain, ulcers, recent blood in stool, recent constipation, recent diarrhea.

injected at each site. The needle was flushed and removed intact from the skin. The skin was cleansed and a sterile dressing applied to the injection sites
Fluoroscopy Time : 31 sec
Complications : None, the patient tolerated the procedure well and no complications were encountered
Recovery and Discharge
Recovery : The patient was was taken to the recovery room and monitored until alert, awake, and in oriented condition
Discharge : The patient was instructed to avoid driving for 24 hours, discharge instructions were given to the patient, patient was discharged with vital signs stable

Follow Up
3 Months, for Dr. Nolan, Injection follow-up

History of Present Illness
Anticoagulants::
None: Patient denies anticongulant use.
Driver::
Present in office: wife.
Description of pain::
Location: mid back. Onset of pain: after a fall. Date of injury: 10/31/08. Nature: throbbing. Severity: 5/10 overall. Timing: intermittent. Helping factors: heat. Aggravating factors: nothing seems to make it worse.

Vital Signs
Wt 178.4, Ht 5'8", BP Initial 131/85, HR Initial 86, Temp Initial 97.9, PO2 Initial 96, Pain Initial 5/10, BP Proc 123/83, HR Proc 79, PO2 Proc 98, D/C BP 135/95, D/C HR 69, D/C PO2 99, D/C Pain 0/10.

Examination
General examination:

Patient evaluated on previous visit and is here for an injection only today.

J. Nolan MD

Electronically signed by JOSEPH NOLAN on 04/29/2011 at 01:35 PM EDT

Sign off status: Pending

2009-7-183

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MAY 02 2011
BY:

TRIDENT PAIN CENTER, PA

KARABEES, THOMAS W

62 Y old Male, DOB: 10/13/1948
377 OXFORD ROAD, LADSON, SC-29456
Home: 843-572-0431
Guarantor: KARABEES, THOMAS W Insurance: STATE ACCIDENT FUND WC
PCP: JOHN W CAMPBELL, MD Referring: WILLIAM E WILSON, MD

03/08/2011

J. Edward Nolan, MD

Current Medications
Physical therapy
Zanaflex
Simcor
Benicar
Nexium
aspirin

Past Medical History
Multiple Sclerosis

Surgical History
Shoulder surgery
Hernia

Family History
Father: alive
Mother: deceased

Social History
Work Status: Disabled by patient report, Retired.
Smoking: no.

Allergies
N.K.D.A.

Hospitalization/Major Diagnostic Procedure
Denies recent hospitalization

Review of Systems
Constitutional:
Negative for recent fever, recent fatigue, night sweats, recent weight loss. Positive for recent weight gain.
Genitourinary:
Negative for urinary tract infections, bladder problems, kidney disease, prostate problems.
Musculoskeletal:
Negative for arthritis. Positive for muscle pain, joint pain, joint stiffness.
Neurology:
Negative for headaches, insomnia.

Reason for Appointment
1. Mid back pain
2. Low back pain
3. Shoulder pain
4. Hip pain
5. Upper back pain

Assessments
1. THORACIC FACET ARTHROPATHY - 721.2 (Primary)
2. LUMBAR FACET ARTHROPATHY - 721.3
3. CERVICAL FACET ARTHROPATHY - 721.1

Treatment
1. THORACIC FACET ARTHROPATHY
Pt.'s mid back pain is the area with the greatest pain and we will treat it on return to clinic.

2. Others
Patient is at maximum medical improvement and will need ongoing palliative treatment to include steroid injections (no more than 6 per year), trigger point injections, therapeutic exercises, modalities and medication management as needed

Procedures
Facet, Thoracic Injection:
Level : Bilateral, as marked
Procedure note : plan to perform on return to clinic, after authorization

Follow Up
Block only, for Dr. Nolan, after authorization

History of Present Illness
Anticoagulants::
None: Patient denies anticoagulant use.
Driver::
Present in office: no.
Description of pain::
Location: mid back, upper back, lower back, right hip, left shoulder. Onset of pain: after a fall. Date of injury: 10/31/08. Nature: dull, sharp, throbbing. Severity: 4/10 overall.

Positive for dizziness, tingling, numbness, arm weakness, leg weakness.
Dermatology:
Negative for recent skin rash, recent skin sores, skin cancer.
Gastroenterology:
Negative for GERD, abdominal pain, ulcers, recent blood in stool, recent constipation, recent diarrhea.

Timing: intermittent. Helping factors: heat. Aggravating factors: cold.

Pain relief from previous injection::
Date: 01/04/11. Injection: Lumbar facet injection. Pain relief: significant (>80%) pain relief. Duration of relief: the pain is still not back to its original level in the area treated last.
Adjuvant therapies::
Physical Therapy: Yes, participating in physical therapy significant pain relief.
Legal/Work Compensation Issues::
Work Status: patient is not working at this time. Legal representation/status: Yes, attorney is Tom White with Steinburg Law Firm.

Vital Signs
Wt 181.4, Ht 5'8", BP Initial 114/73, HR Initial 85, Temp Initial 97.3, PO2 Initial 97, Pain Initial 4/10.

Examination
General examination:
Appearance: Patient is a well-developed well-nourished male in distress appropriate to pain complaint. Patient is well groomed with an appropriate affect for pain complaint. Mental status: Patient is alert, awake and oriented X 3. Short and long term memory intact. Normal language skills and normal fund of knowledge. Cranial N./Reflexes Cranial n. 2-12 intact and symmetrical.. Motor Function: Coordination is normal. Tone is normal. Gait is antalgic.

Physical Examination
Head/Cervical::
Cervical: mild pain in the bilateral lower cervical paraspinous musculature into the bilateral trapezius muscles with tenderness to palpation palpable paraspinous myospasms present.
Thoracic/Chest wall::
Thoracic: moderate pain bilateral middle thoracic paraspinous musculature with extension/rotation and to palpation.
Lumbo/Sacral::
Lumbar: mild pain in the bilateral lumbar paraspinous musculature in a bandlike distribution with extension and rotation of the spine with tenderness to palpation overlying the facets joints palpable paraspinous myospasms present.

J. Nolan MD

TRIDENT PAIN CENTER, PA

INTERVENTIONAL PAIN MANAGEMENT

"Neck and Back Pain Specialists"

J. Edward Nolan, MD

Kristen R. Giet, PA-C

9267-G Medical Plaza Drive ° N. Charleston, SC 29406 ° Phone: (843) 797-3636

° Fax: (843) 797-3637

January 24, 2011

Thomas M. White
The Steinberg Law Firm
118 Goose Creek Blvd, South
PO Box 1028
Goose Creek, SC 29445

Patient: Thomas Karabees, Jr
DOB: 10/13/1948

Dear Mr. White,

Mr. Thomas Karabees has an appointment scheduled March 8, 2011 and I will consider at that time placing him at maximum medical improvement for his cervical region so that we can get an impairment rating for the cervical region. As I stated before, I do feel he will require ongoing treatment to include intermittent therapeutic exercise and modalities, steroid injections for both cervical and lumbar regions (no more than 6 per year), and medication management including muscle relaxers, anti-inflammatory medications and possibly narcotics. I also do not feel he can work in his present condition due to multiple injuries from the fall in October 2008. If you have any questions, please feel free to call.

Sincerely,

J. Edward Nolan, M.D.
Board Certified Anesthesiology
Board Certified Interventional Pain Management
JEN/krg

76 (h)

TRIDENT PAIN CENTER, PA

KARABEES, THOMAS W

62 Y old Male, DOB: 10/13/1948
377 OXFORD ROAD, LADSON, SC-29456
Home: 843-572-0431
Guarantor: KARABEES, THOMAS W Insurance: STATE ACCIDENT FUND WC
PCP: JOHN W CAMPBELL, MD Referring: WILLIAM E WILSON, MD

01/04/2011 J. Edward Nolan, MD

Current Medications
Physical therapy
Zanaflex
Simcor
Benicar
Nexium
aspirin

Past Medical History
Multiple Sclerosis

Surgical History
Shoulder surgery
Hernia

Allergies
N.K.D.A.

Hospitalization/Major Diagnostic Procedure
Denies recent hospitalization

Review of Systems
Constitutional:
Negative for recent fever, recent fatigue, night sweats, recent weight loss. Positive for recent weight gain.
Genitourinary:
Negative for urinary tract infections, bladder problems, kidney disease, prostate problems.
Musculoskeletal:
Negative for arthritis. Positive for muscle pain, joint pain, joint stiffness.
Neurology:
Negative for headaches, dizziness, insomnia. Positive for tingling, numbness, arm weakness, leg weakness.
Dermatology:
Negative for recent skin rash, recent skin sores, skin cancer.
Gastroenterology:
Negative for GERD, abdominal

Reason for Appointment
1. Low back pain
2. Mid back pain
3. Neck pain

Assessments
1. LUMBAR FACET ARTHROPATHY - 721.3 (Primary)
2. CERVICAL FACET ARTHROPATHY - 721.1

Treatment
1. LUMBAR FACET ARTHROPATHY
Pt.'s low back pain is the area with the greatest pain and we will treat it today.

Procedures
Sedation:
Versed : 5mg HILLEGAS, JANINE 1/4/2011 4:32:11 PM >
Location : left, deltoid
Sedation Level : 4/5, decrease Versed to, 3mg
SULLIVAN,COURTNEY A 1/4/2011 5:26:41 PM >
Supplies/Services:
Skin Prep : Betadine x 3
Needles : 25 gauge x 3.5 inch spinal needle
Local Anesthetic : Lidocaine 1% 3 cc (preservative free), Marcaine 0.5% 3 cc (preservative free)
Steroid : Celestone 9 mg (preservative free)
Omnipaque : 1 cc
Other : Procedure Tray, Fluoroscopy, Conscious Sedation
Facet Lumbar Injection:
Level : Bilateral, L3/4, L4/5, L5/S1
Procedure note : Informed consent was obtained from the patient. The patient was placed in the prone position in the fluoroscopy suite. Appropriate monitors were applied. The skin was prepped X 3 as noted above. The appropriate levels were identified by fluoroscopic imaging. The injection site was anesthetized as noted above. A spinal needle as noted above was advanced to each facet joint using fluoroscopic guidance. Aspiration was negative for CSF, heme, and air. No paresthesias were elicited during needle placement. Needle placement was confirmed with multiple views. Radiopaque dye was injected as noted above to confirm needle placement. No evidence of intravascular, epidural, or intrathecal placement was observed. The steroid noted

pain, ulcers, recent blood in stool, recent constipation, recent diarrhea.

above was injected in equally divided doses at each site. A solution containing the other medication as noted above were combined. 0.5 cc of this solution was injected at each site. The needle was flushed and removed intact from the skin. The skin was cleansed and a sterile dressing applied to the injection sites

Fluoroscopy Time : 11 sec

Complications : None, the patient tolerated the procedure well and no complications were encountered

Recovery and Discharge

Recovery : The patient was was taken to the recovery room and monitored until alert, awake, and in oriented condition

Discharge : The patient was instructed to avoid driving for 24 hours, discharge instructions were given to the patient, patient was discharged with vital signs stable

Follow Up

2 Months, for Dr. Nolan, Injection follow-up

History of Present Illness

Anticoagulants::

None: Patient denies anticoagulant use.

Driver::

Present in office: yes, son.

Description of pain::

Location: mid back, lower back, neck. Onset of pain: after a fall. Date of injury: 10/31/08, Nature: dull, sharp, throbbing. Severity: 8/10 overall. Timing: intermittent. Helping factors: injections by this clinic. Aggravating factors: bending, walking.

Vital Signs

Wt 186.2, Ht 5'8", BP Initial 147/94, HR Initial 77, Temp Initial 97.8, PO2 Initial 96, Pain Initial 8/10, Repeat BP 143/89, Repeat HR 79, Repeat PO2 95, Temp 97.6, D/C Pain 0/10.

Examination

General examination:

Patient evaluated on previous visit and is here for an injection only today.

J. Nolan MD

Electronically signed by JOSEPH NOLAN on 03/11/2011 at 10:11 AM EST

Sign off status: Pending

TRIDENT PAIN CENTER PA
9267 G MEDICAL PLAZA DR
N CHARLESTON, SC 29406
Tel: 843-797-3636
Fax: 843-797-3637

Patient: KARABEES, THOMAS W DOB: 10/13/1948 Progress Note: J. Edward Nolan, MD 01/04/2011

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

2009-7-183

RECEIVED
JAN 21 2011
BY: BN

TRIDENT PAIN CENTER, PA

Patient: KARABEES, THOMAS W
DOB: 10/13/1948 Age: 62 Y Sex: Male
PCP: JOHN W CAMPBELL, MD

Provider: J. Edward Nolan, MD
Date: 12/21/2010

Reason for Appointment
1. Neck pain
2. Upper back pain
3. Mid back pain
4. Low back pain

History of Present Illness
Anticoagulants::
None: Patient denies anticoagulant use.
Driver::
Present in office: yes, Pat.
Description of pain::
Location: neck, upper back, mid back, lower back. Onset of pain: after a fall. Date of injury: 10/31/08. Nature: sharp, aching, shooting, numbness. Severity: 7/10 overall, 10/10 at its worst. Timing: constant, worse in the morning, worse in the evening. Helping factors: therapy, aspercream. Aggravating factors: cold weather.

Current Medications
Physical therapy
Zanaflex
Simcor
Benicar
Nexium
aspirin

Past Medical History
Multiple Sclerosis

Surgical History
Shoulder surgery
Hernia

Social History
Work Status: Disabled by patient report, Retired.
Smoking: no.

Allergies
N.K.D.A.

Hospitalization/Major Diagnostic Procedure
Denies recent hospitalization

Review of Systems
Constitutional:
Negative for recent fever, recent fatigue, night sweats, recent weight loss. Positive for recent weight gain.

Genitourinary:
Negative for urinary tract infections, bladder problems, kidney disease, prostate problems.
Musculoskeletal:
Negative for arthritis. Positive for muscle pain, joint pain, joint stiffness.
Neurology:
Negative for headaches, dizziness, insomnia. Positive for tingling, numbness, arm weakness, leg weakness.
Dermatology:
Negative for recent skin rash, recent skin sores, skin cancer.
Gastroenterology:
Negative for GERD, abdominal pain, ulcers, recent blood in stool, recent constipation, recent diarrhea.

Vital Signs
Wt 181.2, Ht 5'8", BP Initial 132/959, HR Initial 98, Temp Initial 95.1, PO2 Initial 96, Pain Initial 7/10, BP D/C 138/86, HR D/C 88, Temp D/C 94.1, PO2 D/C 97, Pain D/C 4/10.

Examination
General examination:

Patient evaluated on previous visit and is here for an injection only today.

Assessments
1. CERVICAL FACET ARTHROPATHY - 721.1 (Primary)
2. LUMBAR FACET ARTHROPATHY - 721.3

Treatment
1. CERVICAL FACET ARTHROPATHY
Pt.'s neck and shoulder pain is the area with the greatest pain and we will treat it today.

Procedures

1. Sedation:
Versed : 3 mg HILLEGAS,JANINE 12/21/2010 4:53:59 PM >
Location : left, deltoid
Sedation Level: 2/5, increase-Versed to 5mg ALLEN-BLOME,DANIELLE M 12/21/2010 5:24:56 PM >
2. Supplies/Services:
Skin Prep : Betadine x 3
Needles : 25 gauge x 3.5 inch spinal needle
Local Anesthetic : Lidocaine 1% 5cc
Steroid : Celestone 9 mg (preservative free)
Omnipaque : 1 cc
Other : Procedure Tray, Fluoroscopy, Conscious Sedation
3. Facet, Cervical Injection:
Level : Bilateral, C5/6, C6/7, C7/T1
Procedure note : Informed consent was obtained from the patient. The patient was placed in the prone position in the fluoroscopy suite. Appropriate monitors were applied. The skin was prepped X 3 as noted above. The appropriate levels were identified by fluoroscopic imaging. The injection site was anesthetized as noted above. A spinal needle as noted above was advanced to each facet joint using fluoroscopic guidance.

Aspiration was negative for CSF, heme, and air. No paresthesias were elicited during needle placement. Needle placement was confirmed with multiple views. Radiopaque dye was injected as noted above to confirm needle placement. No evidence of intravascular, epidural, or intrathecal placement was observed. The steroid noted above was injected in equally divided doses at each site. A solution containing the other medication as noted above were combined. 0.5 cc of this solution was injected at each site. The needle was flushed and removed intact from the skin. The skin was cleansed and a sterile dressing applied to the injection sites

Fluoroscopy Time: : 23 SEC

Complications : None, the patient tolerated the procedure well and no complications were encountered

4. Facet, Lumbar Injection:

Level : Bilateral, L3/4, L4/5, L5/S1

Procedure note : Plan to perform on return to clinic

5. Recovery and Discharge

Recovery : The patient was was taken to the recovery room and monitored until alert, awake, and in oriented condition

Discharge : The patient was instructed to avoid driving for 24 hours, discharge instructions were given to the patient, patient was discharged with vital signs stable

Follow Up

2 Weeks, for Dr. Nolan, Block only



Electronically signed by JOSEPH NOLAN on 01/21/2011 at 01:07 PM EST

Sign off status: Pending

2009-7-183

Vocational & Occupational
Counseling Services L.L.C.
222 King Rail Lane
Huger, SC 29450

Phone & Fax 843-336-4902
E-mail: PriceAdvice@homesc.com
Mobile: 843-810-6592

DAVID R. PRICE M.ED.
Certified Rehabilitation Counselor

RECEIVED
SEP 19 2011
BY:

September 16, 2011

VOCATIONAL ASSESSMENT OF THOMAS KARABEES

Introduction:

Thomas Karabees is a 62 year old former instructor at Trident Technical College where he taught Industrial Maintenance Programs. He was working on-site at DAK America on October 31, 2009 when he tripped and fell down two flights of stairs injuring his left shoulder and back. Mr. Karabees was diagnosed with a torn left rotator cuff and required surgery for debridement and repair. He had a condition of preexisting degenerative spine disease that was aggravated in the cervical, thoracic, and lumbar regions. He has a specific disc protrusion at C5-6 and severe degeneration at L5-S1. Mr. Karabees condition is one that is not amenable to surgery. He was prescribed a program of conservative pain management which he continues to participate in at this time. On going care will be necessary to maintain gains that have been made. For practical purposes Mr. Karabees is considered to have reached his maximum medical improvement. He is rated with 8% whole person impairment for his cervical spine injury and 8% whole person impairment for his lumbar spine injury. Combined impairment is assessed as 15% of the whole person. Mr. Karabees treating physician has determined him to be totally disabled from work relative to his spine injuries. He also has a preexisting condition of Multiple Sclerosis. This is a progressive auto-immune disease that, according to his physician, also qualifies Mr. Karabees for total disability. He has thus been rendered completely disabled by two separate physicians for two unrelated conditions. At this point Mr. Karabees has an open South Carolina Worker's Compensation Claim. He is pending a hearing to resolve issues of disability. His attorney has referred him for vocational assessment and opinion from that perspective on his employability.

On September 15, 2011 a vocational interview was conducted. Mr. Karabees history was taken and he was tested for intelligence and educational achievement. His medical file was reviewed and an in-depth symptoms report was taken. Based on the available information and with a reasonable degree of vocational certainty, the conclusions and recommendations contained in this report represent my professional opinion as a certified vocational rehabilitation counselor.

Records Reviewed:

Seth Kupferman, M.D. –S.C. Sports Medicine & Orthopaedics
William E Wilson, M.D. –S.C. Sports Medicine & Orthopaedics
J. Edward Nolan, M.D. –Trident Pain Center
John H. Lucas, IV, M.D. –Carolina Neurology Associates
Troy Marlow, M.D., James A. Theising, D.O. –Tricounty Radiology Associates

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Robert J. Sparano, M.D. –Concentra Medical Centers

Treatment Summary:

Initial treatment was provided by the occupational physicians of Concentra Medical Centers. Mr. Karabees saw Robert Sparano, M.D. and received a referral for orthopaedic evaluation of left shoulder pain. Mr. Karabees saw orthopaedic Seth Kupferman, M.D. and underwent MR imaging. A tear in the rotator cuff was identified. Mr. Karabees was taken to surgery on January 20, 2009 for debridement of synovitis in the glenohumeral joint, sub-acromial decompression, partial acromioplasty, and resection of the CA ligament. Mr. Karabees has obviously reached maximum improvement at this time. He is no longer under Dr. Kupferman's care. In the records available to me I do not have notes assigning a rating of impairment or physical restrictions.

Neck and back pain complaints were referred to spine surgeon William Wilson, M.D. Radiographic imaging identified degenerative disease in the cervical, thoracic, and lumbar spines. At C5-6 there is a disc protrusion. At L5-S1 there is severe degeneration. Mr. Karabees was determined not to be a valid surgical candidate. He was referred to pain management specialist Ed Nolan, M.D. Dr. Nolan has utilized lumbar epidural steroid injection, medications, and physical therapy. Maximum medical improvement for the lumbar spine was achieved on May 20, 2011. Impairment was assigned as 8% whole person/11% regional lumbar spine. Maximum medical improvement of the cervical spine was achieved on July 27, 2011. Impairment is assigned as 8% whole person/11% regional lumbar spine. Combined value for the cervical and lumbar spine is 15% whole person impairment. As regards to Mr. Karabees ability to return to work Dr. Nolan states in a letter to Mr. Karabees attorney dated July 27, 2011:

"I also do not feel he can work in his present condition due to multiple injuries from the fall in October 2008. He would not be able to sit, stand, or walk for prolonged periods and would have to lie down periodically throughout the day which is not conducive to gainful employment. He would also most likely miss an excessive amount of work due to his pain."

At the present time Mr. Karabees remains under the on-going care of Dr. Nolan for pain management and intervention for acute flares.

Observations:

Mr. Karabees was on time and neatly attired for vocational interview. He was pleasant and cooperative. He was noted to exit his vehicle in a slow and careful manner. His gait was slow, unstable, and he exhibited a left sided limp. Mr. Karabees is a male Caucasian that appears his stated age of 62. He is approximately 5'8" with weight of 168 lb. Mood was depressed and affect moderately sad. Mr. Karabees was oriented to person, place, and time. Memory was grossly intact. Speech was fluent. There was no looseness of associations, signs of thought disorder, or delusion. Interview questions were answered in an apparent candid manner. Symptoms presentation was consistent with the medical

record and accepted as genuine. Mr. Karabees had difficulty maintaining a comfortable seated position. He frequently shifted weight and got up at regular intervals. For his multiple sclerosis he had taken an injection of Interferon the previous night and was feeling poorly. Pain level was high and interfering with Mr. Karabees ability to attend and concentrate. On standardized testing he was unable to complete the word reading section secondary to inability to concentrate. He reported that he suffers from dyslexia and stated that the condition and his distraction from pain would not allow him to continue. After a break he was able to complete the sentence comprehension reading section and made a perfect score. Math testing presented similar difficulties but Mr. Karabees was able to complete the section and the BETA IQ Tests as well. Results most probably represent minimum ability. Retesting under better conditions would be recommended to obtain accurate scores.

Symptoms Report/Activities of Daily Living:

Mr. Karabees reports left shoulder pain that is aggravated and exacerbated by movement and exertion. He is unable to use the left arm for repetitive overhead work, for lifting at arms length, or for repetitive pushing and pulling. The arm is weaker as is grip and grasp strength. The dropping of objects is fairly common. Mr. Karabees reports numbness, tingling, and burning in the left arm and hand. He cannot use his hand for repetitive fine motor operations. Difficulty is experienced with such activities as buttoning his shirt. Above waist level Mr. Karabees has difficulty lifting weights 5 lbs or greater.

In the neck, pain is predominate on the right side. Cervical range of motion is restricted and painful. Mr. Karabees describes crepitus and muscle spasms in the cervical area and shoulder girdle. He has headaches about twice weekly that require isolation and supine rest. They are accompanied by dizziness and loss of balance. Mr. Karabees is unable to hold his head in a static position such as is required to monitor a computer screen. He cannot hold his head in awkward or unusual positions.

Back pain is reported in the thoracic and lumbar areas. Mr. Karabees states that it is present 90% of the time. Pain radiates bilaterally into the lower extremities left greater than right. The legs are weaker right greater than left. Numbness, tingling, and burning are present right greater than left. Mr. Karabees walks with a pronounced limp. He is slow and unstable on his feet. He uses a cane on an occasional basis. There is giving way of the legs right greater than left with weight bearing or prolonged ambulation. Erectile dysfunction and urgent requirement to void his bladder have presented since injury. Typically Mr. Karabees can sit for 20-30 minutes and stand/walk up to 30 minutes at a time. In an average day he is intermittently on his feet 3-4 hours. He gets about 6 hours of interrupted sleep at night. Up to 14 hours per day is spent sitting in a comfortable straight back chair.

As a result of constant pain, loss of physical ability, stress from unemployment, and unwanted lifestyle changes Mr. Karabees is reporting mild to moderate depression. He has periods of sadness, despondency, lethargy, and periods when it is difficult getting motivated. There has been a loss of self-esteem secondary to unemployment.

Mr. Karabees is currently attending physical therapy sessions three times weekly for 60-90 minutes. He is unable to participate in his former lifestyle that is described as very active. Mr. Karabees can no longer swim or scuba dive, participate in shooting matches, sky dive, ride horses, or go boating. He is an Eagle Scout and has given up camping and instructing other scouts. He cannot perform home or vehicle maintenance. He is no longer able to go hunting. Mr. Karabees is a self-described tinkerer. He has a home workshop but is no longer able to utilize it and work on his projects. He manages to cut his ¼ acre yard with a riding mower but admits that it takes a complete day secondary to the many breaks he must take. He cannot use a weed trimmer or edger. Mr. Karabees admits to boredom and frustration. He expresses much dissatisfaction with his current lifestyle.

Past Medical History:

Mr. Karabees has a long history of multiple sclerosis. Previous neck, shoulder, or back problems are denied. In the 1980's Mr. Karabees was hospitalized for bilateral abdominal hernia surgery. Otherwise he denies serious accident, injury, sickness, allergy, or hospitalization. There is no affirmation of alcohol abuse, substance abuse, or treatment for depression or mental illness.

Medications:

Mr. Karabees is prescribed Xanaflex for muscle spasms. He reports that the medication sedates him and makes it difficult to stay awake. Difficulty maintaining attention and concentration is reported. Every Wednesday evening Mr. Karabees has an injection of Interferon for his multiple sclerosis. The following days is reported to always be difficulty.

Social History:

Mr. Karabees lives in Ladson, S.C. with his wife of 33 years. She works as a teacher at Boulder Bluff Elementary School. The couple has three adult sons. One is currently living at home while attending college. Mr. Karabees has a valid driver's license. He denies criminal conviction or major driving offenses. His current income is exclusive to $2000 per month in S.C. State Retirement benefits.

Education:

Mr. Karabees reports bachelor's degrees in math and business from Northern Michigan University. He has a M.A. in Education and Administration from Pepperdine University and a M.S. in Computer Systems Engineering from the University of Evansville (Indiana). Mr. Karabees was a licensed Captain in the Merchant Marines and held certification as an OSHA inspector for general industrial safety. Both certifications have expired. Mr. Karabees served in the U.S. Marine Corp for 8 years attaining the rank of

First Lieutenant. He was trained as a combat engineer, in nuclear security, and intelligence collection. He was honorable discharged.

The Wide Range Achievement Tests, 4th Revision, Green Form was administered for an assessment of current educational levels:

	Word Reading	*Percentile*	*Grade Equivalent*
Word Reading-	*Unable to complete*		
Sentence Comprehension-	*125*	*95*	*>12.9*
Math Computation-	*113*	*81*	*>12.9*

Intelligence was measured with the *BETA III:*

IQ Score – 105
Percentile- 63

It is noted that Mr. Karabees experienced significant distraction from pain, medication use, dyslexia and depression. He reported previous IQ testing in the USMC with score of 140. Mr. Karabees is a previous head of a college math department. On the math section it is noted that he provided incorrect answers for 9/40 questions, all typical for high school level performance. This was certainly unexpected and felt to be indicative of the difficulty Mr. Karabees was having secondary to pain and distraction.

Employment History:

For the past 28 years Mr. Karabees was employed by Trident Technical College. He was head of the math and science departments before transferring into the Industrial Programs Department. Mr. Karabees mainly worked off-site in the industrial facilities of local employers such as Bosch, DAK America, Avco, Gates Rubber, and Alcoa. He taught courses and instructed students and employees how to perform industrial maintenance. Mr. Karabees was required to use hand tools, power tools, pneumatic tools, and make heavy lifts. He spent long hours on his feet and had to climb catwalks and stairs to perform OSHA inspections.

The duties of the occupation are consistent with the description in *The Dictionary of Occupational Titles, 4th Edition, Volume II for:*

899.261-014 Maintenance Repairer, Industrial (any industry)

The occupation is listed by *The U.S. Department of Labor as HEAVY Physical Demand or:*

"Exerting 50 to 100 pounds of force occasionally, and/or 25 to 50pounds of force frequently, and/or 10 to 20 pounds of force constantly to move objects."

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Conclusions and Recommendations:

Thomas Karabees is a 62 year old instructor of Industrial Maintenance Programs. He was employed by Trident Technical College on 10/31/2008 when he fell down two flights of stairs at the DAK America Plant near Goose Creek, S.C. Mr. Karabees tore his left rotator cuff and required surgical repair. He has reached maximum improvement and has been released from his physician's care. Mr. Karabees also injured his cervical, thoracic, and lumbar spines. He aggravated preexisting degenerative disc disease at multiple levels. He has a cervical disc protrusion C4-5 and severe degenerative disease at L5-S1 in the lumbar spine. He is not a surgical candidate. Mr. Karabees continues to be under the care of a pain management physician for ongoing treatment. He is considered to be a maximum improvement and is rated with 15% whole person impairment for the cervical and lumbar injuries.

Mr. Karabees has residual pain and physical restriction that cause him significant problems with daily function. He attempted to work January through March 2009 but had so much pain that he opted to retire on April 11, 2009. He has not worked since. Mr. Karabees describes his overall condition as worsening with time. He has no use of his spine for repetitive bending, lifting, or twisting. He cannot run, jump, climb, or crawl. He has problems with stairs, inclines, and rough, uneven surfaces. Mr. Karabees cannot tolerate sitting, standing, or walking longer than 30 minutes at a time. He has an antalgic unstable gait. A cane is sometimes required. Mr. Karabees experiences painful muscle spasms along the spine that requires medication. The medication sedates Mr. Karabees and interferes with his ability to think, attend, and concentrate. He has given up all his hobbies such as riding horses, boating, diving, and hunting. Any significant activity aggravates and exacerbates pain. On average Mr. Karabees reports five days per week when he cannot perform any meaningful activity. In addition he is suffering from depression that causes lethargy, fatigue, and impairs motivation. As demonstrated by his performance on standardized testing Mr. Karabees has suffered a decline in alertness, ability to attend, concentrate, and perform at an academic level consistent with his ability and education. Mr. Karabees describes a very unsatisfactory lifestyle. His condition is such that the physician treating him for his spine injuries has determined him medically incapable of returning to gainful employment. He also suffers from multiple sclerosis. The disease has progressed to the point that his treating physician has also determined him to be completely disabled secondary to that illness. Thus, for two separate medical conditions Mr. Karabees has been determined disabled from employment.

As regards to his industrial injuries it is clear that Mr. Karabees had a serious work-related accident that has left him with severe physical impairments. It is equally clear to me that those impairments cause Mr. Karabees much difficulty in the performance of his usual daily activities and have prevented him from returning to his usual and customary occupation. It is also clear to me going forward that Mr. Karabees does not have the physical ability to participate in or hold gainful employment. He cannot meet the standards for production, attendance, the 8-hour work day, or the 40-hour work week. Mr. Karabees cannot work in an industrial setting secondary to his weak back and damaged left shoulder. He cannot work as a classroom instructor secondary to his

intolerance for standing and sitting. He requires regular supine rest periods during an average day. Approximately 5 days out of each week Mr. Karabees discomfort is so profound that he is incapable of any meaningful activity. He is impaired by poor mobility, depression, and side effects of medication. Mr. Karabees is a high risk for repeat accident in the workplace. He is unable to use the skills he has acquired through a lifetime of working secondary to pain and physical limitations. His employability and placeability profiles are so poor that I cannot envision any employer wanting him as a worker. I am in agreement with Mr. Karabees medical providers that he cannot work.

Therefore, based on the available information and with a reasonable degree of vocational certainty, it is my opinion that the work accident of 10/31/2008 has rendered Thomas Karabees completely, totally, and permanently disabled from the performance of gainful employment. He will not be returning to the workforce. Mr. Karabees is not a valid candidate for vocational rehabilitation. He is in a state of retirement and it is my recommendation that he make no changes. He has an option to purse social security disability. I recommend he exercise it as I fully expect he will meet the criteria.

Submitted by:

David R Price

David R. Price M. Ed., CRC
Certified Vocational Rehabilitation Counselor

South Carolina Workers' Compensation Commission
P.O. Box 1715 ♦ 1612 Marion Street
Columbia, South Carolina 29202-1715
(803) 737-5700

WCC File #	0822094
Carrier File #	2008-5039
Carrier Code #	500 - SF
Employer FEIN	570000H59

Thomas Karabees, Jr. 385-52-8253	State Board for Tech. & Comp. Education
Claimant's Name SSN	Employer's Name
377 Oxford Road Ladson, SC 29456	700 Rivers Avenue Charleston, SC 29406
Address City State Zip	Address City State Zip
843-572-0431	SC State Accident Fund
Home Phone # Work Phone #	Insurance Carrier
Margaret M. Urbanic, Esquire	(843) 577-2026
Preparer's Name	Phone #

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

√ Injury ____ Illness ___ Repetitive Trauma

1. Compensation Rate: $661.29 2. AWW: $1225.64 Date of Injury: 10/31/08
3. Type of Injury and body part(s): Employer/Carrier admit Claimant suffered an injury to her left shoulder, neck and low back only. The Employer/Carrier deny the nature and extent of the injuries, and further deny injury to all other body parts.
4. Facts in Controversy: Whether Claimant suffered a permanancy; Carrier requests credit for overpayment as appropriate.
5. Legal issues involved: None known.
6. Unusual problems: Claimant was previously diagnosed with Multiple Sclerosis; Claimant received his salary in lieu of temporary benefits; Claimant retired from Trident Tech.
7. Witnesses (designate if expert)*: Employer Representative; Angela Wimberly; DeVetta Hughs; Candy Marlowe
8. Exhibits: Election Form, Voluntary Retirement Paperwork; Deposition of Dr. Lucas; Deposition of Dr. Wilson
9. Medical evidence: (indicate report pursuant to R.67-612; deposition or appearance) See attached APA submissions; Claimants MS would have prevented him from returning to work (Dr. Lucas' deposition, p.8 & p.24.) Claimant has been authorized to obtain pain management for his spine.
10. Name, address, and specialty, if any, of the treating physician: Dr. Seth P. Kupferman and Dr. William Wilson, SC Sports Medicine
11. Impairment rating(s); body part(s); physician and date of opinion: 8% to left upper extremity; Dr. Seth P. Kupferman, 3/17/09; MMI for his back per Dr. Wilson's deposition, 21% whole person to his spine. Per Dr. Lucas, Claimant's doctor for his MS, Claimant would have been unable to work due to his MS (Depo., p.12).
12. I am amending my Form 50/51 in the follow manner: N/A

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

MARGARET M. URBANIC Email: purbanic@clawsonandstaubes.com

Date of hearing: January 5, 2011 Time needed for hearing: 30 minutes
On Behalf of: [ ] Claimant [X] Employer

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

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO. 0822094

Thomas Karabees, Jr.,

Claimant,

v.

State Board for Tech. & Comp. Education,

Employer,

SC State Accident Fund,

Carrier.

NOTICE OF APA SUBMISSIONS AND WITNESSES ON BEHALF OF STATE BOARD FOR TECH. & COMP. EDUCATION / SC STATE ACCIDENT FUND

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND THOMAS M. WHITE, ESQUIRE, ATTORNEY FOR CLAIMANT:

YOU ARE HEREBY NOTIFIED, pursuant to the provisions of the South Carolina Workers' Compensation Act and South Carolina Code Section 1-23-330, (1985), Employer, State Board for Tech. & Comp. Education, and Carrier, SC State Accident Fund, hereby submit the following medical records or other evidence:

PROVIDER	REPORT DATE	PAGE NOS.
1. **EXHIBIT:** Deposition transcript of Dr. John Lucas	5/6/10	152 - 167
2. **EXHIBIT:** Deposition transcript of Dr. William Wilson	3/16/10	168 - 173
3. **EXHIBIT:** Election Form and Retirement Paperwork	11/17/08 and 4/2/09	174 - 181
4. Trident Sports Medicine	6/14/07 - 11/14/08	182 - 185
5. Tricounty Radiology	11/14/09	186 - 188
6. Seth Kupferman, MD / William E. Wilson, MD / SC Sports Medicine & Orthopaedic Center	5/13/09 11/13/09	189 - 190

PROVIDER	REPORT DATE	PAGE NOS.
7. Carolina Family Medicine	1/3/08	191 - 192
8. Select Physical Therapy	12/01/08 - 10/08/09	193 - 451
9. J. Edward Nolan, MD / Trident Pain Center	5/19/10	452 - 454

YOU ARE FURTHER HEREBY NOTIFIED you have the right to cross-examination. Should you desire to exercise that right, you are to schedule the deposition(s) of any of the physicians or other person(s) whose reports are submitted, for the purposes of cross-examination.

YOU ARE FURTHER NOTIFIED that the documents referred to herein will be submitted at the Hearing before the South Carolina Workers' Compensation Commission.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called:

1. Employer Representative;
2. Angela Wimberly
3. DeVetta Hughes.

CLAWSON & STAUBES, LLC

Margaret M. Urbanic
126 Seven Farms Drive, Suite 200
Charleston, SC 29492-8144
(843) 577-2026
Attorneys for Employer, State Board for Tech. & Comp. Education, and Carrier, SC State Accident Fund.

December 23, 2010
Charleston, South Carolina

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true copy of the Form 58, Pre-Hearing Brief, and Notice of APA Submissions, has been served upon opposing counsel by mailing a copy properly addressed with sufficient postage affixed thereto this 23rd day of December 2010.

Thomas M. White, Esquire
The Steinberg Law Firm, L.L.P.
P.O. Box 1028
Goose Creek, SC 29445

Rebecca Sagar

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
WCC FILE NO.: 0822094

THOMAS KARBEES,JR.,

Employee,
Claimant,

-vs-

STATE BOARD FOR TECH. & COMP EDUCATION,

Employer,

and

SC STATE ACCIDENT FUND,

Carrier.

COPY

DEPOSITION OF:
DR. JOHN LUCAS

May 6, 2010

The deposition of DR. JOHN LUCAS, taken before Lynda A. Bousquet, Professional Court Reporter and Notary Public, at the offices of Charleston Neurology, 9313 Medical Plaza Drive, Suite 310, North Charleston, South Carolina, on Thursday, May 6, 2010, at 5:30 p.m.

APPEARANCES

REPRESENTING THE EMPLOYEE/CLAIMANT:

THOMAS M. WHITE, ESQUIRE
Steinberg Law Firm
118 Goose Creek Boulevard
Goose Creek, South Carolina 29445

REPRESENTING THE EMPLOYER/CARRIER:

MARGARET M. URBANIC, ESQUIRE
Clawson & Staubes, LLC
126 Seven Farms Drive, Suite 100
Charleston, South Carolina 29492

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Witness:

LUCAS, DR. JOHN (sworn)

Examination by Ms. Urbanic 4
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EXHIBITS

(No exhibits were proferred.)

(DR. JOHN LUCAS, having been first duly sworn, testified as follows:)

EXAMINATION BY MS. URBANIC:

Q Dr. Lucas, my name is Peggy Urbanic. We just met a few minutes ago. I represent Trident Tech and the State Accident Fund with regards to Mr. Karabees' Workers' Comp claim. Am I saying that right? I always want to say Carrabas (sic) for some reason. Karabees. I understand you have treated Mr. Karabees. Let me just say, you are a neurologist; is that right?

A Yes. I'm a neurologist.

MS. URBANIC: I think we can stipulate to his credentials?

MR. WHITE: Yeah. That's fine.

BY MS. URBANIC:

Q You're board certified, all that good stuff?

A (Witness moves head up and down.)

Q Is that a yes?

A Yes.

Q I understand you have treated Mr. Karabees for a number of years for multiple sclerosis?

A That's correct.

Q And just briefly, did you first diagnose him

back in 2001, it looks like?

A Yes. I started treating Mr. Karabees in October of 2001 and diagnosed him with multiple sclerosis over that month and have been treating him ever since for his multiple sclerosis.

Q And I understand there's different, I guess, I don't know, levels or different categories of multiple sclerosis; is that --

A That's correct.

Q What type of or category does Mr. Karabees have as far as multiple sclerosis?

A He has remitting relapsing multiple sclerosis that may be gradually developing into a secondary progressive multiple sclerosis.

Q And can you just briefly explain what that means to non-medical people?

A That means that initially -- and this is actually fairly common. That initially he had intermittent attacks and symptoms but gradually, over the more recent years, has had a little bit of gradual increased disability without discrete attacks.

Q Is that the normal course?

A That's actually the most common form of multiple sclerosis. Most people, for many years,

will have individual attacks and get better from each individual attack and then later on in the illness to have what appears from the outside to be a little more gradual progressive illness just due to the addition of individual lesions in the multiple sclerosis. What's going on inside, you're still having individual areas that are being attacked by the multiple sclerosis; but from a physical standpoint, looking from the outside, it starts looking like just a gradual increase of symptoms.

Q And through your treatment of Mr. Karabees, it looks like in September, September 20th of 2007, you had noted at that time I guess, or not noted, but suggested to him that you would support him in a disability application?

A That's correct. He had been gradually having increased symptoms, and we talked that day that I was actually surprised with the amount of physical problems he was having that he still was working full-time, that he was one of those people who is just a sort of go-getter type of person. And I told him that he could -- wasn't going to tell him he couldn't work but that I would certainly support him if I felt like he couldn't keep working with his problems.

Q And then it looks like after the September 20th, '07, visit, the next visit I have at least is March 20th of 2008?

A That's correct.

Q Okay. And it looks like at that visit you noted how much longer he would be able to work?

A Correct, because he was having some more difficulty. He had a number of small falls from losing balance and was having more difficulty walking more than anything else.

Q And so it was -- I mean, his multiple sclerosis, I guess, was progressing at that --

A Yes, ma'am.

Q And when you saw him March 20th of 2008 and noted that you were surprised, I don't know if surprised is the right word. You were wondering how much longer he would be able to work. Did you have any thoughts of, gosh, I didn't expect him to work any more than a year at that point or six months? Do you know what I'm asking?

A I know what you're asking. It's hard to answer exactly because, I mean, everyone is different on how far they will keep pushing when they are having a physical difficulty, that from a, you know -- from a medical disability standpoint, I had

obviously felt a number of months before then that he was having enough difficulty that he certainly would qualify medically for a disability, and he just kept pushing on.

I certainly did not think that he would be able, even if he kept pushing, to continue for too much longer. And while I can't give a 100 percent accurate answer, something on the order of six months to a year is the longest I imagine he could possibly have done.

Q And after your March 20th visit, I think I have a September 18th, 2008, visit?

A That's correct. That's the next time that I saw him.

Q And then between September 18th, 2008, the next visit I have is March 19th of 2009?

A That's correct. He had been pretty much on the six-month visit basis for a good bit of time at that point.

Q When did you become aware that Mr. Karabees had an accident at work on October 31st of 2008?

A On that visit on the March 19th of 2009 was when he talked to me about that.

Q And what did he tell you about his on-the-job injury from October 31st of 2008?

A I don't remember the exact, the exact details. That around -- just that somewhere around Halloween, he had fallen and he had had an injury to left shoulder and was having neck and back pain and was working with Dr. William Wilson.

Q Did his fall or his injury of October 31st, 2008, in any way affect his multiple sclerosis?

A Not that I know of or not that I am able to convincingly attest to.

Q And did his fall or accident of October 31st, 2008, in any way change your course of treatment of his multiple sclerosis?

A No, ma'am.

Q And do you have an opinion if his multiple sclerosis in any way affected the injuries he suffered from his fall at work on October 31st, 2008?

A I don't really know the details of his fall. But with his -- he certainly had some progressive walking difficulty related to multiple sclerosis and had had falls which I certainly believe were at least contributed to by his balance difficulty and multiple sclerosis and it could have obviously contributed to the fall itself.

Q So the multiple sclerosis could have been a

factor in his falling at work?
A Yes. Could possibly have been, yes, ma'am.
Q But as far as, I guess, the injuries he suffered, which are neck and back injuries where he was treated with Dr. Wilson, do you have an opinion as to the physical injuries that he suffered from his fall at work on October 31st, if the multiple sclerosis actually affected his, you know, the injuries that he suffered, his back injury or his neck injury?
A I'm sorry. I am not sure exactly what you are --
Q Okay. Do you know -- you indicated that you were aware that he was having neck and back pain when you saw him in March of 2009?
A Correct.
Q Do you know if his multiple sclerosis was something that would have, I guess, made those injuries worse or affected his injuries in any way, the neck and back pain that he suffered from the fall that he took on October 31st?
A He certainly does have some difficulties with spasticity and muscle tightness related to multiple sclerosis which could certainly make his pain, spasm, discomfort, the normal things that would

happen from a natural neck or back injury be worse or more aggravated because of his underlying multiple sclerosis to begin with, yes, ma'am.

Q Do you know if Mr. Karabees suffered that? I mean, did you ever discuss that with him?

A Just as an aside, about just the pain that he was having.

Q And after March 19th, 2009, the next visit I have is September 17th of 2009?

A That's correct.

Q Okay. And on September 17th, 2009, visit, how were his -- how was his multiple sclerosis?

A That he was having a little more gradual decline, more balance difficulty, and some feeling of a little bit of cognitive difficulty, feeling a little slower, a little trouble remembering things, that all seem to be a little worsening of the condition that we had been seeing for a good bit of time at that point. Started treating him with a muscle spasm medication and talked about the idea that we could possibly try some medications to help speed up his memory processes if we wanted to over time.

Q And it looks like --

A And that day that we talked about Social

Security benefits and how I -- that he was applying for them and that I would support him on that because I felt he was permanently disabled from his multiple sclerosis.

Q And has Mr. Karabees applied for disability that you know about, that you maybe helped fill out some forms or any of that sort of thing?

A I know he has applied, and I know that we have sent all records. And off the top of my head, I don't know what's happened to them.

Q I know sometimes they have the doctors fill some stuff out.

A We sent all the records. They didn't send lots of forms for me yet.

Q Yet, but I am sure they will. So I am clear, it's your opinion, to a reasonable degree of medical certainty, that Mr. Karabees is disabled and unable to work due to his multiple sclerosis?

A Yes, ma'am.

Q And you mentioned multiple sclerosis, I guess one of the parts of the disease process is muscle spasms; is that my --

A One of the processes that develops is spasticity which is tightness of the muscles which predominantly has been affecting his legs, but most

definitely patients with multiple sclerosis can have increased muscle tone and tightness of the muscles involving their spine as well.

Q And just so we're clear, Doctor, it's your opinion, to a reasonable degree of medical certainty, that Mr. Karabees' multiple sclerosis was not aggravated by the fall of October 31st, 2008?

A That's correct.

MS. URBANIC: I think that's all the questions I have. Tom may have.

EXAMINATION BY MR. WHITE:

Q Just a couple, Dr. Lucas.

A Sure.

Q In reviewing your notes, had Mr. Karabees been complaining to you of any shoulder, neck, or back problems prior to the fall that he discussed with you when he came in to see you --

A No, sir.

Q -- in March of 2009?

A No, sir.

Q And as far as follow-up treatment goes, I think we have got medical records from Dr. Wilson and Dr. Kupferman, as far as follow-up treatment for neck, shoulder, and low back, you didn't really treat him for any of those problems?

A That's correct.
Q And do you know when he left work? I mean, I know -- you've got it on September 17th, '09, I guess, that he's out of work. Do you know specifically when he left?
A I do not know exactly when he stopped working.
Q And he had been working up until the date of his fall with his multiple sclerosis?
A Yes, he had.
Q Do you know following the fall -- for example, in your note of March 19th, 2009, can you tell from that note if he is still working or not?
A I don't remember, and it doesn't say definitely on March 19th, so I am not certain.
Q Do you have an opinion or any knowledge of what role that his shoulder problems, neck or back problems may have played in him being forced to eventually leave work when he left work in addition to the multiple sclerosis?
A I think it certainly may have sped things up some. I mean, he was just someone who basically was insisting that he was, not in a bad way, a good way, that he was going to keep working till the last minute that he couldn't work. And certainly any type

of even minor injury on top of the neurologic problem that he had could speed up. I almost don't know how he kept working before and anything added to that wasn't going to help.

Q The last visit before his fall, which was September 18th, 2008, I guess at least at that point, it looks like -- I realize he comes and goes as it flares up. On that date, September 18th, was only four or five weeks, six weeks I guess before the fall. It looks like he was doing fairly well? It looks like you stated he is doing fairly good?

A Yeah. I mean, he certainly had difficulty but was tolerating things really fairly well at that time.

Q And it looks like you were going to see him again in six months. Would that visit on March 19th just have been his regular follow-up visit?

A That's correct. It was just a routine follow-up where I was sort of surprised to find out what he had been through so far since then.

MR. WHITE: I don't have anything else.

MS. URBANIC: Thank you.

(The deposition concluded at 5:48 p.m.)

REPORTER'S CERTIFICATE

I do hereby certify that the witness whose attached deposition was taken before me in the aforementioned matter was, by me, first duly sworn to testify the truth, the whole truth, and nothing but the truth; that the testimony contained in said deposition was, by me, reduced to writing in the presence of said witness by means of computerized transcription. The said deposition is a true and accurate transcript of the whole of the testimony given by the said witness, as aforesaid.

I do further certify that I am not connected by blood or marriage with any of the parties or their attorneys or agents, and I am not an employee of either of them, nor interested directly or indirectly in the matter of controversy either as counsel, attorney, agent or otherwise.

Sworn to and subscribed before me this the 6th day of January, 2010.

Lynda A. Bousquet
Court Reporter and Notary Public
My Commission Expires: 6/2/16

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
WCC FILE NO.: 0822094

THOMAS KARABEES, JR.,
Employee,
Claimant,
-vs-
STATE BOARD FOR TECH & COMP EDUCATION,
Employer,
and
SC STATE ACCIDENT FUND,
Defendant.

DEPOSITION OF:
DR. WILLIAM E. WILSON
March 16, 2010

The deposition of DR. WILLIAM E. WILSON, taken before Lynda A. Bousquet, Professional Court Reporter and Notary Public, at the offices of South Carolina Sports Medicine, 9100 Medcom Drive, N. Charleston, South Carolina, on Tuesday, March 16, 2010, at 4:30 p.m.

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EXHIBITS

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(DR. WILLIAM E. WILSON, having been first duly sworn, testified as follows:)

EXAMINATION BY MR. WHITE:

Q Would you state your full name for the record, please.

A William Ernst Wilson.

Q And I think we can stipulate, Dr. Wilson, to your expertise and qualifications. You're a board certified orthopedic surgeon specializing in the spinal care?

A Yes.

MR. WHITE: And we can stipulate, Peggy?

MS. URBANIC: Oh, yeah.

BY MR. WHITE:

Q And we talked a bit before we went on the record about what we are trying to find out today and the specifics of this deposition. I know you have been seeing Mr. Karabees. I think he first came to you all's practice in November of 2008 following a fall at work. And I believe Dr. Kupferman treated him for a shoulder injury, and he was eventually referred to you for some spinal problems; is that correct?

A Yes.

Q And this case has been accepted by the State Accident Fund for his shoulder injury. And I think he's had surgery, and we have a rating to his shoulder and accepted as to the low back, but it was denied as to the thoracic spine and the cervical spine; is that correct? Well, you wouldn't know that.

MS. URBANIC: That's correct.

BY MR. WHITE:

Q Ms. Urbanic sent you a questionnaire dated January 15th, 2010, where she actually put those specific questions to you as to a causal relationship between his thoracic spine and cervical spine and the original fall of October 31st, 2008. Would that be the questionnaire that you received?

A Yes.

Q And you responded to that questionnaire that there was a causal relationship between the fall and his thoracic spine injury and cervical spine injury; is that correct?

A Yes.

Q And was that opinion based upon a reasonable degree of medical certainty and to a most probable standard?

A Yes.

had sent him for really a survey of the entire cervical, thoracic, and lumbar spine. And the MRI spine was done of the lumbar spine, but I guess still waiting on authorization or whether he could have the thoracic and cervical spine evaluated.

Q And it looks like in the next note of June 17th, 2009, addressing his lumbar problems at L5-S1, you were still requesting imaging studies of the thoracic spine and cervical spine, but at that point, it looks like you thought that maybe he would benefit from pain management; is that correct?

A Yes.

Q And we do have medical records from Dr. Nolan. And was that a referral that you had made to Dr. Nolan?

A Yes, we did.

Q And it looks like he eventually began seeing Dr. Nolan in November of 2009. I don't know if you have got copies of his records, but it looks like he was being treated with injections and other pain management treatment by Dr. Nolan?

A I do have some of the records from Dr. Nolan.

Q And if we can continue through your notes. He eventually got us involved, and we got an MRI done

Q Is that reflected on the letter to you dated January 15th, 2010, that you signed, it looks like, March 10th, 2010?

A Yes.

MR. WHITE: And can we make this just an exhibit to the deposition?

(Exhibit No. 1 marked.)

Q And, Dr. Wilson, in going through your notes, specifically looking at May 19th, 2009, you had requested an MRI of the lumbar spine, and that was performed. Can you tell me what the findings were of the MRI of his lumbar spine problem?

A He had some arthritic changes or some mild spondylosis, an L5-S1 disc bulge. Didn't see anything that looked like fractures or anything bad as far as big disc herniations or severe spinal stenosis.

Q It looks like also at that time, you were recommending or wanting to get an MRI of the thoracic and cervical spine, but because that was not accepted, you didn't get it done at that time, although I think it was done later; is that correct?

A Right. I think when I saw him in March, actually, based on his exam, history at that time,

of his cervical spine and thoracic spine. And it looks like you addressed those in your note of January 15th, 2010. And would that be the last time you saw Mr. Karabees?

A Yes.

Q And can you tell us what the findings were in the cervical area?

A In the cervical spine, he had a disc protrusion at C5-6. He had a mid-thoracic disc protrusion as well. He had some degenerative changes throughout the thoracic spine. He also had some changes -- as I recall, he's got MS. He had some changes within the cord consistent with the MS.

Q And we'll talk about the MS in just a second. As far as the central cervical spine and thoracic spine goes, when you gave an opinion that those were causally related to this injury, what would have been the appropriate course of treatment at that point for his cervical spine and thoracic spine?

A Which point?

Q I guess when you saw what the problem was by MRI, what would be the recommended treatment for that?

A Well, I mean, when I saw him in January, he

was having neck pain, back pain, wasn't really having cervical radicular pain. My suggestion would be to continue with the non-operative treatment, whether it's injections or non-op modalities. I think he used the TENS unit and maybe a muscular stimulator. I think those types of treatment options are probably the best for him. I don't think he required surgery at that time.

Q And those conservative treatment options, would that be something you would perform or would you refer that out?

A Typically we have the pain management physicians do that.

Q And would that be Dr. Nolan?

A Yes.

Q And as far as his -- I guess staying away from the MS issues for the moment, dealing with what you saw by MRI dealing with the cervical spine, thoracic spine and lumbar spine, as of January 15th, 2010, do you have an opinion whether or not he would be at maximum medical improvement as to those issues that date or would he need additional care and treatment?

A From my standpoint, I would say he would be at maximum medical improvement. I do think he

probably -- that he needs to have continuing care with a pain management specialist, such as Dr. Nolan. Unless he had something pending that he felt like needed to be done urgently, which I would not anticipate, then I would say he would be at maximum medical improvement.

Q And when you state that he would need to see Dr. Nolan, would that be to lessen his overall disability and maintain his current level of function, those future medicals?

A Yes, I think so.

Q And do you have an opinion, to a reasonable medical certainty, as to whether those future medicals with Dr. Nolan would be causally-related to his initial injury of October 31st, 2008?

A I believe they would.

Q And if we can just touch on the MS, Multiple Sclerosis issue just for a second. If I go back to your note of August 26th, 2009, the last paragraph, I note you state there that some of his symptoms are certainly likely related to exacerbation of his Multiple Sclerosis. And I guess could you just explain to us, obviously we don't deal with Multiple Sclerosis, and I realize it's not your area of specialty, just how would an injury like this

interplay with that, and do you have an opinion, to a reasonable medical certainty, whether the injury aggravated that condition?

A Well, I don't -- I don't routinely treat patients with MS. I do have patients that I am treating for other things that subsequently have or concurrently have MS. And I think that some of the symptoms from MS can be hard to pin down.

But stress, injuries, those sorts of things sometimes will exacerbate the symptoms of paresthesias. Especially, I think at this point, he was having some paresthesias that he had in his hands which would maybe -- I felt may have been partly related to his MS. So I think that's what I was referring to. That, and sometimes even stress of injuries can ex -- if MS -- if part of their MS is pain, then sometimes that can be an issue as well.

Q I think his physician for his MS is Dr. Lucas, the neurologist?

A Yes.

Q And I believe he was treating with him before and after he saw you. And would you defer to him as far as whether or not there was a type of aggravation of that condition --

A Yes.

Q -- that related to this injury?

A Yes. I think he would be the one that knows him best as far as his MS symptoms and what they typically are.

Q If it's your opinion that he's reached maximum medical improvement for any spinal injuries related to this October 31st, '08, accident to his neck, mid-back or low back, do you have an opinion whether or not he had any ratable impairment under the 5th Edition of the AMA Guide under the DRE categories?

A I think he would. I don't memorize those off the top of my head.

Q I've got them. Do you mind if we look at those quickly?

(Off-the-record.)

A Typically, folks that remain symptomatic for either disc or symptomatic degenerative changes, I typically find that they are in the DRE Category II whether it's cervical, thoracic, or lumbar, which I think would fit him.

Q Right. And so I think in all of those categories, the rating range is from five to eight percent?

A I would put him -- I usually give people

about a seven percent, using this one. I think it's a little bit different in the other book. I would say probably a seven percent for each of those.

Q And so that would be a seven percent whole person impairment rating based upon the lumbar injury and a seven percent whole person rating based upon the thoracic injury and a seven percent whole person rating based upon the cervical injury?

A Yes.

Q And I don't know the answer to this. I don't have it memorized. Do those -- do you know how that combines? Is there a combined values chart to come up with the total impairment to the back? You know, under our Workers' Compensation law, the cervical, thoracic, and lumbar are all just listed as back, or would you just add those together?

A I typically add them together. There may be, you know -- I think that under Workman's Compensation, I think they do have a means of doing some type of combination. I think it's fairly close when they're that low, but I would add them together.

Q And if you were to give Mr. -- and I guess just in the overall impairment to his back as one body part with all of those, with all of that being

considered, what would the rating be to the back as a result of this injury?

A I guess if you included the cervical, thoracic, and lumbar spine, I guess if it's done that way, it would be a 21 percent whole person impairment.

Q Is that your opinion, to a reasonable medical certainty, and is it most probably a result of this injury?

A Yes.

Q And last question is: Would you be able to give us specific restrictions for Mr. Karabees from a work standpoint from the cervical, thoracic, lumbar injuries only?

A I think the restrictions for him would be limited lifting, no heavy lifting basically. No heavy lifting over 25 pounds or so. And limited bending, twisting, stooping. Those would be the things I think would be most problematic for him.

Q And would there be any limitations on length of period of time as far as sitting, standing, walking, or would that be something that you could address?

A You know, I think it's -- I think it's hard to really put a time frame on those, to be honest

with you. I think it's as tolerated with prolonged sitting or standing.

Q And as far as, I don't think you -- you didn't have him on any medication when you last saw him, I don't believe. It was being taken care of by Dr. Nolan?

A Right.

MR. WHITE: That's all the questions I have. Thanks.

EXAMINATION BY MS. URBANIC:

Q Dr. Wilson, just a few additional questions. I think you said that Mr. Karabees has a disc protrusion at C5-6?

A Yes.

Q Just when I looked at the Tri-County Radiology Associates, I just didn't see it on there. Could you help me out? This is the MRI that was taken on November 14th, 2009. I thought it said disc osteophyte complex.

A Right. It says: Disc on both sides, uncovertebral and facette hypertrophy, moderate exit stenosis, mild anterior cord flattening.

The disc osteophyte complex, really what that means, the disc is, what I was referring to, as the disc protrusion, is usually a combination of disc

and bone spur. So it's really disc and bone spur protruding out. It's just a different way of saying it.

Q So this disc osteophyte complex is what you're saying --

A Correct. The disc protrusion.

Q -- is the disc protrusion?

A I guess to be more anatomically correct, there is certainly some bone spur associated with it.

Q Sure. Is it -- did that preexist, I think his date of accident, I'm sorry, the date is October 31st, 2008?

A I think certainly the degenerative changes and osteophytes that we see there I think mostly did preexist his actual fall.

Q So when you say you found or noted -- I shouldn't say found, but noted that he had disc bulges I think in his cervical spine and I believe there is also a reference on the radiology report to a disc bulge in his thoracic spine, did those preexist the date of injury of October 31st, 2008?

A Well, I think that in the cervical spine, the certainly associated degenerative changes did. And sometimes you can have a bit of a protrusion of

the disc on top of the degenerative changes. The thoracic spine I think is a little harder to -- the thoracic disc is a little harder to date in that it's more of a soft tissue, soft disc protrusion. So it's a little harder to say that that preexisted, but certainly some of the degenerative changes did.

Q So you're just not able, I guess based on when the MRIs were taken, able to tell us whether or not the disc protrusion of thoracic spine preexisted October 31st of '08?

A Correct.

Q But you feel confident that the disc protrusion in the cervical spine more likely than not preexisted Octobers 31st of '08?

A Yes.

Q How about the lumbar spine, did that have, I think, a disc protrusion at --

A I think he had some degenerative --

Q -- L5?

A I'm sorry.

Q I'm sorry.

A He had some degenerative changes at L5-S1 which likely did preexist, as well as facette arthritis or facette hypertrophy. And, typically, a bulge which is associated with that, may or may not

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be in addition to what he had underlying. So I think he had some underlying problems at L5-S1 prior to his fall. Whether a bit of the disc bulge occurred after the fall, I don't know that there is any way to tell.

Q And I am just trying to figure out, because you put -- as far as his ratings, you gave him a seven percent to each one. And it sounds like he may -- at least as far as his cervical and lumbar, he clearly had some preexisting issues going on. His thoracic, you're, not as clear as to when his disc bulges occurred. So I am trying to figure out how they all got seven percent.

A Well, I think he probably had some underlying degenerative changes in the spine. I don't have -- I think he probably did have underlying degenerative changes in his spine. But I think he had a significant fall or injury, at least the way he related it to me, and became symptomatic from those, which have remained symptomatic. And that's really what I was basing that on.

Q Okay. You're basing it more on his complaints of pain and discomfort that he was relaying to you?

A Well, that, and the fact that he does have these underlying problems that are now symptomatic.

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That's really my basis of saying that.

Q And I understand Mr. Karabees was working as an instructor at Trident Tech when the fall occurred?

A Yes.

Q And the restrictions you described, the no lifting over, I think it was, 25 pounds, limited bending, stooping, and twisting, do you think he would be able to do that type of work as an instructor at Trident Tech with those restrictions?

A There may be parts of that he could do. I think he -- as I recall him telling me, he had to carry, whether it's a briefcase or something for the classes that he taught, he had to carry in some type of -- some type of equipment which would be difficult to do. So, you know, could he do any of it, maybe parts of it. But it certainly sounds like he's had a difficult time with the amount of pain he has as far as standing or sitting for a long enough time to teach any classes is what he related to me.

Q Now, I know you said you defer a lot of the, I guess, opinions with regards to the MS to Dr. Lucas, his neurologist?

A Yes, ma'am.

Q Do you have an opinion as to whether or not

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his MS could cause him pain in his spine or back?

A I think it probably can.

Q Is there any way, to your knowledge, to differentiate, you know, what could be coming from his MS versus from the fall?

A I don't know how to differentiate those two.

Q I understand you said he's not a surgical candidate for any --

A I don't think that the findings on his studies would be reasons for him to have surgery to make him significantly better.

Q And do you have an opinion as to -- because of his MS and obviously he requires treatment for it, would that -- and I understand MS is a progressive disease, you know, for everybody. Would that affect his abilities as to what kind of treatment he may be able to get with regard to his back in the future? Would that limit or restrict it?

A In regards to?

Q The pain management kind of stuff.

A Not to my knowledge, unless there is some type of interactions between medications. If they are wanting to give -- I guess there may be some limitations on medications that he could be given if they interact with some other medications that he is

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getting for his MS. I think that would probably be the limitations that I could think of.

MS. URBANIC: I think that's all the questions I have.

EXAMINATION BY MR. WHITE:

Q I think just a couple in follow-up, Dr. Wilson. It looks like from the medical history, did you have any history of any previous back problems to his back, midback or low back before the fall of October 31st, 2008?

A I don't — he didn't give me any history, and I don't have anything to contradict -- I don't have any history that he had any previous neck or back problems.

Q And the history that you received is that he has been symptomatic since the fall; is that correct?

A That's what he said, yes.

Q And if some of the conditions were preexisting but not symptomatic, do you have an opinion to a reasonable medical certainty whether the fall resulted in his symptomatology that you saw and whether he aggravated a preexisting condition?

A My opinion would be that if there were no history of symptoms and he had some preexisting

problems and they became symptomatic after a significant fall, then I think they would be related, yes.

Q And I think as far as aggravation of preexisting condition, that would be for the cervical and lumbar, if any of that preexisted, apparently it did by MRI?

A Yes.

MR. WHITE: Okay. That's all I've got.

EXAMINATION BY MS. URBANIC:

Q Did Mr. Karabees ever complain of any problems with his legs to you?

A I think initially he was having some radiating pain into the leg.

Q Did that resolve?

A His initial visit, March 17th, he had an area of the posterior thigh with a sharp pain which has continued since his injury.

Q You sent him for physical therapy to his low back?

A I think the leg symptoms, for the most part, resolved or at least improved. I think the residual worst part of his pain was more in the mid-thoracic area, the neck.

Q When you last saw him, I guess January 15th of this year, did he have any problems with his legs at that visit?

A I think he — I didn't make any comment on his leg, on the leg pain. I think his complaints then were still more of the pain in the neck and upper back.

MS. URBANIC: Okay. I think that's all the questions I have.

MR. WHITE: Nothing further.

(The deposition concluded at 5:00 p.m.)

REPORTER'S CERTIFICATE

I do hereby certify that the witness whose attached deposition was taken before me in the aforementioned matter was, by me, first duly sworn to testify the truth, the whole truth, and nothing but the truth; that the testimony contained in said deposition was, by me, reduced to writing in the presence of said witness by means of computerized transcription. The said deposition is a true and accurate transcript of the whole of the testimony given by the said witness, as aforesaid.

I do further certify that I am not connected by blood or marriage with any of the parties or their attorneys or agents, and I am not an employee of either of them, nor interested directly or indirectly in the matter of controversy either as counsel, attorney, agent or otherwise.

Sworn to and subscribed before me this the 17th day of March, 2010.

Lynda A. Bousquet
Court Reporter and Notary Public
My Commission Expires: 6/2/16

TRIDENT TECHNICAL COLLEGE

WORKERS' COMPENSATION EMPLOYEE'S NOTICE OF ELECTION FORM

I, Thomas Karabees, elect the following method of receiving disability compensation as a result of my work related injury:

X To be placed on paid leave status, using accrued sick and/or annual leave. (When such leave credits are exhausted before the employee can return to work, the employee will be entitled to workers' compensation disability benefits at the time the specified amount of leave is exhausted.)

____ To use workers' compensation benefits awarded in accordance with Title 42 of the 1976 Code. (Under this method, the employee would receive the disability benefits equal to 66.67% of employee's average gross weekly pay for the year immediately preceding the accident date, not to exceed the current maximum rate of $661.29 per week.); or

____ To receive sick and/or annual leave on a prorated basis in combination with workers' compensation according to the formula approved by the Budget and Control Board.

Thomas Karabees
Employee's Signature

17 NOV 08
Date

DO NOT COMPLETE THIS SECTION, FOR PAYROLL PURPOSES ONLY:

Prorated leave percentage to be charged per month: _____

FOR DATES OF RETIREMENT OF JULY 1, 2005, OR AFTER

OFFICE USE ONLY
☒ SCRS
☐ Correlated _____
☐ Disability pending
☐ TERI Participant

Form 61018
Revised 05/04/2007
Page 1

SCRS SERVICE RETIREMENT APPLICATION
State Budget and Control Board
South Carolina Retirement Systems
P.O. Box 11960, Columbia, SC 29211-1960

The member must be off the payroll from all employment under South Carolina Retirement System, Police Officers Retirement System, or the State Optional Retirement Program as of the effective date of retirement. Applications for retirement may be filed as early as six month prior to, and up to three months after, your service retirement effective date.

Section I (Attach Your Birth Certificate) **PERSONAL INFORMATION** TYPE OR PRINT IN BLUE INK

LAST NAME & SUFFIX (Jr., Sr., etc.)	FIRST/MIDDLE NAME	SOCIAL SECURITY NUMBER
Karabees, Jr.	Thomas W	385 52 8253

Address	Date of Birth (proof required)	Sex
379 Oxford Road	10-13-1948	☒ M ☐ F

City	State	ZIP+4	Home Phone	Work Phone
Ladson	SC	29456	843 572-0431	

Section II **SCRS RETIREMENT PLAN ELECTION AND BENEFICIARY DESIGNATION**

YOUR PAYMENT PLAN MAY NOT BE CHANGED ONCE BENEFITS ARE FIRST PAYABLE, except as noted on the reverse side.
If designating more than three beneficiaries, complete and attach an additional Form 61015. For all plans, attach a copy of your birth certificate and your current driver's license or special identification card issued by your State Department of Transportation or Public Safety. For any joint retiree-survivor plan, attach your beneficiary's birth certificate.

☐ Check here if payments are to be paid through a trust and attach a completed Form 1113, Certification of Trust.

☐ OPTION A (Maximum-Retiree Only)
☒ OPTION B (100% - 100% Joint Retiree-Survivor)
☐ OPTION C (100% - 50% Joint Retiree-Survivor)

	Social Security #/Federal ID#	Sex	Date of Birth	Relationship (Check one)
1. Name of Beneficiary Patricia A. Karabees	299-46-4998	☐ M ☒ F	2-18-1957	☒ Spouse ☐ Son ☐ Daughter ☐ Other
2. Name of Beneficiary	Social Security #	☐ M ☐ F	Date of Birth	☐ Spouse ☐ Son ☐ Daughter ☐ Other
3. Name of Beneficiary	Social Security #	☐ M ☐ F	Date of Birth	☐ Spouse ☐ Son ☐ Daughter ☐ Other

Section III **RETIREE GROUP LIFE INSURANCE**
☒ CHECK IF SAME BENEFICIARY(IES) AS IN SECTION II

	Social Security #/Federal ID#	Sex	Date of Birth	Relationship (Check one)
1. Name of Beneficiary		☐ M ☐ F		☐ Spouse ☐ Son ☐ Daughter ☐ Other
2. Name of Beneficiary	Social Security #	☐ M ☐ F	Date of Birth	☐ Spouse ☐ Son ☐ Daughter ☐ Other
3. Name of Beneficiary	Social Security #	☐ M ☐ F	Date of Birth	☐ Spouse ☐ Son ☐ Daughter ☐ Other

Section IV **EMPLOYMENT INFORMATION**

Current/Former Employer(s)	Your Position Title
Trident Technical College	Faculty - Instructor

Last day on payroll will be or was:	Effective Date of Retirement (choose one):	☐ Day following last day on payroll	☒ Specific date:
4-10-09			4-11-09

Do you plan to defer your retirement benefits through the Teacher and Employee Retention Incentive (TERI) program? ☐ Yes ☒ No
If yes, please attach a completed Form 6201 from your employer indicating the dates of your TERI period.

Section V **SIGNATURE STATEMENT**

Please read the Authorization section of the instructions on the reverse (page 2) before signing this form IN BLUE INK.

I hereby certify I have read and understand the information on the reverse side (page 2), including the authorization, and I agree to the terms stated.

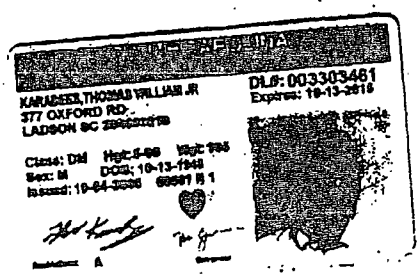
My signature indicates that I understand that it is my responsibility to contact my employer or health insurance provider regarding my eligibility for retiree health insurance, if applicable.

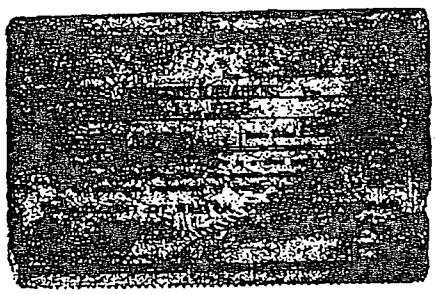
MEMBER'S SIGNATURE _____ DATE 2 APRIL 2009
(Certified copy of legal authorization required with signature other than applicant's)

WITNESS _____ DATE _____
(Required only when signed by mark)

THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS AND DOES NOT CREATE A CONTRACT BETWEEN THE MEMBER AND THE SOUTH CAROLINA RETIREMENT SYSTEMS. THE SOUTH CAROLINA RETIREMENT SYSTEMS RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT.

Please call SC Retirement Systems Customer Service with any questions: (800) 868-9002 (in state) or (803) 737-6800


DL#: 003303461
Expires: 19-13-2016
377 OXFORD RD
Class: DM
Sex: M
DOB: 19-13-1948



Dr. Kostenik

OHIO DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF LIVE BIRTH

Reg. Dist. No. 2345

Primary Reg. Dist. No. 1111 — Birth No. 134 -

1. PLACE OF BIRTH
a. COUNTY Cuyahoga
b. IF OUTSIDE CORPORATE LIMITS, WRITE RURAL and give township — OR VILLAGE Cleveland
c. IF NOT IN HOSPITAL OR INSTITUTION, give street address or location — HOSPITAL OR INSTITUTION Fairview Park Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE Ohio — b. COUNTY Portage
c. CITY (If outside corporate limits, write RURAL and give township) OR VILLAGE Kent
d. STREET (If rural, give location) ADDRESS 114 Columbus St.

3. CHILD'S NAME (Type or print) — a. (First) Patricia — b. (Middle) Ann — c. (Last) Nelson

4. SEX Female — 5. THIS BIRTH Sing. [X] Twin [ ] Triplet [ ] — 5b. IF TWIN OR TRIPLET (This order born) 1st [ ] 2nd [ ] 3rd [ ] — 6. DATE OF BIRTH (Month) February (Day) 16, (Year) 1951

FATHER OF CHILD

7. FULL NAME — a. (First) Robert — b. (Middle) Carl — c. (Last) Nelson — 8. COLOR OR RACE White

9. AGE (At time of this birth) 23 YEARS — 10. BIRTHPLACE (State or foreign country) Cleveland, Ohio — 11a. USUAL OCCUPATION G.I. Student — 11b. KIND OF BUSINESS OR INDUSTRY Kent State University

MOTHER OF CHILD

12. FULL MAIDEN NAME — a. (First) Theresa — b. (Middle) Dorothy — c. (Last) Hansen — 13. COLOR OR RACE White

14. AGE (At time of this birth) 22 YEARS — 15. BIRTHPLACE (State or foreign country) New York City, New York

16. INFORMANT'S NAME OR SIGNATURE Mrs. Theresa Nelson

14a. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do not include this child) — a. Now living 1 — b. Now dead (Other than stillbirths) 0 — c. Stillbirths (Born dead after 20 weeks pregnancy) 0

I hereby certify that this child was born alive on the date above

17a. SIGNATURE [signature] M.D.

17b. ADDRESS 500 United Bank Bldg.

18. DATE RECD BY LOCAL REG. FEB 22 1951

19. REGISTRAR'S SIGNATURE [signature] DEPUTY

CERTIFIED COPY OF RECORD ON FILE IN THIS OFFICE

FOR MEDICAL AND HEALTH USE (This section MUST be filled out)

Form 7202
Revised 09/20/2005
Page 1

PENSION WITHHOLDING CERTIFICATE / AUTOMATIC DEPOSIT AUTHORIZATION
State Budget and Control Board
South Carolina Retirement Systems
Box 11960, Columbia, SC 29211-1960

Print or type in black ink

☐ Check box if new address

Payee Last Name & Suffix	First/Middle Name	Social Security Number	Phone Number
Karabees, Jr	Thomas W	385-52-8253	572-0431

Mailing Address	City	State	ZIP+4
377 Oxford Road	Ladson	SC	29456

Check appropriate system:
☒ South Carolina Retirement System ☐ General Assembly Retirement System ☐ Police Insurance and Annuity Fund
☐ Police Officers Retirement System ☐ Retirement System for Judges/Solicitors ☐ Accidental Death Program (police only)
☐ National Guard Retirement System

Indicate whether you are receiving checks as a retiree of one of the above systems or as a beneficiary from the account of a former member or retiree. (Note: Complete a separate form for each system and/or account if receiving multiple checks.)

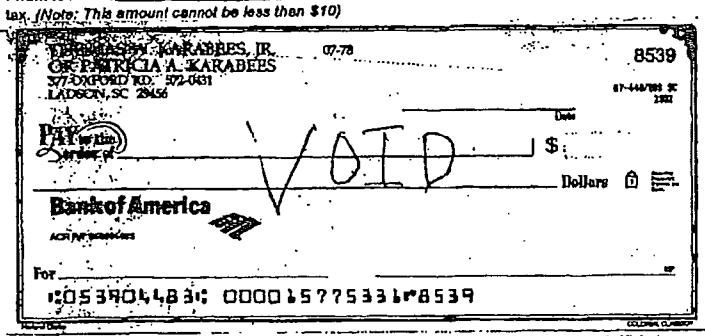
☐ As a retiree ☐ As beneficiary of a former member or retiree SSN of former member or retiree

PENSION WITHHOLDING

FEDERAL INCOME TAX
☐ Do not withhold federal income tax from my monthly benefits.
☒ Withhold federal income tax from my monthly benefits based on the tax table and exemptions claimed below.
☐ I want to have $_____ (please round to the nearest dollar) per month withheld for federal income tax, if that amount is greater than the withholding based on tax tables and the exemptions claimed below. Otherwise, withhold in accordance with the tax tables. *(Note: You must complete the marital status and exemption sections below.)*

MARITAL STATUS ☐ Single or Widowed ☒ Married EXEMPTIONS 0 Enter Number of Exemptions Claimed

SOUTH CAROLINA INCOME TAX Note: SC National Guard retirement income is exempt from SC withholding.
☐ Do not withhold South Carolina state income tax from my monthly benefits.
☒ Withhold South Carolina state income tax from my monthly benefits based on the tax table and (enter #) 0 exemptions.
☐ I want to have $_____ (please round to nearest dollar) per month withheld for South Carolina state income tax. *(Note: This amount cannot be less than $10)*



Type of account (check one)
☒ Checking
☐ Savings

Complete information only if bank account has no checks.
Financial Institution's Name Transit/Routing Number Account Number

(Note: This form must be signed and dated. See notes on reverse side/page 2)

Thomas W Karabees 2 APRIL 2009
PAYEE'S SIGNATURE (or properly authorized attorney-in-fact under a Power of Attorney on file with SC Retirement Systems) DATE

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Please call SC Retirement Systems Customer Service with any questions (800) 868-9002 (in state) or (803) 737-6800

Form 6201
Revised 12/03/2008
Page 1 of 2

EMPLOYER CERTIFICATION OF LAST DAY PAID

State Budget and Control Board - South Carolina Retirement Systems
Customer Service Annuity Claims
PO Box 11960, Columbia SC 29211-1960

Please attach to retirement application or fax to - Customer Service Annuity Claims (803) 737-7752. The purpose of this information is to determine an effective date of retirement for estimated payroll purposes.

Retiring Member's Name: Thomas W. Karabees, JT SSN: 385528253

Planned Retirement Date: 4-11-09 ☑ SCRS ☐ PORS ☐ GARS ☐ JSRS

Section I FOR RETIREMENT PURPOSES, PLEASE INDICATE APPROPRIATE TERMINATION DATE BELOW

Indicate last day from which active member retirement contributions, prior to retirement, will be withheld from earned compensation: 4-10-09

If the date of termination will be later than date above, due to an unpaid leave of absence, etc., please indicate actual termination date here: _____

Note: For members retiring and continuing to work as currently authorized by statute (i.e., TERI participants [§9-1-2210]; SCRS [§9-1-1510], JSRS [§9-8-60(7)] GARS [§9-9-60(3)], etc.) **please use the last day employed, prior to retirement, as an active, contributing member.**

Employer Name: Trident Technical College Employer Code: 311.08

Completed by: Candy W Marlowe Job Title: BA

Phone Number: 843-574-6286 Fax Number: 843 574-6682

Email Address: Candy.Marlowe@tridenttech.edu

Authorized Employer Signature: Candy W Marlowe Date: 4/2/09

Section II FOR TEACHER AND EMPLOYEE RETENTION INCENTIVE PROGRAM PARTICIPANTS ONLY

This is to certify that in conjunction with the above-named member's SCRS service retirement, the employer acknowledges the member's participation in the Teacher and Employee Retention Incentive (TERI) program on the TERI start date below and the termination of his or her participation on the TERI end date below:

*TERI Start Date: _____ (DATE OF RETIREMENT) TERI End Date: _____ Number of Months: _____ (MAXIMUM OF 60 MONTHS)

*** For TERI participation, this termination date should be no more than one day prior to TERI start date (effective date of retirement) so as to certify that the member was actively employed upon TERI participation. For all retirees, complete Section I. For TERI retirees, complete Sections I and II.**

RETIREE HEALTH INSURANCE

Please discuss retiree health insurance with your employee who is anticipating retiring or participating in TERI. Although one may be eligible to retire it does not automatically make one eligible for retiree health insurance. Therefore, the consideration of a termination date as it relates to retiree health insurance coverage maybe of vital importance, prior to retirement.

Please submit a corrected copy as soon as possible should any information change. The TERI participant or employer should notify the Retirement Systems' Payroll Department, either by telephone or in writing, three months prior to the TERI participant's TERI ending date.

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Please call SC Retirement Systems Customer Service with any questions: (800) 868-9002 (in state) or (803) 737-6800

First Name | Middle Initial | Last Name | Date of Birth (Month/Day/Year) | Social Security Number

$ 70 000 Optional Life Total Coverage

$ 70 000 I Elect to Port: ($10,000 Increments)

(843) 522-0431 Phone Number

377 Oxford Rd Address | Ladson City | SC State | 29456 Zip Code

4-10-09 Last Day Worked

5-1-09 Active Group Coverage Termination Effective Date

If you left employement due to being disabled attach a copy of the Waiver of Premium Form.

Billing Option: (Please circle your preference: A $5 administrative fee per billing period is applicable)

Annual Semi-annual (Quarterly)

Patricia A. Karabees Your Beneficiary: (First Name, Middle Initial, Last Name)

Wife Relationship to you

I UNDERSTAND THAT THE INSURANCE FOR WHICH I HAVE APPLIED FOR WILL NOT BECOME EFFECTIVE UNLESS I HAVE FULLY COMPLETED THIS FORM. THIS FORM MUST BE COMPLETE IN ITS ENTIRETY OR IT WILL BE RETURNED TO YOU.

Signature: [signature] Date: 2 APRIL 2009

I HAVE ALREADY RECEIVED A PORTION OF MY COVERAGE UNDER THE LIVING BENEFITS OPTION AND UNDERSTAND MY CONTINUATION COVERAGE WILL EQUAL THE REMAINING COVERAGE IN EFFECT

Signature (if applicable): _____ Date: _____

Signature of verification by benefits administrator: Carolyn Mauldin Date: 4/2/09

This application form is necessary for continuation of the Optional Life coverage under portability. To be eligible for continuation under portability, the employee must be leaving covered employment due to disability retirement or service retirement and must be eligible for retirement at the time the active group Optional Life coverage ends. Under portability provisions, the retiring employee may continue his Optional Life coverage in $10,000 increments up to his active coverage level unless he has already received a portion of his coverage under the Living Benefits Option. Portability premiums are the same as the active employee Optional Life Premiums determined by age and increased in five-year increments until age 75. Coverage will be reduced at age 70 and continued until age 75. A $5 administrative fee will be charged with each billing cycle (annually, semi-annually, or quarterly: refer to billing option above). If the employee elects to continue the Optional Life coverage under portability, he is eligible to continue the coverage until age 75 and to convert his coverage to an individual life insurance at age 75.

This form and/or conversion request form should be completed and filed within 31 days of the coverage termination date.

In lieu of portability, the retiring employee may elect conversion to an Individual Life insurance policy. Conversion is available to employees who lose Optional Life Coverage and dependents who lose Dependent Life Coverage. It is issued without evidence of insurability. Applications for conversion must be filed within 31 days of the coverage termination date. Any amount of coverage (in thousand dollar increments) may be converted up to the benefit amount of the coverage terminated. Conversion brochures and information are available at the employer's benefits office.

Please send completed form to: Hartford Life Insurance Company
Attention: SRL&H Department
PO Box 2999
Hartford, CT 06104-2999

Do not send premium now as you will be billed.

Rev 01/08

SOUTH CAROLINA STATE BUDGET AND CONTROL BOARD
EMPLOYEE INSURANCE PROGRAM (EIP)
RETIREE NOTICE OF ELECTION

R
SEE INSTRUCTIONS IF COMPLETING BY HAND USE BLACK INK

ELIG.

Select ONE or BOTH If Applicable
- [X] Regular Retiree
- [ ] Disability Retiree
- [ ] Police Retiree

Indicate Record of Service (Attach Employment Record)
30 Yrs. 1 Mos. 25 Days

Select ONE (If Applicable)
- [ ] 5-10 Year Retiree
- [ ] Age 65/25 Years Retiree Ending Date _____
- [ ] TERI Retiree Ending Date _____

Verification of eligibility (required of retirees from entities other than state agencies and school districts)
Benefits Administrator Signature _____ Employer ID _____

ACTION

Select ONE of the Following:
- [X] New Subscriber - Date of Retirement 4-11-09 [ ] Termination
- [ ] Previously enrolled as a Retiree - returning to Retiree status
- [ ] Address Change [ ] Change (Specify) _____
- SSN Change - Incorrect # _____ Date of Occurrence _____ (Attach Copy of Social Security Card)

EIP USE ONLY
Employer ID _____
Transfer from [ ] SSN _____
Effective Date _____
Group ID # _____

ENROLLEE INFO

1. Social Security Number	2. Last Name	3. Suffix	4. First Name	5. M.I.
385-52-8253	Karabees	Jr.	Thomas	W

6. Date of Birth MM/DD/YYYY	7. Sex	8. Marital Status	9. Home Phone #	10. E-mail Address
10-13-48	[X] M [ ] F	[ ] Single [X] Married [ ] Divorced [ ] Legally Separated [ ] Widowed	( )	

11. Mailing Address	12. Apt.	13. City	14. State	15. Zip Code	16. County Code
377 Otford Road		Ladson	SC	29456	Select 08

COVERAGE

It is your responsibility to select the appropriate insurance coverage. See the benefits options before making your selection. Select one health plan and dental plan(s). To refuse coverage, mark "REFUSE."

17. HEALTH PLAN (Refuse or select one plan and one category)
PLAN [ ] Refuse [ ] HMO _____ Name of HMO
[ ] Savings (Non-Medicare Retiree) [X] Standard [ ] Medicare Supplement
CATEGORY (Select One) [X] Enrollee [ ] Enrollee/Child(ren) [ ] Enrollee/Spouse [ ] Family

19. STATE DENTAL PLAN
[X] Enrollee [ ] Enrollee/Spouse [ ] Enrollee/Child(ren) [ ] Family [ ] Refuse

18. DENTAL PLUS [ ] Yes [ ] Refuse (You must be enrolled in the State Dental Plan to elect Dental Plus. If no election is indicated for Dental Plus, you will not be enrolled for this coverage)

MEDICARE AND OTHER COVERAGE

List below, yourself and any other persons to be covered who are eligible for Part A and/or Part B of Medicare. Please include copy of Medicare card.

20. NAME	MEDICARE#	ELIGIBLE DUE TO	EFFECTIVE DATE PART A MM/DD/YYYY	EFFECTIVE DATE PART B MM/DD/YYYY
		[ ] Age [ ] Disability [ ] Renal Disease		
		[ ] Age [ ] Disability [ ] Renal Disease		

Do you or any of your dependents have other group health coverage? [ ] YES [ ] NO Does this coverage include pharmacy benefits? [ ] YES [ ] NO
If you and/or your dependents have had other coverage with another carrier within 62 days of this request, please attach a copy of your certificate of health coverage. This will ensure proper credit for any pre-existing conditions, if applicable.

21. DEPENDENT NAME	INSURANCE COMPANY	POLICY HOLDER DATE OF BIRTH	EFFECTIVE DATE OF POLICY	TERMINATION DATE

DEPENDENTS

22. List spouse and all children to be covered under health and/or dental. If they are not listed, they will not be covered. In order for children age 19 through 24 to be considered eligible for coverage, documentation must be provided to verify the dependent is a full-time student or incapacitated.

Is your spouse a state employee or retiree? [ ] YES [ ] NO

Add (A) or Delete (D)	Dependent SSN#	Last Name	First Name	SEX M/F	Relation	Date of Birth MM/DD/YYYY	Indicate Status
	Spouse						Spouse employed by state-covered entity? [ ] Yes [ ] No
	Child						[ ] Full-time student [ ] Incapacitated
	Child						[ ] Full-time student [ ] Incapacitated
	Child						[ ] Full-time student [ ] Incapacitated

CERTIFICATION & AUTHORIZATION

23. CERTIFICATION: I have read this NOE and made authorizations herein and selected the coverages noted. I have provided Social Security numbers and documentation establishing my dependent(s)' eligibility for the plan(s) selected. I understand that unless otherwise provided in the Plan, I may cancel coverage for me or my dependent(s) only during an open enrollment period (every two years). Should I refuse any coverage or fail to enroll all eligible dependents when first eligible, I and/or all eligible dependents may only enroll during an open enrollment period (every two years) unless otherwise provided by the Plan. I understand and agree that all selected plans will not be effective unless and until the NOE is approved. I understand that the State reserves the right to alter benefits or premiums at any time to preserve the financial stability of the Plan.
AUTHORIZATION: I understand that it is my sole responsibility to pay all required premiums for all plans selected. Failure to pay the required premiums by the due dates will result in cancellation of coverage. I authorize any healthcare provider, prescription drug dispenser and claims administrator to release any information necessary to evaluate, administer and process claims for any benefits.
DISCLAIMER: THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE AGENCY. THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS. THE AGENCY RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT IN WHOLE OR IN PART. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT.

Enrollee Signature _____ Date 2 APRIL 2009

EP REV. 3/08 ORIGINAL TO EIP COPY TO RETIREE

Trident
Sports Medicine & Rehabilitation

- ☐ Trident Sports Medicine • 847-4873
  Fax # 847-4814
  Fax all orders for new patients to 847-4943
- ☐ Summerville Medical Center • 832-5020
  Fax # 821-3814
  Fax all orders for new patients to 847-4943
- ☐ Moncks Corner Medical Center • 761-8772
  Fax # 577-9395
  Call 797-8854 to schedule your first time appointment
  Fax all orders for new patients to 847-4943
- ☐ Archdale Medical Center • 552-7989
  Fax 552-7726
  Fax all orders for new patients to 847-4943

Please complete the information in this box prior to faxing form or calling to schedule appointment.

PATIENT NAME (LAST)	(FIRST)	PATIENT SSN

BIRTHDATE	AGE	SEX	TEL # Area Code

ADDRESS	CITY	ZIP

PATIENT'S PLACE OF EMPLOYMENT	ADDRESS

GUARANTOR NAME (If Other Than Patient)	RELATIONSHIP

GUARANTOR'S PLACE OF EMPLOYMENT	GUARANTOR SSN

INSURANCE CO.	ID #

INSURANCE CO.	ID #

Service: PT / OT (circle one)

Patient's Name: Thomas Kerber ✓ Today's Date: 11/14/08

Physician's Name: Kuffelman Signature:

Diagnosis: (S shoulder RC strain vs RC tear - MRI GH DJD pain

Frequency / Duration of Treatment: _____ Times per Week for _____ Weeks

Appointment Date: _____ Time: _____

Note: To schedule an appointment, call the facility directly and please bring this form to your appointment.

INSTRUCTIONS

☐ Evaluate and Treat

PROCEDURES

☐ Therapeutic Exercise ____ Range of Motion ____ Flexibility EX. ____ Strengthening EX. ____ Aquatic Rehab. ____ Dynamic Lumbar Stabilization	☐ Modalities ____ Moist Heat ____ Ultrasound ____ Electrical Stim. ____ Phonophoresis ____ TENS ____ Fluidotherapy ____ Pneumatic Compression ____ Iontophoresis	☐ Massage ☐ Joint Mobilization ☐ Home Program ☐ Isokinetic Testing (KINCOM) ☐ Traction ☐ Gait Training ☐ Wound Care	☐ Whirlpool ☐ Ice/Cold Pack ☐ Edema Reduction ☐ Desensitization ☐ Splinting

COMMENTS/CONTRAINDICATIONS

RC exam Osteo

Cortisone

3400100949 (7/07) PART 1 - Original PART 2 - Physician Copy

Trident
Sports Medicine
& Rehabilitation

☒ Trident Sports Medicine • 797-8887
Fax # 797-4814
Fax all orders for new patients to 797-4943

☐ Summerville Medical Center • 832-5020
Fax # 821-3814

☐ Moncks Corner Medical Center • 761-8772
Fax # 577-9395
Call 797-8854 to schedule your first time appointment
Fax all orders for new patients to 797-4943

☐ Archdale Medical Center • 552-7989
Fax # 552-7726

Please complete the information in this box prior to faxing form or calling to schedule appointment.

PATIENT NAME (LAST)	(FIRST)	PATIENT SSN

BIRTHDATE	AGE	SEX	TEL # Area Code
ADDRESS		CITY	ZIP
PATIENT'S PLACE OF EMPLOYMENT		ADDRESS	
GUARANTOR NAME (If Other Than Patient)			RELATIONSHIP
GUARANTOR'S PLACE OF EMPLOYMENT			GUARANTOR SSN
INSURANCE CO.			ID #
INSURANCE CO.			ID #

Service: PT / OT (circle one)

Patient's Name: Thomas Kavanaugh Today's Date: 04/14/07

Physician's Name: Kupferman Signature: MB ~PAC

Diagnosis: M.S, PF OA (R) Knee pain

Frequency/Duration of Treatment: _____ Times per Week for _____ Weeks

Appointment Date: _____ Time: _____

Note: To schedule an appointment, call the facility directly and please bring this form to your appointment.

INSTRUCTIONS

☐ Evaluate and Treat

PROCEDURES

☐ Therapeutic Exercise
- ____ Range of Motion
- ____ Flexibility EX.
- ____ Strengthening EX.
- ____ Aquatic Rehab.
- ____ Dynamic Lumbar Stabilization

☐ Modalities
- ____ Moist Heat
- ____ Ultrasound
- ____ Electrical Stim.
- ____ Phonophoresis
- ____ TENS
- ____ Fluidotherapy
- ____ Pneumatic Compression
- ____ Iontophoresis

☐ Massage
☐ Joint Mobilization
☐ Home Program
☐ Isokinetic Testing (KINCOM)
☐ Traction
☐ Gait Training
☐ Wound Care

☐ Whirlpool
☐ Ice/Cold Pack
☐ Edema Reduction
☐ Desensitization
☐ Splinting

COMMENTS/CONTRAINDICATIONS

up to 6 visits
LE strengthening
HEP

3400100948 (3/06) **PART 1 - Original** **PART 2 - Physician Copy**

PHYSICAL THERAPY KNEE ASSESSMENT

KARABEES, THOMAS W
A#D00026052368 U#D000232666
DOB: 10131948 58 M DOS:
KUPFERMAN, SETH P

Trident HEALTH SYSTEM
Sports Medicine & Rehabilitation
AT TRIDENT MEDICAL CENTER
9313 Medical Plaza Drive • Charleston, SC 29406
(843) 847-4873 • (843) 847-4814

Diagnosis Knee pain Date of surgery N/A

Date of onset 5yrs. Next MD Appt _____ Occupation _____

Subjective complaints/functional limitations Pt c MS. Pt c (R) knee pain (R) > (L), (R) foot. Pt c LOB occasionally, 2° to (R) foot drag. X-rays (-)

Pain rating today (0-10) Today 5/10 Over last 7 days: Best 2/10 Worst 5/10 Pain Description: Sharp ____ Dull ✓ Ache ____ Burning ____

Pain limiting function? No ____ Yes ✓ Describe: walking, ADL's

Patient's Goal(s) Walk better, improve balance, mobility

Objective Signs Effusion (R) Observation N/A

Postural Alignment: _____ Gait: antalgic, ↑ ER (R) LE, ↓ foot clearance

AROM: Knee EXT 4 ° FLEX 120 ° PROM: Knee EXT 2 ° FLEX 132 °

MMT/ Resistive Testing: See below

Palpation: Patellar compression (R); hypermetonic medial condyle, hypertrophic capable Sensation: ↓ light touch to foot

Special Tests: McMurray: + 1/0 Lachman: + 1/0 Ant Drawer: + 1/0 Post Drawer: + 1/0 Valgus: + 1/0 Varus: (+) 1/0 medial knee

Functional Tests: SLS (R) 2 sec, (L) 7 sec for pain, (-) Rhomberg EO, EC, (+) Tandem

Comments: (R) Step Up; (R) hip abd 4+/5, add 4/5, ext 3+/5

Strength: (R) hip flex 3+/5, (R) knee 5/5, (R) ankle 5/5 (R) ankle DF AROM -2°
(L) hip flex 4+/5 (L) knee 5/5, (L) ankle 5/5 AROM +2°

Assessment Clinical Impression Pt c ↓ strength, ↓ balance, ↓ ROM, ↓ gait - potentially, due to MS; also has Briggs's symptoms consistent c PF-syndrome (R) knee

Exercise Skill Performance Good / Fair / Poor HEP and Self-care Comprehension Good / Fair / Poor Comments: _____

TREATMENT / PLAN Amount: 45 minutes
- [x] AAA/PROM
- [x] Mobilization
- [x] Strengthening
- [x] Education
- [x] Stretching/Flexibility
- [ ] Aquatic Exercise
- [ ] Edema Reduction
- [x] Home Exercise Program
- [ ] Traction
- [x] Modalities: Estim / Iontо / US / Phono / MHP (Ice) (circle to include in POC)
- [ ] Other _____

PROBLEMS
1. ↓ gait
2. ↓ balance
3. ↓ strength
4. ↓ ROM
5. ↓ function
6. _____

Learning Barriers: ☑ None ☐ Language ☐ Hearing ☐ Vision ☐ Illiterate ☐ Religious ☐ Mental/Emotional ☐ Other
Explain: _____

Signs of Abuse Noted? Yes (No)

Nutrition Referral Recommended? Yes (No)

Fall / Safety Risk Identified? Yes (No) If yes, recommended measures while in clinic: ☐ CGA ☐ SBA ☐ Supervision ☐ Gait Belt ☐ Other _____

REHABILITATION GOAL(S)
1. Skill: In 1 weeks, will be able to perform prescribed rehabilitation exercises with good technique
2. Comprehension: In 1 weeks, will be able to verbally recite HEP, follow up care, and knee precautions
3. STG: In 2 weeks, ↑ ROM (R) ankle DF to +2"
4. STG: In 2 weeks, ↑ strength (R) LE 1/2 grade (MMT)
5. LTG: In 4 weeks, gait c improved safety and efficiency c (R) foot toward normal

☐ Abuse Protocol Initiated / Supv Notified
☐ Nutrition Referral Information Given

6. In 4 wks, pt will ↑ SLS (R) LE to 2 10 sec

Recommended frequency/duration: 2 times a week for 4 week(s)
Assessment Start time: 4:00 Stop time: 4:30

I certify that my patient requires outpatient rehabilitation services that are reasonable and necessary for the above plan of treatment.

Clinician's signature _____ Date 4/16/04

Physician's signature _____

3400101079 (3/04)

PHYSICAL THERAPY REHABILITATION DISCHARGE SUMMARY

KARABEES, THOMAS W
A#D00026052368 U#D000232666
DOB: 10131948 58 M DOS:
KIEFERMAN SETH P

Trident HEALTH SYSTEM
Sports Medicine & Rehabilitation
AT TRIDENT MEDICAL CENTER
9313 Medical Plaza Drive •Charleston, SC 29406
(843) 847-4873 •(843) 847-4814

Diagnosis Knee pain

Date of onset _____ Date of surgery _____

Subjective complaints/functional limitations Pt. reports strength

Frequency of pain has ~~drop~~ decreased. Improved stability when up and about

Improvement % Rating 50-75% from initial therapy date

Patient's Goal(s) _____

Pain rating today (0-10) Today 5/10 Over last 7 days: Best 2/10 Worst 7/10 Pain limiting function? Yes (No) "will not let it"

Objective Pt. Seen for 6 treatment sessions _____ Cancellations _____ No shows

TREATMENT:

- o A/AA/PROM
- o Stretching/Flexibility
- o Home Exercise Program
- o Modalities _____
- o Mobilization
- o Aquatic Exercise
- o Traction
- o Strengthening
- o Edema Reduction
- o Education
- o Other _____

PROBLEMS:	Initial	Current
1.	Strength (R) hip: flex 3+/5, Abd 4+/5, Add 4/5, ext 3+/5	Strength hip: flex 4+/5, Abd 4+/5, Add 5/5, Ext 4/5
2.	Knee 5/5 (R) ankle 5/5	knee 5/5
3.	(R) ankle DF AROM 0°	(R) ankle DF AROM 0°
4.	AROM 4°-120°	Gait improved c better alignment of (R) foot forward
5.		
6.		

Comments: Pt. done (R) c HEP for (R) knee pain

Assessment Rehab Progress: (Excellent) Very Good Good Fair Poor secondary to _____

Exercise Skill Performance: (Good) Fair Poor _____

HEP Comprehension: (Good) Fair Poor _____

Comments Improved pain, strength + gait

REHABILITATION GOALS: (X) MET o NOT MET o PARTIALLY MET o SELF DISCHARGE / FAILED TO RETURN OR CALL

Comments All goals met & ↑ SLS (R) LE to ≥ 10 sec poss 0° MS.

Plan/Recommendations D/C to HEP.

Start time 4:10

THANK YOU FOR THIS REFFERAL

Clinician's signature PT 7/10/07 Date

Physician's signature

Corvel Scan Date: 12/3/2009

(843) 529-0800
North Charleston
Summerville
West Ashley

TriCounty Radiology Associates

PATIENT: Karabees, Thomas
DOB: 10/13/1948
MRN: 597529
PHYSICIAN: William Wilson, MD
DATE: 11/14/2009

EXAM: THORACIC SPINE MRI WITHOUT CONTRAST

HISTORY: Midback pain.

COMPARISON: None.

TECHNIQUE: Multiplanar multisequence images thoracic spine without contrast.

FINDINGS: *Alignment and bony structures*: T6 and T7 chronic mild anterior wedge deformities with chronic inferior endplate Schmorl's nodes. Scattered mild type I Modic changes. Patent central canal and neuroforamina. *Spinal cord*: Patchy T2 and STIR hyperintensity suggested behind T10/11 on sagittal imaging, with central cord hyperintensity suggested on axial imaging. Remaining thoracic cord shows grossly unremarkable signal and caliber. *Disc spaces*: Diffuse moderate disc desiccation. *Findings by abnormal level*:

T3/4: Mild disc bulge. No stenosis.

T4/5: Right paracentral to intraforaminal shallow protrusion. Facet hypertrophy. Mild exit narrowing.

T5/6: Disc bulge with tiny right paracentral protrusion. Mild right hemicord flattening suggested. No significant stenosis.

T6/7: Small focal central protrusion. Mild anterior cord flattening. No stenosis.

T7/8: Mild disc bulge. No stenosis.

T8/9: Shallow bilateral paracentral protrusions. No stenosis. Mild lateral cord flattening.

T10/11: Mild disc bulge. Mild facet hypertrophy. Mild right exit narrowing.

T11/12: Tiny central protrusion. Mild anterior cornus flattening. No stenosis.

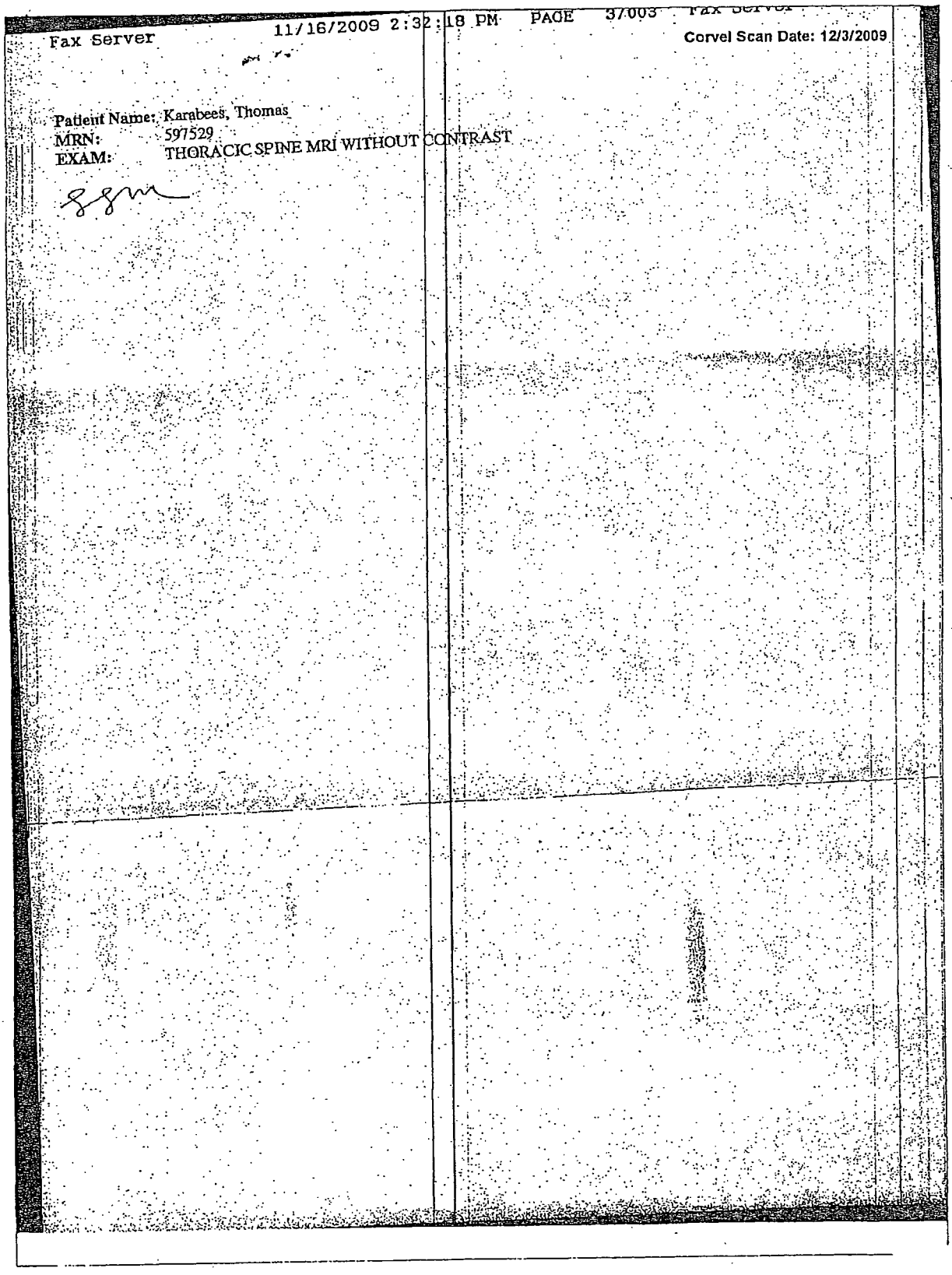
T12/L1: Mild disc bulge. No stenosis.

IMPRESSION:
1. Patchy central cord signal behind T10/11 may represent demyelinating disease. Postcontrast imaging might be helpful in detecting acute plaque.
2. Diffuse mild spondylosis as described, with multilevel cord flattening. No severe stenosis or neural impingement.

Case discussed with Dr. Wilson's assistant 1103, 11/16/2009.

Troy Marlow, M.D.
TM / sl

DD: 11/16/2009 / DT: 11/16/2009
JOB: 9255323


Fax Server
11/16/2009 2:32:18 PM PAGE 37/003
Corvel Scan Date: 12/3/2009
Patient Name: Karabees, Thomas
MRN: 597529
EXAM: THORACIC SPINE MRI WITHOUT CONTRAST

TriCounty Radiology Associates

(843) 529-0600
North Charleston
Summerville
West Ashley

PATIENT: Karabees, Thomas
DOB: 10/13/1948
MRN: 597529
PHYSICIAN: William Wilson, MD
DATE: 11/14/2009

EXAM: CERVICAL SPINE MRI WITHOUT CONTRAST

HISTORY: Neck pain.

COMPARISON: None.

TECHNIQUE: Multiplanar multisequence images cervical spine without contrast.

FINDINGS: *Alignment and bony structures*: Lower cervical straightening. C5/6 mild type I Modic change. Remaining marrow preserved. *Spinal cord*: Multifocal mid to upper cervical patchy foci of T2 hyperintensity mostly in the dorsolateral cord. This is noted on the left at C2/3, on the right at C3/4, left and posteriorly at C4/5, and left at C6/7. Mild cord thinning is noted behind the C4/5 level. *Craniocervical junction*: Unremarkable central elements and junction as visualized. *Findings by level*:

C2/3: Normal.

C3/4: Tiny central disc osteophyte complex. Mild left uncovertebral hypertrophy.

C4/5: Left paracentral to intraforaminal disc osteophyte complex. Mild left uncovertebral and facet hypertrophy. Mild left exit narrowing.

C5/6: Disc osteophyte complex extends slightly intraforaminally on both sides. Uncovertebral and facet hypertrophy. Moderate exit stenosis. Mild anterior cord flattening. There may be effect on exiting C6s.

C6/7: Mild disc bulge. Mild uncovertebral hypertrophy. Mild facet hypertrophy. No stenosis.

C7/T1: Normal.

IMPRESSION:
1. Multifocal cord signal abnormalities in a distribution compatible with demyelinating disease. Postcontrast imaging might be helpful in assessing for acute demyelinating plaque.
2. Spondylosis most impressive at C5/6 where DOC extends intraforaminally on both sides and may affect exiting C6s. No severe stenosis.

Case discussed with Dr. Wilson's assistant 1103, 11/16/2009.

Troy Marlow, M.D.
TM / sl

DD: 11/16/2009 / DT: 11/16/2009
JOB: 9255073

This document has been electronically reviewed and signed.

Corvel Scan Date: 6/8/2010

Corvel Scan Date: 12/1/2009

November 13, 2009

Mr. Karabees returns today. He has been seen by Dr. Lucas and was placed on Xanaflex. He is getting a cervical and thoracic MRI scan after talking with his lawyer, Tom White. He still has sciatica and LBP. He has been seeing Dr. Nolan and has been doing PT on his own. Workers Compensation is apparently not paying for any more therapy.

PHYSICAL EXAMINATION: No real change in overall exam.

PLAN: I will recheck him after his studies.

William E. Wilson, MD/mje
C: Workers Compensation; Kathy Averette

Attachment for claim 33608V1516

South Carolina Sports Medicine & Orthopaedic Center

Seth P. Kupferman, MD — Orthopaedic Surgery, Sports Medicine
William E. Wilson, MD — Orthopaedic Surgery, Spine Surgery
James D. Dalton, Jr., MD — Orthopaedic Surgery, Sports Medicine
Jon P. DeVries, MD — Orthopaedic Surgery, Hand Surgery
Eric S. Sisco, MD — Orthopaedic Surgery, Joint Replacement & Reconstruction
Christopher B. Schafer, PA-C — Licensed Physician Assistant, Certified Athletic Trainer
Michael R. Byers, PA-C — Licensed Physician Assistant, Certified Athletic Trainer
Sarah J. Burkhart, PA-C — Licensed Physician Assistant, Certified Athletic Trainer

March 17, 2009 (continued)

X-RAYS: Of the cervical, AP & lateral, show no fracture or dislocation. Some mild degenerative changes are noted.

ASSESSMENT AND PLAN: Fall down the stairs with subsequent cervical, thoracic, and lumbar back pain. I am going to send him for an MRI of the cervical, thoracic, and lumbar spine to evaluate for occult injuries, including disc herniations. He will likely need some PT. His work restrictions will continue based on Dr. Kupferman. I will see him after his studies.

William E. Wilson, MD/mjs
C: Workers Compensation
DD: 3/17/09; DT: 3/19/09; DICTATED BUT NOT READ: 70378

May 13, 2009

Mr. Karabees returns with l/shoulder arthroscopic debridement and decompression. Doing ok. Pain with certain activities, but clearly improving.

PHYSICAL EXAMINATION: FE to 160, ABD 120, ER 40, IR 60. Strength is 5/5.

ASSESSMENT AND PLAN: I do believe that he is at MML. Based upon AMA Guide to Evaluation and Permanent Impairment, I believe that he has an 8% impairment of his l/upper extremity as a consequence of this work related injury. Stay with home exercises as reviewed. Encouraged to call with questions or problems.

PERMANENT WORK RESTRICTIONS: None.
MAXIMUM MEDICAL IMPROVEMENT: Achieved.
PERMANENT IMPAIRMENT RATING: 8% of his l/upper extremity.
DISCHARGED FROM CARE: At this time.

Seth P. Kupferman, MD/mjs
C: Workers Compensation; Dr. John Campbell
DD: 5/13/09; DT: 5/18/09; DICTATED BUT NOT READ: 70378

9100 Medcom Street, N. Charleston, South Carolina 29406-9167 • Website: www.scsportsmedicine.com
Phone: Patient (843) 572-BONE (2663) Bus. 569-3367 • Fax Clinical (843) 572-9652 Bus. 764-3577

Attachment for claim 22074V1516

Carolina Family Medicine
100 Spring Hall Drive
Goose Creek, SC 29445
(843) 572-8201 - Phone
(843) 797-8491 - Fax
Fed Tax ID #: 57-0878451

Donald T. Hanna, M.D. DEA# AH1697068
Carey C. McNamara, P.A. DEA# MC0666745
John W. Campbell III, M.D DEA# BC7398630
Jamie Woody, P.A. LIC#735

CHIEF COMPLAINT:
1 month check,discuss bhl

HISTORY OF PRESENT ILLNESS:
On 01/03/2008, Thomas Karabees Jr, a 59 year old male presented with:

-- Hypertension, which began months. Patient took medication as instructed. It is relieved by benicar hct. Associated signs and symptoms are white flashes and blurriness in right eye dry eyes.

MEDICATIONS HISTORY:
Current Medications:
1. Avonex 30 mcg, use 1x q wk
2. benicar hct 20/12.5, 1 PO Q AM
3. Nexium 40 Mg, 1 PO QD

ALLERGIES: NKA

PAST HISTORY: Childhood Illnesses - No unusual illnesses. Chronic Illnesses - multiple scelosis. Accidents - hand/wrist/legs/hip/shoulder/neck/back. Operations: hernia repair 1999 1997 1995 and tonsillectomy 20 years ago.

FAMILY HISTORY: Father - Age 75, deceased/tumor and esophageal tumor. Mother - Age 75, Alive, Cancer-Breast and Cancer-Cervical;

SOCIAL HISTORY: Alcohol Use - drinks occasionally. Smoking - denies smoking. Diet - no special diet. Seat Belt Use - Always. Occupation - college prof.. Illicit Drug Use - denies use of street drugs. Sexual Activity - married. Residence - lives with spouse. Place of Birth - Michigan. Hours Worked - 40 hours per week. Children - 3 yes
SKIN - No rash(es)
EYES - No blurry vision.
ENT - No sinus complaints
RESPIRATORY - No shortness of breath
CARDIOVASCULAR - No chest pain
GASTROINTESTINAL - No abdominal pain
MUSCULOSKELETAL - No joint pain
NEUROLOGICAL - No headache(s)

EXAMINATION:

VITAL SIGNS: B/P - 120/78 Sitting, Left arm, large cuff, Pulse - 72 , Respiration - 18 , Temperature - 97.6 degrees , Weight - 191.00 lbs., Height - 68 inches

CONSTITUTIONAL - In no distress.
SKIN - Warm to touch, dry and normal color
HEAD - Normal. No trauma.
EYE - PERRLA and EOMI
NECK - supple
CHEST - Clear to auscultation and Normal effort
CARDIAC - Regular rate and rhythm, without rubs, gallops, or murmurs.
ABDOMEN - soft
RECTAL - Deferred.
EXTREMITIES - No joint swelling or deformity.
NEUROLOGICAL - No obvious motor or sensory deficits.
PSYCHIATRIC - Normal affect

ASSESSMENT:

1. Multiple Sclerosis - Unchanged

2. Gastroesophageal Reflux - Unchanged
3. Hypertension - Improving

PLAN:
1. Hypertension - **VENIPUNCURE
2. Hypertension - *Basic Metabolic Panel

Special notes: pt to call if symptoms worsen or do not improve

DRUG RX:
1. Benicar Hct 20/12.5, 1 PO Q AM

Entered by: carey

-

Electronically signed by Carey McNamara, P.A. 1/3/2008 9:50:30

Select Physical Therapy
7 South Alliance Drive
Ste 102A
Goose Creek, SC USA 29445
Phone: (843) 569-2303
Fax: (843) 569-2304

Patient:	Thomas Karabees		
Acct #:	013-610238068	Note Date:	Oct 08, 2009
DOB:	Oct 13, 1948	FSC:	Workers Compensation
Clinician:	Laura D. Pruette, PT	Payor:	Not Specified
Prim Phy:	William Wilson	Pol/Claim#:	385-52-8253
Phy Phone:	(843) 572-2663	Insured:	Not Specified
Phy Fax:	(843) 377-0858	Employer:	Trident Tech College
Sec Phy:	Not Specified	Case Mgr:	Not Specified
Inj. Date:	10/31/2008	Visits:	19
Surg. Date:	Not Specified	Cd/Ns:	0

Discharge Summary

Diagnoses Spine

7242	LUMBAGO
7231	CERVICALGIA
7241	PAIN IN THORACIC SPINE

Subjective Examination

ADL / Functional Status:
- Premorbid status:
  - Basic care: Independent without difficulty. Work status: prior to injury pt was teaching mechanical/vocational studies which required manual labor until 4/11/09 when he retired Recreation/Athletics: 09/16/09 Pt reports doing I HEP daily, which sometimes helps when he is hurting, but sometimes doesn't. Pt expresses interest in aftercare program offered by clinic.
- Current status: Work status: Retired. Occupation: Retired

ADL / Functional Status: ADL's: Activities:

• Bathing(09/16/09 all assessed)	Independent without difficulty
• Dressing	Independent without difficulty
• Driving/Traveling(ok with 20 min)	not attempted >20 min
• Forward Bending(pain when doing dishes, using weed eater)	"few min"
• Lifting	F-W 20# 10reps, good mech, 7/10 LBP
• Sitting.	up to 1 hr depending on chair
• Standing.	Independent without difficulty
• Walking	TM 8 min, 9/10 pain in low back

Chief Complaint: Pain:
- Current Severity: 09/16/09: 8/10 low back, 6/10 mid back, 0/10 neck. Severity at Best: 5/10. (09/16/09). Severity at Worst: 9/10. (09/16/09 sitting in church).

Functional Capability:
- Overall Improvement: 60% (09/16/09).

Mechanism of Injury:
- Primary Episode: 10/31/08

Rehabilitation Expectations/Goals:
- Be able to tol more bending forward to work on small home projects.

Objective Examination

Functional Tests: Occupational Tests: Non-Material Handling:
- Repetitive Squatting(09/16/09) 72 unassisted, 94 1HHA w/ c/o 7-8/10 LBP

Functional Tests: Functional Profile: Balance Test:	**Left**	**Right**
• Eyes Open(09/16/09)	HHA 12", no A 3" with pain/LOB	HHA 9", no A 1" with pain/LOB
Gait/Locomotion: General Gait Pattern:	**Left**	**Right**
• Technique(09/16/09 TM 8 min then stops 2° c/o 9/10 back pain)	no heel strike (foot flat)	mild hip hike
• Base Width(trunk with fwd lean and rot to L when advancing R)	Moderately Increased	Moderately Increased
• Cadence	Severely Decreased	Severely Decreased
• Stride	Decreased	Decreased
• Swing		hip hike

Integument:
- Intact and without abnormality.

	May 28, 2009		Sep 16, 2009	
Muscle Testing: Upper Extremity MMT:	**Left**	**Right**	**Left**	**Right**
• Shoulder Abduction	5/5	5/5	5/5	5/5
• Shoulder Flexion	5/5	5/5	5/5	5/5
• Shoulder External Rotation	5/5	5/5	5/5	5/5

Patient: Thomas Kurabaes
Acct #: 013-610238068 Note Date: Oct 08, 2009

• Shoulder Internal Rotation	5/5	5/5	5/5	5/5
• Elbow Extension	5/5	5/5	5/5	5/5
• Elbow Flexion	5/5	5/5	5/5	5/5
		May 28, 2009		Sep 16, 2009
Muscle Testing: Lower Extremity MMT:	**Left**	**Right**	**Left**	**Right**
• Hip Abduction(09/16/09 all MMT)	4/5	-4/5	4/5	-4/5
• Hip Flexion(R within avail range)	4/5	-4/5	4/5	+3/5
• Knee Extension	+4/5	4/5	5/5	+4/5
• Knee Flexion	+4/5	4/5	5/5	-4/5
• Ankle Dorsiflexion(R within avail range)	+4/5	+4/5	5/5	+4/5
• Ankle Plantarflexion	5/5	+4/5	5/5	+4/5

Palpation:
• 07/20/09: Tenderness to palp spinou sprocess T10-L5 and R sided paraspinals

Posture:
• Forward Head/Rounded Shoulders: Mild. (09/16/09 no change).

Range of Motion: Cervical Degrees:	**May 28, 2009**	**Sep 16, 2009**
• Active Extension(09/2/09 all ROM)	25 Degrees	16 Degrees
• Active Flexion	55 Degrees	62 Degrees
• Active Rotation Left	42 Degrees	50 Degrees
• Active Rotation Right	45 Degrees	52 Degrees
• Active Side Bend Left	30 Degrees	28 Degrees
• Active Side Bend Right	20 Degrees	20 Degrees
Range of Motion: Lumbar Degrees:	**May 28, 2009**	**Sep 16, 2009**
• Active Extension(09/16/09 all ROM with pain)	20 Degrees	15 Degrees
• Active Flexion	30 Degrees	30 Degrees
• Active Rotation Left(T/L rot)	15 Degrees	29 Degrees
• Active Rotation Right(T/L rot)	15 Degrees	34 Degrees
• Active Side Bend Left	15 Degrees	10 Degrees
• Active Side Bend Right	15 Degrees	6 Degrees

Range of Motion:
• 09/16/09 AKE Right: -50 deg, Left: -41 deg

Special Tests: Cervical:	**Left**	**Right**
• Alar Ligament	Negative	Negative
• Foraminal Compression	Negative	Negative
• Slump	Negative	Negative
• Traction	Aggravates Symptoms	Aggravates Symptoms
• Vertebral Artery Test	Negative	Negative
Special Tests: Lumbar:	**Left**	**Right**
• Laseque	Aggravates Symptoms	Aggravates Symptoms
• Slump	Negative	Negative
• Thomas	tight iliopsoas	tight iliopsoas
Special Tests: Sacroiliac Complex:	**Left**	**Right**
• Compression	Negative	Negative
• FABER	Negative	Negative
• Gap	Negative	Negative

Assessment

Reviewed goals, progress and HEP with client.
Based on this patient's clinical presentation, it is my professional opinion that the patient's prognosis at time of discharge is fair. The patient was educated regarding their discharge prognosis and related pathology. The patient demonstrates good understanding of their home program instructions.
Discussed lack of sub/obj progress and recommendation for D/C at this time with pt. Pt verbalizes agreement with plan to D/C to I HEP and possibly join aftercare program.

Evaluation Components:
• Client Understanding: N/A 2nd recommend D/C

Presentation:

Patient: Thomas Kurzbeck
Acct #: 013-810238058 Note Date: Oct 08, 2009

- Pt demos overall no change to worsened obj measurements. Pt demos no change in cervical ROM for flex and decr ext, SB. Pt demos no change in lumbar ROM ext and worse for flex, SB, rot. Pt demos unchanged LE MMT with slightly worse hip flex, knee flex, and PF on R side. Pt demos no change in unassisted squat and 10 deg less in squat with 1HHA. Pt demos significantly worse all SLS measurements, and slightly worse HS AKE. Per pt reports, no significant changes in sitting, standing, fwd bending tol. Pt is I with HEP as noted by good recall and technique with ex's within clinic and reports doing HEP daily at home. Pt also expresses interest in facility's aftercare program, and may benefit from it to cont with HEP recommendations.

Recommendations:

- Discharge, Secondary to:
  - Plateaued progress. No subjective/objective change in status.
- Skilled Intervention: Not recommended.

Problems & Goals

Problem #1 **Chief Complaint: Pain: Current Severity: 09/16/09: 8/10 low back, 6/10 mid back, 0/10 neck.**

Goal Abandoned Sep 16, 2009. D/C 2 plateaued progress*

Symptomatic Improvements:

- Decreasing Pain: to 3/10.

Problem #2 **Chief Complaint: Pain: Severity at Worst: 9/10. (09/16/09 sitting in church).**

Goal Abandoned Sep 16, 2009. D/C 2 plateaued progress*

Symptomatic Improvements:

- Decreasing Pain: to 5/10.

Problem #3 **ADL / Functional Status: Premorbid status: Recreation/Athletics: 09/16/09 Pt reports doing I HEP daily, which sometimes helps when he is hurting, but sometimes doesn't. Pt expresses interest in aftercare program offered by clinic.**

Goal Achieved Sep 16, 2009.

Client Education:

- Independent Home Exercise/Self Care Program.

Problem #4 **ADL / Functional Status: ADL's: Activities.**

Goal Abandoned Sep 16, 2009. D/C 2 plateaued progress*

ADL Improvements In: Activities:

• Driving/Traveling	1 hr
• Forward Bending(bouts with short breaks, for home projects)	20-30 min
• Lifting(for lifting granddaughter)	F-W 40# good mech pain <4/10
• Walking(for comm amb tol)	TM 15min pain<5/10

Problem #5 **Range of Motion: Cervical Degrees.**

Goal Abandoned Sep 16, 2009. D/C 2 plateaued progress*

Range of Motion Improvements to: Cervical:

• Active Extension	35 Degrees
• Active Flexion	65 Degrees
• Active Rotation Left	75 Degrees
• Active Rotation Right	75 Degrees
• Active Side Bend Left	40 Degrees
• Active Side Bend Right	30 Degrees

Problem #6 **Range of Motion: Lumbar Degrees.**

Goal Abandoned Sep 16, 2009. D/C 2 plateaued progress*

Range of Motion Improvements to: Lumbar

• Active Extension	20 Degrees
• Active Flexion	70 Degrees
• Active Rotation Left(T/L rot)	60 Degrees
• Active Rotation Right(T/L rot)	60 Degrees
• Active Side Bend Left	25 Degrees
• Active Side Bend Right	25 Degrees

Problem #7 **Muscle Testing: Lower Extremity MMT.**

Goal Abandoned Sep 16, 2009. D/C 2 plateaued progress*

Musculoskeletal Improvements In: Lower Extremity Strength to:	**Left**	**Right**

Patient: Thomas Karabetsos
Acct #: 813-610138068 Note Date: Oct 08, 2009

• Hip Abduction	+4/5	4/5
• Hip Flexion	+4/5	4/5
• Knee Extension	5/5	+4/5
• Knee Flexion	5/5	+4/5
• Ankle Dorsiflexion	5/5	+4/5
• Ankle Plantarflexion	5/5	5/5

Problem #8 **Functional Tests: Occupational Tests: Non-Material Handling.**
Goal Abandoned Sep 16, 2009. D/C 2° plateaued progress
Functional Improvements In: Non-Material Handling:
• Repetitive Squatting(5 reps with 1HHA or no A) 90.deg; pain <5/10

Problem #9 **Functional Tests: Functional Profile: Balance Test.**
Goal Abandoned Sep 16, 2009. D/C 2° plateaued progress
Functional Improvements In:
• Balance from: Fair to Average. (SLS Left:60 sec HHA, Right:60 sec HHA).

Problem #10 **Range of Motion: 09/16/09 AKE Right: -50 deg, Left: -41 deg**
Goal Abandoned Sep 16, 2009. D/C 2° plateaued progress
Range of Motion Improvements to:
• AKE Right: -35 deg, Left: -30deg

Plan

Discharge from Physical Therapy.
Discharge to Independent Home Exercise Program.
Amount, Frequency and Duration:
• No Recommendation.
Discharge due to:
• Progress has plateaued.
Recommendations:
• Discharge From Physical Therapy. Discharge to Home Exercise Program. Discharge to Fitness Program.
Therapeutic Contents:
• Not recommended

Laura D. Pruette, PT, PT(SC Lic 5511)

Select Physical Therapy
7 South Alliance Drive
Ste 102A
Goose Creek, SC USA 29445
Phone: (843) 569-2303
Fax: (843) 569-2304

Patient:	**Thomas Karabees**		
Acct #:	**013-610238068**	**Visit Date:**	**Sep 16, 2009**
DOB:	Oct 13, 1948	FSC:	Workers Compensation
Clinician:	Laura D. Pruette, PT	Payor:	Not Specified
Prim Phy:	William Wilson	Pol/Claim#:	385-52-8253
Phy Phone:	(843) 572-2663	Insured:	Not Specified
Phy Fax:	(843) 377-0858	Employer:	Trident Tech College
Sec Phy:	Not Specified	Case Mgr:	Not Specified
Inj. Date:	10/31/2008	Visits:	29
Surg. Date:	Not Specified	Cd/Ns:	0

Re-Evaluation

Diagnoses Spine

7242	LUMBAGO
7231	CERVICALGIA
7241	PAIN IN THORACIC SPINE

General Information

Pt was diagnosed with Recurring MS in 1998, is on Interferon treatment that is keeping symptoms under control

History of Injury:

- 10/31/08: Pt was carrying projector and computer and fell 6-8 steps, unsure if landed on left or right side.

Subjective Examination

ADL / Functional Status:

- Premorbid status:
  - Basic care: Independent without difficulty. Work status: prior to injury pt was teaching mechanical/vocational studies which required manual labor until 4/11/09 when he retired Recreation/Athletics: 09/16/09 Pt reports doing 1 HEP daily, which sometimes helps when he is hurting, but sometimes doesn't. Pt expresses interest in aftercare program offered by clinic.
- Current status: Work status: Retired. Occupation: Retired

ADL / Functional Status: ADL's: Activities:

• Bathing (09/16/09 not assessed)	Independent without difficulty
• Dressing	Independent without difficulty
• Driving/Traveling (R with 20 min)	not able to drive 20 min
• Forward Bending (pain when doing dishes, using weed eater)	"few min"
• Lifting	5/20, 10 reps, good mechanics/10 lb
• Sitting.	up to 1 hr depending on chair
• Standing	Independent w/ no difficulty
• Walking	TM 8 min, 9/10 pain in low back

Chief Complaint: Pain:

- Current Severity: 09/16/09: 8/10 low back, 6/10 mid back, 0/10 neck. Severity at Best: 5/10. (09/16/09). Severity at Worst: 9/10. (09/16/09 sitting in church). Location: central mid and low back, "sciatic nerve pain 70% of the time" in L post thigh and sometimes in R as well.

Daily Comments:

- Pt reports he has increased back pain today, can't recall anything he did to aggravate it, "it's just injured." Pt states no neck pain today, just some stiffness.

Functional Capability:

- Overall Improvement: 60% (09/16/09).

Mechanism of Injury:

- Primary Episode: 10/31/08

Rehabilitation Expectations/Goals:

- Be able to tol more bending forward to work on small home projects.

Objective Examination

Functional Tests: Occupational Tests: Non-Material Handling:

• Repetitive Squatting (09/16/09) 22 unassisted	14 lbs/9/07 10 lbs

Functional Tests: Functional Profile: Balance Test:	**Left**	**Right**
• Step Up (09/16/09)	HAD pain/LOB	HAD pain/LOB

Gait/Locomotion: General Gait Pattern:	**Left**	**Right**
• Cadence (09/16/09: TM 8 min then stops 2/2 6/10 back pain)	Initial heel strike, foot flat	mild antalgic
• Base Width (trunk with fwd lean and rot to L when advancing R)	Moderately Increased	Moderately Increased
• Cadence	Severely Decreased	Severely Decreased

• Stride	Decreased	Decreased
• Swing	Antalgic	Antalgic

Integument:
- Intact and without abnormality.

Muscle Testing: Upper Extremity MMT:	Sep 02, 2009 Left	Sep 02, 2009 Right	Sep 16, 2009 Left	Sep 16, 2009 Right
• Shoulder Abduction	5/5	5/5	5/5	5/5
• Shoulder Flexion	5/5	5/5	5/5	5/5
• Shoulder External Rotation	5/5	5/5	5/5	5/5
• Shoulder Internal Rotation	5/5	5/5	5/5	5/5
• Elbow Extension	5/5	5/5	5/5	5/5
• Elbow Flexion	5/5	5/5	5/5	5/5

Muscle Testing: Lower Extremity MMT:	Sep 02, 2009 Left	Sep 02, 2009 Right	Sep 16, 2009 Left	Sep 16, 2009 Right
• Hip Abduction(09/16/09 all MMT)	4/5	4/5	4/5	4/5
• Hip Flexion(R within avail range)	4/5	-4/5	4/5	+3/5
• Knee Extension	5/5	5/5	5/5	4/5
• Knee Flexion	5/5	4/5	5/5	-4/5
• Ankle Dorsiflexion(R within avail range)	5/5	4/5	5/5	+4/5
• Ankle Plantarflexion	5/5	+4/5	5/5	+4/5

Palpation:
- 07/20/09: Tenderness to palp spinou sprocess T10-L5 and R sided parasplnals

Posture:
- Forward Head/Rounded Shoulders: Mild. (09/16/09 no change).

Range of Motion: Cervical Degrees:	Sep 02, 2009	Sep 16, 2009
• Active Extension(09/2709 all ROM)	55 Degrees	46 Degrees
• Active Flexion	62 Degrees	62 Degrees
• Active Rotation Left	47 Degrees	50 Degrees
• Active Rotation Right	47 Degrees	52 Degrees
• Active Side Bend Left	34 Degrees	18 Degrees
• Active Side Bend Right	29 Degrees	20 Degrees

Range of Motion: Lumbar Degrees:	Sep 02, 2009	Sep 16, 2009
• Active Extension(09/16/09 all ROM w/(0) pain)	15 Degrees	15 Degrees
• Active Flexion	56 Degrees	30 Degrees
• Active Rotation Right/Left (T/L rot)	50 Degrees	29 Degrees
• Active Rotation Right(T/L rot)	47 Degrees	34 Degrees
• Active Side Bend Left	20 Degrees	10 Degrees
• Active Side Bend Right	22 Degrees	6 Degrees

Range of Motion:
- 09/16/09 AKE Right: -50 deg, Left: -41 deg

Special Tests: Cervical:	Left	Right
• Adachmann	Negative	Negative
• Foraminal Compression	Negative	Negative
• Slump	Negative	Negative
• Traction	Aggravates Symptoms	Aggravates Symptoms
• Vertebral Artery Test	Negative	Negative

Special Tests: Lumbar:	Left	Right
• Lasegue	Aggravates Symptoms	Aggravates Symptoms
• Slump	Negative	Negative
• Thomas	Tight Iliopsoas	Tight Iliopsoas

Special Tests: Sacroiliac Complex:	Left	Right
• Compression	Negative	Negative
• FABER	Negative	Negative
• Gapping	Negative	Negative

Patient: Thomas Karabees
Acct #: 013-610238068 Visit Date: Sep 16, 2009

Treatments

Exercise Activities: Flexibility(U. Quarter):

- Latissimus Dorsi Muscle — Time Elapsed: 2 Minutes, Repetitions: 2, Side: Bilateral, Technique: Active Assistive, Body Position: Standing, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
- Levator Scapulae Musculature — Time Elapsed: 2 Minutes, Repetitions: 2, Technique: Active, Body Position: Seated, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
- Midback Stretch — Time Elapsed: 2 Minutes, Repetitions: 2, Hold: 30 Seconds, Additional Detail: lat, Charge As: Therapeutic Exercise
- Pectoralis Major Muscle — Time Elapsed: 2 Minutes, Repetitions: 2, Side: Bilateral, Technique: Positions I/II, Body Position: Standing, Hold.: 30 Seconds, Additional Detail: doorway, Charge As: Therapeutic Exercise
- Sternocleidomastoid Muscle(This visit) — Did Not Perform:, Charge As: Therapeutic Exercise(This visit
- Upper Trapezius Muscle — Time Elapsed: 2 Minutes, Repetitions: 2, Side: Bilateral, Technique: Passive, Body Position: Seated, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
- Flexibility Activity(This visit) — Did Not Perform:, Charge As: Therapeutic Exercise(This visit

Exercise Activities: Flexibility(L. Quarter):

- Gastrocnemius Muscle — Time Elapsed: 2 Minutes, Repetitions: 2, Technique: Passive, Subtalar Position: neutral, Body Position: Standing, Additional Detail: 90 sec, Charge As: Therapeutic Exercise
- Hamstring Muscle(with strap) — Time Elapsed: 3 Minutes, Repetitions: 2, Technique: Active, Body Position: Supine, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
- Iliotibial Band Stretch(This visit) — Did Not Perform:, Charge As: Therapeutic Exercise(This visit
- Piriformis Muscle — Time Elapsed: 3 Minutes, Repetitions: 2, Side: Bilateral, Technique: Active Assistive, Body Position: Supine, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
- Flexibility Activity — Time Elapsed: 2 Minutes, Repetitions: 2, Technique: Active, Body Position: forward and sides seated, Hold.: 30 Seconds, Description: Bedlar Stretch, Charge As: Therapeutic Exercise

Exercise Activities: Stabilization Training: Supine Position:

- Bilateral Knee To Chest(This visit) — Did Not Perform:, Charge As: Therapeutic Activities This visit
- Bridging(This visit) — Did Not Perform:, Charge As: Therapeutic Activities This visit
- Curl Ups-Bent Knee Plane(This visit) — Did Not Perform:, Charge As: Therapeutic Activities This visit
- Curl Ups-Straight Plane(This visit) — Did Not Perform:, Charge As: Therapeutic Activities This visit
- Unilateral Knee To Chest(This visit) — Did Not Perform:, Charge As: Therapeutic Activities This visit

Exercise Activities: Aerobic Conditioning:

- Recumbent Bicycle(This visit) — Did Not Perform:, Charge As: Therapeutic Activities This visit
- Treadmill — Time Elapsed: 8 Minutes, Speed (mph): 2.2, Elevation: 0 %, Charge As: Therapeutic Activities

Exercise Activities: Tubing/Bands(L. Quarter):

- Hip Abduction(Tubing)(This visit is performed 3 times) — Did Not Perform:, Charge As: Therapeutic Activities This visit is performed 3 times
- Hip Adduction(This visit) — Did Not Perform:, Charge As: Therapeutic Activities This visit
- Hip Flexion(Tubing)(This visit) — Did Not Perform:, Charge As: Therapeutic Activities This visit
- Knee Extension, Full Arc(This visit) — Did Not Perform:, Charge As: Therapeutic Activities This visit

Exercise Activities: Dynamic Training: C-K-C Activity (L. Quarter):

- Squatting(This visit) — Did Not Perform:, Charge As: Therapeutic Activities This visit
- Step Ups: Forward(This visit) — Did Not Perform:, Charge As: Therapeutic Activities This visit
- Closed Kinetic Chain(This visit) — Did Not Perform:, Charge As: Therapeutic Activities This visit

Exercise Activities: Tubing/Bands(U. Quarter):

- Pull Downs(This visit) — Did Not Perform:, Charge As: Therapeutic Activities This visit
- Rows(This visit) — Did Not Perform:, Charge As: Therapeutic Activities This visit

Functional/ADL Activities: Functional Task Training:

- Lift Floor To Waist(This visit) — Did Not Perform:, Charge As: Therapeutic Activities This visit

Patient: Thomas Karabees
Acct #: 013-610238068 Visit Date: Sep 16, 2009

Manual Interventions: Upper Quarter Soft Tissue:

- Cervicothoracic PVM(This visit) — Did Not Perform:, Charge As: Manual Therapy Techniques This visit
- Thoracolumbar PVM(This visit) — Did Not Perform:, Charge As: Manual Therapy Techniques This visit

Manual Interventions: Lower Quarter Soft Tissue:

- Quadratus Lumborum(This visit) — Did Not Perform:, Charge As: Manual Therapy Techniques This visit

Modalities:

- Electric Stim, Unattended(This visit) — Did Not Perform:, Charge As: Stim, Unattended This visit
- Moist Hot Pack(This visit) — Did Not Perform:, Charge As: Not Applicable This visit
- IS/HVGS Combo(This visit) — Did Not Perform:, Charge As: Stim, Manual This visit

Pt./Family Education:

- Patient Education 1 — Time Elapsed: 10 Minutes, Additional detail: aftercare program, Description: review of HEP, obj measures/status towards goals, Charge As: Self Care / Home Mgt training

Therapy Session Time

- Therapy Session Start Time: 08:05 AM
- Therapy Session Stop Time: 09:00 AM
- Total Therapy Session Time: 55 Minutes

Documented Procedural Code Summary:

Description	Code	Units	Minutes
Physical therapy re-evaluation	97002	1	n/a
• Self Care/Home Management Training	97535	1	10
Therapeutic Activities	97530	1	8
• Therapeutic Procedure	97110	2	20

Assessment

Reviewed goals, progress and HEP with client.

Based on this patient's clinical presentation, it is my professional opinion that the patient's prognosis at time of discharge is fair. The patient was educated regarding their discharge prognosis and related pathology. The patient demonstrates good understanding of their home program instructions.

Discussed lack of sub/obj progress and recommendation for D/C at this time with pt. Pt verbalizes agreement with plan to D/C to I HEP and possibly join aftercare program.

Evaluation Components:

- Client Understanding: N/A 2* recommend D/C

Presentation:

- Pt demos overall no change to worsened obj measurements. Pt demos no change in cervical ROM for flex and decr ext, SB. Pt demos no change in lumbar ROM ext and worse for flex, SB, rot. Pt demos unchanged LE MMT with slightly worse hip flex, knee flex, and PF on R side. Pt demos no change in unassisted squat and 10 deg less in squat with 1HHA. Pt demos significantly worse all SLS measurements, and slightly worse HS AKE. Per pt reports, no significant changes in sitting, standing, fwd bending tol. Pt is I with HEP as noted by good recall and technique with ex's within clinic and reports doing HEP daily at home. Pt also expresses interest in facility's aftercare program, and may benefit from it to cont with HEP recommendations.

Recommendations:

- Discharge, Secondary to:
  - Plateaued progress. No subjective/objective change in status.
- Skilled Intervention: Not recommended.

Problems & Goals

Problem #1 **Chief Complaint: Pain: Current Severity: 09/16/09: 8/10 low back, 6/10 mid back, 0/10 neck.**

LTG Achieve by Sep 23, 2009. Progress: No change. decr pain at rest for sitting/sleeping tol

Symptomatic Improvements:

- Decreasing Pain: to 3/10.

Problem #2 **Chief Complaint: Pain: Severity at Worst: 9/10. (09/16/09 sitting in church).**

LTG Achieve by Sep 23, 2009. Progress: No change. for incr activity tol/QOL

Symptomatic Improvements:

- Decreasing Pain: to 5/10.

Problem #3 **ADL / Functional Status: Premorbid status: Recreation/Athletics: 09/16/09 Pt reports doing I HEP daily, which sometimes helps when he is hurting, but sometimes doesn't. Pt expresses interest in aftercare program offered**

by clinic.
Goal Achieved Sep 16, 2009.

Client Education:
- Independent Home Exercise/Self Care Program.

Problem #4 **ADL / Functional Status: ADL's: Activities.**
LTG Achieve by Sep 23, 2009. Progress: Somewhat worse. no changes except amb tol decr
ADL Improvements In: Activities:
- Driving/Traveling 30 min
- Forward Bending(bouts with short breaks, for home projects) 20-30 min
- Lifting(for lifting grandaughter) flow 40# good mech pain<4/10
- Walking(for comm amb tol) TM 15min pain<5/10

Problem #5 **Range of Motion: Cervical Degrees.**
LTG Achieve by Sep 23, 2009. Progress: No change. no change to somewhat worse
Range of Motion Improvements to: Cervical:
- Active Extension 45 Degrees
- Active Flexion 65 Degrees
- Active Rotation Left 75 Degrees
- Active Rotation Right 75 Degrees
- Active Side Bend Left 40 Degrees
- Active Side Bend Right 30 Degrees

Problem #6 **Range of Motion: Lumbar Degrees.**
LTG Achieve by Sep 23, 2009. Progress: Significantly worse. for forward bending,LE dressing, bathing
Range of Motion Improvements to: Lumbar:
- Active Extension 20 Degrees
- Active Flexion 70 Degrees
- Active Rotation Left(T/L rot) 60 Degrees
- Active Rotation Right(T/L rot) 60 Degrees
- Active Side Bend Left 25 Degrees
- Active Side Bend Right 25 Degrees

Problem #7 **Muscle Testing: Lower Extremity MMT.**
LTG Achieve by Sep 23, 2009. Progress: No change. no change to slightly worse

Musculoskeletal Improvements In: Lower Extremity Strength to:	**Left**	**Right**
Hip Abduction	4/5	4/5
Hip Flexion	+4/5	4/5
Knee Extension	5/5	+4/5
Knee Flexion	5/5	4/5
Ankle Dorsiflexion	5/5	5/5
Ankle Plantarflexion	5/5	5/5

Problem #8 **Functional Tests: Occupational Tests: Non-Material Handling.**
LTG Achieve by Sep 23, 2009. Progress: No change. no change unassisted, worse with assist
Functional Improvements In: Non-Material Handling:
- Repetitive Squatting (5 reps with HHA each) 20 deg pain<5/10

Problem #9 **Functional Tests: Functional Profile: Balance Test.**
LTG Achieve by Sep 23, 2009. Progress: Significantly worse. for standing tol, with LBP <3/10
Functional Improvements In:
- Balance from: Fair to Average. (SLS Left:60 sec HHA, Right:60 sec HHA).

Problem #10 **Range of Motion: 09/16/09 AKE Right: -50 deg, Left: -41 deg**
LTG Achieve by Sep 23, 2009. Progress: Somewhat worse.
Range of Motion Improvements to:
- AKE Right: -35 deg, Left: -30deg

Plan

Discharge from Physical Therapy.

Patient: Thomas Karabees
Acct #: 013-610238068 Visit Date: Sep 16, 2009

Discharge to Independent Home Exercise Program.

Amount, Frequency and Duration:
- No Recommendation.

Discharge due to:
- Progress has plateaued.

Recommendations:
- Discharge From Physical Therapy. Discharge to Home Exercise Program. Discharge to Fitness Program.

Therapeutic Contents:
- Not recommended

Laura D. Pruette, PT, PT(SC Lic. 5511)

Corvel Capture 10/12/2009

Select Physical Therapy
7 South Alliance Drive
Ste 102A
Goose Creek, SC USA 29445
Phone: (843) 569-2303
Fax: (843) 569-2304

Patient:	**Thomas Karabees**		
Acct #:	**013-610238068**	**Visit Date:**	**Sep 16, 2009**
DOB:	Oct 13, 1948	FSC:	Workers Compensation
Clinician:	Laura D. Pruette, PT	Payor:	Not Specified
Prim Phy:	William Wilson	Pol/Claim#:	385-52-8253
Phy Phone:	(843) 572-2663	Insured:	Not Specified
Phy Fax:	(843) 377-0858	Employer:	Trident Tech College
Sec Phy:	Not Specified	Case Mgr:	Not Specified
Inj. Date:	10/31/2008	Visits:	29
Surg. Date:	Not Specified	Cd/Ns:	0

Plan of Care

Diagnoses Spine

7242	LUMBAGO
7231	CERVICALGIA
7241	PAIN IN THORACIC SPINE

Subjective Examination

ADL / Functional Status:
- Current status: Work status: Retired.

Assessment

Reviewed goals, progress and HEP with client.
Based on this patient's clinical presentation, it is my professional opinion that the patient's prognosis at time of discharge is fair. The patient was educated regarding their discharge prognosis and related pathology. The patient demonstrates good understanding of their home program instructions.
Discussed lack of sub/obj progress and recommendation for D/C at this time with pt. Pt verbalizes agreement with plan to D/C to I HEP and possibly join aftercare program.

Evaluation Components:
- Client Understanding: N/A 2* recommend D/C

Presentation:
- Pt demos overall no change to worsened obj measurements. Pt demos no change in cervical ROM for flex and decr ext, SB. Pt demos no change in lumbar ROM ext and worse for flex, SB, rot. Pt demos unchanged LE MMT with slightly worse hip flex, knee flex, and PF on R side. Pt demos no change in unassisted squat and 10 deg less in squat with 1HHA. Pt demos significantly worse all SLS measurements, and slightly worse HS AKE. Per pt reports, no significant changes in sitting, standing, fwd bending tol. Pt is I with HEP as noted by good recall and technique with ex's within clinic and reports doing HEP daily at home. Pt also expresses interest in facility's aftercare program, and may benefit from it to cont with HEP recommendations.

Recommendations:
- Discharge, Secondary to:
  - Plateaued progress. No subjective/objective change in status.
- Skilled Intervention: Not recommended.

Problems & Goals

Problem #1 **Chief Complaint: Pain: Current Severity: 09/16/09: 8/10 low back, 6/10 mid back, 0/10 neck.**
LTG Achieve by Sep 23, 2009. Progress: No change. decr pain at rest for sitting/sleeping tol
Symptomatic Improvements:
- Decreasing Pain: to 3/10.

Problem #2 **Chief Complaint: Pain: Severity at Worst: 9/10. (09/16/09 sitting in church).**
LTG Achieve by Sep 23, 2009. Progress: No change. for incr activity tol/QOL
Symptomatic Improvements:
- Decreasing Pain: to 5/10.

Problem #3 **ADL / Functional Status: Premorbid status: Recreation/Athletics: 09/16/09 Pt reports doing I HEP daily, which sometimes helps when he is hurting, but sometimes doesn't. Pt expresses interest in aftercare program offered by clinic.**
Goal Achieved Sep 16, 2009.
Client Education:
- Independent Home Exercise/Self Care Program.

Problem #4 **ADL / Functional Status: ADL's: Activities.**

• Bathing (09/16/09 all assessed)	Independent without difficulty
• Dressing	Independent without difficulty
• Driving/traveling (ok with 20 min)	not attempted >20 min
• Forward Bending(pain when doing dishes, using weed eater)	"few min"

Patient: Thomas Karabees
Acct #: 013-610238068 Visit Date: Sep 16, 2009

• Lifting	5W 20" 10reps good mech 7/10 LBP
• Sitting.	up to 1 hr depending on chair
• Standing	Independent with routine activity
• Walking	TM 8 min, 9/10 pain in low back

LTG Achieve by Sep 23, 2009. Progress: Somewhat worse. no changes except amb tol decr

ADL Improvements In: Activities:

• Driving/Traveling	Current
• Forward Bending(bouts with short breaks, for home projects)	20-30 min
• Lifting (for frig and dishwasher)	5W 40" good mech pain <4/10
• Walking(for comm amb tol)	TM 15min pain<5/10

***Problem #5* Range of Motion: Cervical Degrees.**

• Active Extension (09/2/09 all ROM)	16 Degrees
• Active Flexion	62 Degrees
• Active Rotation Left	50 Degrees
• Active Rotation Right	52 Degrees
• Active Side Bend Left	28 Degrees
• Active Side Bend Right	20 Degrees

LTG Achieve by Sep 23, 2009. Progress: No change. no change to somewhat worse

Range of Motion Improvements to: Cervical:

• Active Extension	35 Degrees
• Active Flexion	65 Degrees
• Active Rotation Left	75 Degrees
• Active Rotation Right	75 Degrees
• Active Side Bend Left	40 Degrees
• Active Side Bend Right	30 Degrees

***Problem #6* Range of Motion: Lumbar Degrees.**

• Active Extension (09/16/09 all ROM Lwd pain)	15 Degrees
• Active Flexion	30 Degrees
• Active Rotation Left(T/L rot)	30 Degrees
• Active Rotation Right(T/L rot)	34 Degrees
• Active Side Bend Left	10 Degrees
• Active Side Bend Right	6 Degrees

LTG Achieve by Sep 23, 2009. Progress: Significantly worse. for forward bending,LE dressing, bathing

Range of Motion Improvements to: Lumbar:

• Active Extension	20 Degrees
• Active Flexion	70 Degrees
• Active Rotation Left(T/L rot)	60 Degrees
• Active Rotation Right(T/L rot)	60 Degrees
• Active Side Bend Left	25 Degrees
• Active Side Bend Right	25 Degrees

***Problem #7* Muscle Testing: Lower Extremity MMT.**	**Left**	**Right**
• Ankle Dorsiflexion (5/with full avail range)	5/5	4/5
• Ankle Plantarflexion	5/5	+4/5
• Hip Abduction (09/16/09 all MMT)	5/5	4/5
• Hip Flexion(R within avail range)	4/5	+3/5
• Knee Extension	5/5	4/5
• Knee Flexion	5/5	-4/5

LTG Achieve by Sep 23, 2009. Progress: No change. no change to slightly worse

Musculoskeletal Improvements In: Lower Extremity Strength to:	**Left**	**Right**
• Hip Abduction	5/5	4/5
• Hip Flexion	+4/5	4/5
• Knee Extension	5/5	4/5
• Knee Flexion	5/5	+4/5

Patient: Thomas Karabees
Acct #: 013-610238068 Visit Date: Sep 16, 2009

• Ankle Dorsiflexion	5/5	5/5
• Ankle Plantarflexion	5/5	5/5

Problem #8 **Functional Tests: Occupational Tests: Non-Material Handling.**

- Repetitive Squatting (09/16/09): 2 unassisted, 9+ HHA w/ c/o 8/10 LBP

LTG Achieve by Sep 23, 2009. Progress: No change. no change unassisted, worse with assist

Functional Improvements In: Non-Material Handling:

- Repetitive Squatting (reps with HHA or no A and c/o pain) 5/10

Problem #9 **Functional Tests: Functional Profile: Balance Test.** **Left** **Right**

- Eyes Open (09/16/09): HHA 12" no A with 1 HHA 9" no A with pain/LOB pain/LOB

LTG Achieve by Sep 23, 2009. Progress: Significantly worse. for standing tol, with LBP <3/10

Functional Improvements In:

- Balance from: Fair to Average. (SLS Left:60 sec HHA, Right:60 sec HHA).

Problem #10 **Range of Motion: 09/16/09 AKE Right: -50 deg, Left: -41 deg**

LTG Achieve by Sep 23, 2009. Progress: Somewhat worse.

Range of Motion Improvements to:

- AKE Right: -35 deg, Left: -30deg

Plan

Discharge from Physical Therapy.
Discharge to Independent Home Exercise Program.
Amount, Frequency and Duration:
- No Recommendation.

Discharge due to:
- Progress has plateaued.

Recommendations:
- Discharge From Physical Therapy. Discharge to Home Exercise Program. Discharge to Fitness Program.

Therapeutic Contents:
- Not recommended

Laura D. Pruette, PT, PT(SC Lic 5511)

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
7 South Alliance Drive
Ste 102A
Goose Creek, SC USA 29445
Phone: (843) 569-2303
Fax: (843) 569-2304

Patient:	Thomas Karabees		
Acct #:	013-610238068	Visit Date:	Sep 11, 2009
DOB:	Oct 13, 1948	FSC:	Workers Compensation
Clinician:	Laura D. Pruette, PT	Payor:	Not Specified
Prim Phy:	William Wilson	Pol/Claim#:	385-52-8253
Phy Phone:	(843) 572-2663	Insured:	Not Specified
Phy Fax:	(843) 377-0858	Employer:	Trident Tech College
Sec Phy:	Not Specified	Case Mgr:	Not Specified
Inj. Date:	10/31/2008	Visits:	28
Surg. Date:	Not Specified	Cd/Ns:	0

Daily Note

Diagnoses Spine

7242	LUMBAGO
7231	CERVICALGIA
7241	PAIN IN THORACIC SPINE

General Information

Pt was diagnosed with Recurring MS in 1998, is on Interferon treatment that is keeping symptoms under control

History of Injury:

- 10/31/08: Pt was carrying projector and computer and fell 6-8 steps, unsure if landed on left or right side.

Subjective Examination

ADL / Functional Status:

- Premorbid status:
  - Basic care: Independent without difficulty. Work status: . . prior to injury pt was teaching mechanical/vocational studies which required manual labor until 4/11/09 when he retired. Recreation/Athletics: . . 08/17/09 Pt reports doing HEP daily except not all stretches on the days when he has more pain.
- Current status:
  - Work status: Retired. Recreation / Athletics: Unable to perform.

ADL / Functional Status: ADL's: Activities:

Bathing(08/17/09 all less sore)	Independent without difficulty
• Dressing	Independent without difficulty
Driving/Traveling(8x/wk 2 hrs)	Functional limited 5-20 min tol
• Forward Bending(pain when doing dishes, using weed eater)	"some improvement" 10-13 min tol
Lifting(09/11/09)	Functional limits no decrease 7/10 pain
• Sitting.	no limitation soft surface, 10 min hard surface
Standing	Independent without difficulty
• Walking	TM 13 min 8/10 pain mid/low back

ADL / Functional Status:

- Occupation: Retired

Chief Complaint: Pain:

- Current Severity: . . . 09/11/09: 3-4/10. Severity at Best: 0/10. (06/26/09). Severity at Worst: 8/10. (09/2/09 while painting).

Daily Comments:

- Pt reports back feels good today, cites pain 3-4/10 "but not bad at all."

Functional Capability:

- Overall Improvement: 75%. (08/17/09).

Mechanism of Injury:

- Primary Episode: 10/31/08

Rehabilitation Expectations/Goals:

- Be able to tol more bending forward to work on small home projects.

Objective Examination

Functional Tests: Occupational Tests: Non-Material Handling:

Carrying(Saturn(08/17/09) 70 lb assist 100 ft)	A/wk c 7/10 pain

Functional Tests: Functional Profile: Balance Test:	Left	Right
Eyes Open(08/17/09 pain 4/10 low/mid back)	HA 24" no A/S with min/CGA pain/LOB	HA 4" no A/S with min/CGA pain/LOB

Gait/Locomotion: General Gait Pattern:	Left	Right
Technique(08/17/09 TM 3 min 1/1 mild low back pain 8/10)	Initial heel strike (poor dorsiflexion)	Initial heel strike (poor dorsiflexion)
• Base Width(trunk with fwd lean and rot to L when advancing R)	Moderately Increased	Moderately Increased
Cadence	Severely Decreased	Severely Decreased
• Stride	Decreased	Decreased

Swing	Flip/Ike

Integument:
- Intact and without abnormality.

Muscle Testing: Upper Extremity MMT:	**Left**	**Right**
Shoulder Abduction	5/5	5/5
• Shoulder Flexion	5/5	5/5
Shoulder External Rotation	5/5	5/5
• Shoulder Internal Rotation	5/5	5/5
Elbow Extension	5/5	5/5
• Elbow Flexion	5/5	5/5
Muscle Testing: Lower Extremity MMT:	**Left**	**Right**
Hip Abduction(08/17/09 all MMT)	4/5	4/5
• Hip Flexion(R within avail range)	4/5	-4/5
Knee Extension	5/5	5/5
• Knee Flexion	5/5	4/5
Ankle Dorsiflexion(R within avail range)	5/5	5/5
• Ankle Plantarflexion	5/5	+4/5

Palpation:
- 07/20/09: Tenderness to palp spinou sprocess T10-L5 and R sided paraspinals

Posture:
- Forward Head/Rounded Shoulders: Mild. (07/20/09 no change).

Range of Motion: Cervical Degrees:	
Active Extension(09/2/09 all ROM)	45 Degrees
• Active Flexion	62 Degrees
Active Rotation Left	47 Degrees
• Active Rotation Right	47 Degrees
Active Side Bend Left	41 Degrees
• Active Side Bend Right	29 Degrees

Range of Motion: Lumbar Degrees:	
Active Extension(09/2/09 all ROM)	15 Degrees
• Active Flexion	56 Degrees
Active Rotation Left(T/L rot, more pain to R per report)	60 Degrees
• Active Rotation Right(T/L rot, more pain to L per report)	47 Degrees
Active Side Bend Left	20 Degrees
• Active Side Bend Right	22 Degrees

Range of Motion:
- 08/17/09 AKE right: -43, Left: -34

Special Tests: Cervical:	**Left**	**Right**
Adson Test	Negative	Negative
• Foraminal Compression	Negative	Negative
Distraction	Negative	Negative
• Traction	Aggravates Symptoms	Aggravates Symptoms
Spurling's	Negative	Negative
Special Tests: Lumbar:	**Left**	**Right**
Kemp's	Aggravates Symptoms	Aggravates Symptoms
• Slump	Negative	Negative
Thomas	Tight Iliopsoas	Tight Iliopsoas
Special Tests: Sacroiliac Complex:	**Left**	**Right**
Compression	Negative	Negative
• FABER	Negative	Negative
Gaenslen's	Negative	Negative

Treatments

Exercise Activities: Flexibility(U. Quarter):

Patient: Thomas Karabees
Acct #: 013-610238068 Visit Date: Sep 11, 2009

• Latissimus Dorsi Muscle	Time Elapsed: 2 Minutes, Repetitions: 2, Side: Bilateral, Technique: Active Assistive, Body Position: Standing, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Levator Scapulae Musculature	Time Elapsed: 2 Minutes, Repetitions: 2, Technique: Active, Body Position: Seated, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Midback Stretch	Time Elapsed: 2 Minutes, Repetitions: 2, Hold.: 30 Seconds, Additional Detail: x1, Charge As: Therapeutic Exercise
• Pectoralis Major Muscle	Time Elapsed: 2 Minutes, Repetitions: 2, Side: Bilateral, Technique: Positions I/II, Body Position: Standing, Hold.: 30 Seconds, Additional Detail: doorway, Charge As: Therapeutic Exercise
• Sternocleidomastoid Muscle(This visit)	Did Not Perform:, Charge As: Therapeutic Exercise This visit
• Upper Trapezius Muscle	Time Elapsed: 2 Minutes, Repetitions: 2, Side: Bilateral, Technique: Passive, Body Position: Seated, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Flexibility Activity A(This visit)	Did Not Perform:, Charge As: Therapeutic Exercise This visit
Exercise Activities: Flexibility(L Quarter):	
• Gastrocnemius Muscle	Time Elapsed: 2 Minutes, Repetitions: 2, Technique: Passive, Subtalar Position: Neutral, Body Position: Standing, Additional Detail: 30 sec, Charge As: Therapeutic Exercise
• Hamstring Muscle(with strap)	Time Elapsed: 2 Minutes, Repetitions: 2, Technique: Active, Body Position: Supine, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Iliotibial Band	Time Elapsed: 2 Minutes, Repetitions: 2, Body Position: Supine, Hold: 30 Seconds, Charge As: Therapeutic Exercise
• Piriformis Muscle	Time Elapsed: 2 Minutes, Repetitions: 2, Side: Bilateral, Technique: Active Assistive, Body Position: Supine, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Flexibility Activity 2	Time Elapsed: 2 Minutes, Repetitions: 2, Technique: Active, Body Position: Forward and Sides, Seated, Hold: 30 Seconds, Description: Beggars Stretch, Charge As: Therapeutic Exercise
Exercise Activities: Stabilization Training: Supine Position:	
• Bilateral Knee to Chest(This visit)	Did Not Perform:, Charge As: Therapeutic Activities This visit
• Bridging(This visit)	Did Not Perform:, Charge As: Therapeutic Activities This visit
• Curl Ups-Oblique Plane(This visit)	Did Not Perform:, Charge As: Therapeutic Activities This visit
• Curl Ups-Straight Plane	Time Elapsed: 3 Minutes, Repetitions: 20, Sets: 1, Technique 1: Hands on Thighs, Charge As: Therapeutic Activities
• Pelvic Tilts-Knees Flexed	Time Elapsed: 3 Minutes, Repetitions: 20, Hold: 3 Seconds, Charge As: Therapeutic Activities
Exercise Activities: Aerobic Conditioning:	
• Recumbent Bicycle(This visit)	Did Not Perform:, Charge As: Therapeutic Activities This visit
• Treadmill	Time Elapsed: 15 Minutes, Speed (mph): 2.2, Elevation: 0 %, Charge As: Therapeutic Activities
Exercise Activities: Tubing/Bands(L Quarter):	
• Hip Abduction(This visit)(2 performed storks)	Sets: Did Not Perform:, Charge As: Therapeutic Activities This visit performed storks,
• Hip Abduction(This visit)	Did Not Perform:, Charge As: Therapeutic Activities This visit
• Hip Flexion (Tubing)(STORKS)	Time Elapsed: 4 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Colors: #, Weight and Length: Lateral, Additional Detail: storks standing, Charge As: Therapeutic Activities
• Knee Extension, Full Arc	Time Elapsed: 4 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 40#, Additional Detail: SL, Charge As: Therapeutic Activities
Exercise Activities: Dynamic Training: C-K-C Activity (L Quarter):	
• Squatting	Time Elapsed: 4 Minutes, Weight: Pounds, Body Weight: Pounds, Repetitions: 10, Sets: 2, Additional Detail: With Ball on Wall, Depth: min. Squats, Charge As: Therapeutic Activities
• Step Ups: Forward	Time Elapsed: 4 Minutes, Repetitions: 15, Sets: 1 BLE, Step Height: 8inch Inches, Charge As: Therapeutic Activities

Patient: Thomas Karabees
Acct #: 013-610238068 Visit Date: Sep 11, 2009

• Closed Kinetic Chain Activities(This visit) Did Not Perform:, Charge As: Therapeutic Activities This visit

Exercise Activities: Tubing/Bands(U. Quarter):

• Pull Downs Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 3, Tubing/Band Color: 35#, Resistance: Concentric/Eccentric, Charge As: Therapeutic Activities

• Rows Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 3, Tubing/Band Color: 35#, Resistance: Concentric/Eccentric, Charge As: Therapeutic Activities

Functional/ADL Activities: Functional Task Training:

• Floor to Waist Time Elapsed: 3 Minutes, Weight: 0 Pounds, 20 Pounds, Repetitions: 10, Sets: 1, Charge As: Therapeutic Activities

Manual Interventions: Upper Quarter Soft Tissue:

• Lev/Thoracic PVM(This visit) Did Not Perform:, Charge As: Manual Therapy Techniques This visit

• Thoracolumbar PVM(This visit) Did Not Perform:, Charge As: Manual Therapy Techniques This visit

Manual Interventions: Lower Quarter Soft Tissue:

• Quadratus Lumborum(This visit) Did Not Perform:, Charge As: Manual Therapy Techniques This visit

Modalities:

• Electric Stim./Unattended(for decr pain) Time Elapsed: 15 Minutes, PPS: 150, Locations: Upper/mid thoracic, Performed With: Moist Heat, Mode: Continuous, Type: TENS, Additional Detail: prone, Clinical Use: Post Activity, Charge As: Sum/Unattended,

• Moist Hot Pack(This visit) Did Not Perform:, Charge As: Not Applicable This visit

• US/IVPSS Combo(This visit) Did Not Perform:, Charge As: Sum/Manual This visit

Therapy Session Time

• Therapy Session Start Time 07:55 AM

• Therapy Session Stop Time 09:15 AM

• Total Therapy Session Time 80 Minutes

Documented Procedural Code Summary:

Description	Code	Units	Minutes
• Electrical Stimulation (unattended)	97014	1	n/a
• Therapeutic Activities	97530	3	45
• Therapeutic Procedure	97110	2	20

Assessment

Advanced:

• Incr. LAQ to 40#

Tolerance:

• Pt c/o stiffess in central upper thoracic region, ended with ESU/MHP to this area for decr pain/stiffness. Pt reports pain 7/10 in low back with 10 reps of 20#. F-W. lift. . No change in progress towards lifting goal.

Plan

Daily Plan:

• Continue w/ Current Rehabilitation Program.. Reassess objective measurements next visit. Likely D/C to HEP next visit.

Laura D. Pruette, PT, PT(SC Lic 5511)

Corvel Capture 9/29/2009

Select Physical Therapy
7 South Alliance Drive
Ste 102A
Goose Creek, SC USA 29445
Phone: (843) 569-2303
Fax: (843) 569-2304

Patient:	Thomas Karabees	Visit Date:	Sep 09, 2009
Acct #:	013-610238068	FSC:	Workers Compensation
DOB:	Oct 13, 1948	Payor:	Not Specified
Clinician:	Laura D. Pruette, PT	Pol/Claim#:	385-52-8253
Prim Phy:	William Wilson	Insured:	Not Specified
Phy Phone:	(843) 572-2663	Employer:	Trident Tech College
Phy Fax:	(843) 377-0858	Case Mgr:	Not Specified
Sec Phy:	Not Specified	Visits:	27
Inj. Date:	10/31/2008	Cd/Ns:	0
Surg. Date:	Not Specified		

Daily Note

Diagnoses Spine

7242	LUMBAGO
7231	CERVICALGIA
7241	PAIN IN THORACIC SPINE

General Information

Pt was diagnosed with Recurring MS in 1998, is on Interferon treatment that is keeping symptoms under control

History of Injury:

- 10/31/08: Pt was carrying projector and computer and fell 6-8 steps, unsure if landed on left or right side.

Subjective Examination

Pt reports LBP/SI was hurting past couple of days, "I was outside alot the past couple of days, and the heat really bothers my MS"

ADL / Functional Status:

- Premorbid status:
  - Basic care: Independent without difficulty. Work status: ... prior to injury pt was teaching mechanical/vocational studies which required manual labor until 4/11/09 when he retired. Recreation/Athletics:.....08/17/09 Pt reports doing HEP daily except not all stretches on the days when he has more pain.
- Current status:
  - Work status: Retired. Recreation /. Athletics: Unable to perform.

ADL / Functional Status: ADL's: Activities:

Bathing (08/17/09 not assessed)	Independent without difficulty
Dressing	Independent without difficulty
Driving/Traveling (ok with 20 min)	not attempted >20 min
Forward Bending (pain when doing dishes, using weed eater)	"some improvement" 10-13 min tol
Lifting (5 lb 10 reps 8/10 pain with pain 8/10 good mech)	states pain/difficulty lifting 18mo granddaughter is little better
Sitting	no limitation soft surface, 10 min hard surface
Standing	Independent without difficulty
Walking	TM 13 min 8/10 pain mid/low back

ADL / Functional Status:

- Occupation: Retired

Chief Complaint: Pain:

- Current Severity: 4/10. (09/04/09). Severity at Best: 0/10. (06/26/09). Severity at Worst: 8/10. (09/2/09 while painting).

Functional Capability:

- Overall Improvement: 75% (08/17/09).

Mechanism of Injury:

- Primary Episode: 10/31/08

Rehabilitation Expectations/Goals:

- Be able to tol more bending forward to work on smal home projects.

Objective Examination

Functional Tests: Occupational Tests: Non-Material Handling:

Repetitive Squatting (08/17/09) 20 unassisted, 100 LBHA W/ 0/9/0/10 Lap	

Functional Tests: Functional Profile: Balance Test:	**Left**	**Right**
Eyes open (08/17/09 pain 4/10 low/mid back)	WNL/A with 8/10 pain/LOB	WNL/A with 8/10 pain/LOB

Gait/Locomotion: General Gait Pattern:	**Left**	**Right**
Technique (08/17/09 TM 13 min w/ mid/low back pain 8/10)	no heel strike (foot flat)	mild push
Base Width (trunk with fwd lean and rot to L when advancing R)	Moderately Increased	Moderately Increased
Cadence	Severely Decreased	Severely Decreased
Stride	Decreased	Decreased
Swing		Hiphike

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Kristina M. Cordle, PTA,PTA(SC Lic 1825); Laura D. Pruette, PT,PT(SC Lic 5511)

Patient: Thomas Karabees
Acct #: 013-610238068 Visit Date: Sep 09, 2009

Integument:
- Intact and without abnormality.

Muscle Testing: Upper Extremity MMT:	Left	Right
• Shoulder Abduction	5/5	5/5
• Shoulder Flexion	5/5	5/5
• Shoulder External Rotation	5/5	5/5
• Shoulder Internal Rotation	5/5	5/5
• Elbow Extension	5/5	5/5
• Elbow Flexion	5/5	5/5

Muscle Testing: Lower Extremity MMT:	Left	Right
• Hip Abduction(09/17/09 all MMT)	4/5	4/5
• Hip Flexion(R within avail range)	4/5	4/5
• Knee Extension	5/5	5/5
• Knee Flexion	5/5	4/5
• Ankle Dorsiflexion(R within avail range)	5/5	5/5
• Ankle Plantarflexion	5/5	+4/5

Palpation:
- 07/20/09: Tenderness to palp spinou sprocess T10-L5 and R sided paraspinals

Posture:
- Forward Head/Rounded Shoulders: Mild. (07/20/09 no change).

Range of Motion: Cervical Degrees:	
• Active Extension(09/2/09 all ROM)	51 Degrees
• Active Flexion	62 Degrees
• Active Rotation Left	47 Degrees
• Active Rotation Right	34 Degrees
• Active Side Bend Left	29 Degrees
• Active Side Bend Right	

Range of Motion: Lumbar Degrees:	
• Active Extension(09/2/09 all ROM)	15 Degrees
• Active Flexion	56 Degrees
• Active Rotation Left(T/L rot, more pain to L per report)	60 Degrees
• Active Rotation Right(T/L rot, more pain to L per report)	47 Degrees
• Active Side Bend Left	20 Degrees
• Active Side Bend Right	22 Degrees

Range of Motion:
- 08/17/09 AKE right: -43, Left: -34

Special Tests: Cervical:	Left	Right
• Alar Ligament	Negative	Negative
• Foraminal Compression	Negative	Negative
• Slump	Negative	Negative
• Traction	Aggravates Symptoms	Aggravates Symptoms
• Vertebral Artery	Negative	Negative

Special Tests: Lumbar:	Left	Right
• Laseque	Aggravates Symptoms	Aggravates Symptoms
• Slump	Negative	Negative
• Thomas	Tight Iliopsoas	Tight Iliopsoas

Special Tests: Sacroiliac Complex:	Left	Right
• Compression	Negative	Negative
• FABER	Negative	Negative
• Gap	Negative	Negative

Treatments

Exercise Activities: Flexibility(U. Quarter):
- Latissimus Dorsi Muscle — Time Elapsed: 2 Minutes; Repetitions: 2; Side: Bilateral; Technique: Active-Assistive; Body Position: Standing; Hold: 30 Seconds; Charge As: Therapeutic Exercise

Corvel Capture 9/29/2009

Patient: Thomas Karabees
Acct #: 013-610238068 Visit Date: Sep 09, 2009

• Levator Scapulae Musculature	Time Elapsed: 2 Minutes, Repetitions: 2, Technique: Active, Body Position: Seated, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Midback Stretch	Time Elapsed: 2 Minutes, Repetitions: 2, Hold.: 30 Seconds, Additional Detail: Kadir, Charge As: Therapeutic Exercise
• Pectoralis Major Muscle	Time Elapsed: 2 Minutes, Repetitions: 2, Side: Bilateral, Technique: Positions I/II, Body Position: Standing, Hold.: 30 Seconds, Additional Detail: doorway, Charge As: Therapeutic Exercise
• Sternocleidomastoid Muscle(This visit)	Did Not Perform; Charge As: Therapeutic Exercise: This visit
• Upper Trapezius Muscle	Time Elapsed: 2 Minutes, Repetitions: 2, Side: Bilateral, Technique: Passive, Body Position: Seated, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Flexibility Activity 1(This visit)	Did Not Perform; Charge As: Therapeutic Exercise: This visit
Exercise Activities: Flexibility(L. Quarter):	
• Gastrocnemius Muscle	Time Elapsed: 2 Minutes, Repetitions: 2, Technique: Passive, Position: Sagittal, Position: Neutral, Body Position: Standing, Additional Detail: 30 sec, Charge As: Therapeutic Exercise
• Hamstring Muscle(with strap)	Time Elapsed: 2 Minutes, Repetitions: 2, Technique: Active, Body Position: Supine, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Iliotibial Band	Time Elapsed: 2 Minutes, Repetitions: 2, Body Position: Supine, Hold: 30 Seconds, Charge As: Therapeutic Exercise
• Piriformis Muscle	Time Elapsed: 2 Minutes, Repetitions: 2, Side: bilateral, Technique: Active Assistive, Body Position: Supine, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Flexibility Activity 2	Time Elapsed: 2 Minutes, Repetitions: 2, Technique: Active, Body Position: forward and sides, seated, Hold.: 30 Seconds, Description: Beggar Stretch, Charge As: Therapeutic Exercise
Exercise Activities: Stabilization Training: Supine Position:	
• Bilateral Knee to Chest	Time Elapsed: 2 Minutes, Repetitions: 30, Charge As: Therapeutic Activities
• Bridging	Time Elapsed: 4 Minutes, Repetitions: 10, Sets: 2, Additional Detail: feet on ball, Charge As: Therapeutic Activities
• Curl Ups-Oblique Plane(This visit)	Did Not Perform; Charge As: Therapeutic Activities: This visit
• Curl Ups-Straight Plane	Time Elapsed: 3 Minutes, Repetitions: 20, Sets: 1, Technique 1: Hands on Thighs, Charge As: Therapeutic Activities
• Pelvic Tilts-Knees Flexed	Time Elapsed: 12 Minutes, Repetitions: 30, Hold: 3 Seconds, Charge As: Therapeutic Activities
Exercise Activities: Aerobic Conditioning:	
• Recumbent Bicycle(This visit)	Did Not Perform; Charge As: Therapeutic Activities: This visit
• Treadmill	Time Elapsed: 15 Minutes, Speed (mph): 2.2, Elevation: 0 %, Charge As: Therapeutic Activities
Exercise Activities: Tubing/Bands(L. Quarter):	
• Hip Adduction (Tubing)	Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 0, Weightbearing Leg: Bilateral, Additional Detail: sidelying, Charge As: Therapeutic Activities
• Hip Adduction(This visit)	Did Not Perform:, Charge As: Therapeutic Activities This visit
• Hip Flexion (Tubing)	Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 0, Weightbearing Leg: Bilateral, Additional Detail: standing, Charge As: Therapeutic Activities
• Knee Extension, Full Arc(This visit)	Did Not Perform:, Charge As: Therapeutic Activities This visit
Exercise Activities: Dynamic Training: C-K-C Activity (L. Quarter):	
• Squatting	Time Elapsed: 4 Minutes, Weight: pounds, Body Weight Pound, Repetitions: 10, Sets: 3, Additional Detail: with ball on wall, Dennis Hindsquats, Charge As: Therapeutic Activities
• Step Ups: Forward	Time Elapsed: 4 Minutes, Repetitions: 15, Sets: 1 BLE, Step Height: 8inch Inches, Charge As: Therapeutic Activities
• Closed Kinetic Chain 1(This visit)	Did Not Perform; Charge As: Therapeutic Activities: This visit
Exercise Activities: Tubing/Bands(U. Quarter):	

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Kristina M. Cordle, PTA,PTA(SC Lic: 1825); Laura D. Pruette, PT,PT(SC Lic 5511)

Corvel Capture 9/29/2009

Patient: Thomas Karabees
Acct #: 013-610238068 Visit Date: Sep 09, 2009

- Pull Down — Time Elapsed: 4 Minutes, Repetitions: 10, Sets: 3, Tubing/Band Color: 35#, Resistance: Concentric/Eccentric, Additional Detail: on ball, Charge As: Therapeutic Activities
- Rows — Time Elapsed: 4 Minutes, Repetitions: 10, Sets: 3, Tubing/Band Color: 35#, Resistance: Concentric/Eccentric, Additional Detail: on ball, Charge As: Therapeutic Activities

Functional/ADL Activities: Functional Task Training:

- Lift Floor to Waist — Time Elapsed: 3 Minutes, Weight: Pounds: 20 Pounds, Repetitions: 10, Sets: 1, Charge As: Therapeutic Activities

Manual Interventions: Upper Quarter Soft Tissue:

- Pericostoracic PVM(This visit) — Did Not Perform:, Charge As: Manual Therapy Techniques This visit
- Thoracolumbar PVM(This visit) — Did Not Perform:, Charge As: Manual Therapy Techniques This visit

Manual Interventions: Lower Quarter Soft Tissue:

- Quadratus Lumborum(This visit) — Did Not Perform:, Charge As: Manual Therapy Techniques This visit

Modalities:

- Electric Stim, Unattended(Patient refused treatment) — Did Not Perform:, Charge As: E-Stim Unattended, Patient refused treatments
- Moist Hot Pack(This visit) — Did Not Perform:, Charge As: Not Applicable This visit
- Us/HVPGS Combo(This visit) — Did Not Perform:, Charge As: E-Stim Manual, This visit

Therapy Session Time

- Therapy Session Start Time — 08:00 AM
- Therapy Session Stop Time — 09:15 AM

Documented Procedural Code Summary:

Description	Code	Units	Minutes
Therapeutic Activities	97530	4	54
Therapeutic Procedure	97110	2	20

Assessment

Pt ambulated 15 min with increase fatigue and foot drop. Lift F-W with good body mechs 20lbs 10 reps and carry 10 feet... Good tol with all other exs.

Plan

Daily Plan:

- Continue w/ Current Rehabilitation Program.

KMC PTA

Kristina M. Cordle, PTA, PTA(SC Lic 1825)

LDP PTA

Laura D. Pruette, PT, PT(SC Lic 5511)

Signed in the absence of the primary therapist.

Corvel Capture 9/29/2009

Select Physical Therapy
7 South Alliance Drive
Ste 102A
Goose Creek, SC USA 29445
Phone: (843) 569-2303
Fax: (843) 569-2304

Patient:	Thomas Karabees	Visit Date:	Sep 04, 2009
Acct #:	013-610238068	FSC:	Workers Compensation
DOB:	Oct 13, 1948	Payor:	Not Specified
Clinician:	Laura D. Pruette, PT	Pol/Claim#:	385-52-8253
Prim Phy:	William Wilson	Insured:	Not Specified
Phy Phone:	(843) 572-2663	Employer:	Trident Tech College
Phy Fax:	(843) 377-0858	Case Mgr:	Not Specified
Sec Phy:	Not Specified	Visits:	26
Inj. Date:	10/31/2008	Cvt/Ns:	0
Surg. Date:	Not Specified		

Daily Note

Diagnoses Spine

7242	LUMBAGO
7231	CERVICALGIA
7241	PAIN IN THORACIC SPINE

General Information

Pt was diagnosed with Recurring MS in 1998, is on Interferon treatment that is keeping symptoms under control

History of Injury:

- 10/31/08: Pt was carrying projector and computer and fell 6-8 steps, unsure if landed on left or right side.

Subjective Examination

ADL / Functional Status:

- Premorbid status:
  - Basic care: Independent without difficulty. Work status: .... prior to injury pt was teaching mechanical/vocational studies which required manual labor until 4/11/09 when he retired. Recreation/Athletics: . . 08/17/09 Pt reports doing HEP daily except not all stretches on the days when he has more pain.
- Current status:
  - Work status: Retired. Recreation / Athletics: Unable to perform.

ADL / Functional Status: ADL's: Activities:

• Bathing (08/17/09 all assessed)	Independent without difficulty
• Dressing	Independent without difficulty
• Driving/Traveling ok with 20 min	not attempted > 20 min
• Forward Bending (pain when doing dishes, using weed eater)	"some improvement" 10-13 min tol
• Lifting (F-W 40# pain 6/10 10# with pain 3/10 Good mech)	states can't lift my 18mo granddaughter a little better
• Sitting.	no limitation soft surface, 10 min hard surface
• Standing	Independent without difficulty
• Walking	TM 13 min 8/10 pain mid/low back

ADL / Functional Status:

- Occupation: Retired

Chief Complaint: Pain:

- Current Severity: 4/10. (09/04/09). Severity at Best: 0/10. (06/26/09). Severity at Worst: 8/10. (09/2/09 while painting).

Daily Comments:

- Pt reports he had back pain 2* had to sit through a 2hr meeting last night, but today "feels great, pain is only 4-5/10."

Functional Capability:

- Overall Improvement: 75%. (08/17/09).

Mechanism of Injury:

- Primary Episode: 10/31/08

Rehabilitation Expectations/Goals:

- Be able to tol more bending forward to work on small home projects.

Objective Examination

Functional Tests: Occupational Tests: Non-Material Handling:

• Repetitive Squating (08/17/09) 70lb assist 10# HHA w/ 6/7 8/10 LBP		
Functional Tests: Functional Profile: Balance Test:	**Left**	**Right**
• Eyes Open (09/4/09 pain 7/10 low mid back)	HHA 24" no AD with pain/LOB	HHA 15" no AD with pain/LOB
	pain/LOB	
Gait/Locomotion: General Gait Pattern:	**Left**	**Right**
• Technique (08/17/09 TM 13 min w/ mid/low back pain 8/10)	no heel strike (foot flat)	mid-ph like
• Base Width (trunk with fwd lean and rot to L when advancing R)	Moderately Increased	Moderately Increased
• Cadence	Severely Decreased	Severely Decreased
• Stride	Decreased	Decreased

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Patient: Thomas Karabees
Acct #: 013-610238068
Visit Date: Sep 04, 2009

Swing: Left

Integument:
- Intact and without abnormality.

Muscle Testing: Upper Extremity MMT:	Left	Right
Shoulder Abduction	5/5	5/5
Shoulder Flexion	5/5	5/5
Shoulder External Rotation	5/5	5/5
Shoulder Internal Rotation	5/5	5/5
Elbow Extension	5/5	5/5
Elbow Flexion	5/5	5/5

Muscle Testing: Lower Extremity MMT:	Left	Right
Hip Abduction(09/17/09 all MMTs)	4/5	-4/5
Hip Flexion(R within avail range)	5/5	4/5
Knee Extension	5/5	4/5
Knee Flexion	5/5	+4/5
Ankle Dorsiflexion(R within avail range)	5/5	
Ankle Plantarflexion		

Palpation:
- 07/20/09: Tenderness to palp spinou sprocess T10-L5 and R sided paraspinals

Posture:
- Forward Head/Rounded Shoulders: Mild. (07/20/09 no change).

Range of Motion: Cervical Degrees:	
Active Extension(09/2/09 all ROM)	35 Degrees
Active Flexion	62 Degrees
Active Rotation Left	47 Degrees
Active Rotation Right	47 Degrees
Active Side Bend Left	33 Degrees
Active Side Bend Right	29 Degrees

Range of Motion: Lumbar Degrees:	
Active Extension(09/2/09 all ROM)	15 Degrees
Active Flexion	56 Degrees
Active Rotation Left(T/L rot, more pain to L per report)	60 Degrees
Active Rotation Right(T/L rot, more pain to L per report)	47 Degrees
Active Side Bend Left	20 Degrees
Active Side Bend Right	22 Degrees

Range of Motion:
- 08/17/09 AKE right: -43, Left: -34

Special Tests: Cervical:	Left	Right
Valsalva/Jugular Compression	Negative	Negative
Foraminal Compression	Negative	Negative
Slump	Negative	Negative
Traction	Aggravates Symptoms	Aggravates Symptoms
Vertebral Artery Test	Negative	Negative

Special Tests: Lumbar:	Left	Right
Laseque	Aggravates Symptoms	Aggravates Symptoms
Slump	Negative	Negative
Thomas	Tight Iliopsoas	Tight Iliopsoas

Special Tests: Sacroiliac Complex:	Left	Right
Compression	Negative	Negative
FABER	Negative	Negative
Gap	Negative	Negative

Treatments

Exercise Activities: Flexibility(U. Quarter):

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Status: Signed off (secure electronic signature)

Corvel Capture 9/29/2009

Patient: Thomas Karabees
Acct #: 013-610238068
Visit Date: Sep 04, 2009

• Latissimus Dorsi Muscle	Time Elapsed: 2 Minutes, Repetitions: 2, Side: Bilateral, Technique: Active Assistive, Body Position: Standing, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Levator Scapulae Musculature	Time Elapsed: 2 Minutes, Repetitions: 2, Technique: Active, Body Position: Seated, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Midback Stretch	Time Elapsed: 2 Minutes, Repetitions: 2, Hold: 30 Seconds, Additional Detail: X all, Charge As: Therapeutic Exercise
• Pectoralis Major Muscle	Time Elapsed: 2 Minutes, Repetitions: 2, Side: Bilateral, Technique: Positions I/II, Body Position: Standing, Hold.: 30 Seconds, Additional Detail: doorway, Charge As: Therapeutic Exercise
• Sternocleidomastoid Muscle(This visit)	Did Not Perform:, Charge As: Therapeutic Exercise This visit
• Upper Trapezius Muscle	Time Elapsed: 2 Minutes, Repetitions: 2, Side: Bilateral, Technique: Passive, Body Position: Seated, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Flexibility Activity 1(This visit):	Did Not Perform:, Charge As: Therapeutic Exercise This visit
Exercise Activities: Flexibility(L Quarter):	
• Gastrocnemius Muscle	Time Elapsed: 2 Minutes, Repetitions: 2, Technique: Passive, Subtalar Position: neutral, Body Position: Standing, Additional Detail: Knee, Charge As: Therapeutic Exercise
• Hamstring Muscle(with strap)	Time Elapsed: 2 Minutes, Repetitions: 2, Technique: Active, Body Position: Supine, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Iliotibial Band	Time Elapsed: 2 Minutes, Repetitions: 2, Body Position: Supine, Hold: 30 Seconds, Charge As: Therapeutic Exercise
• Piriformis Muscle	Time Elapsed: 2 Minutes, Repetitions: 2, Side: bilateral, Technique: Active Assistive, Body Position: Supine, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Flexibility Activity 2	Time Elapsed: 2 Minutes, Repetitions: 2, Technique: Active, Body Position: forward and side, Seated, Hold: 30 Seconds, Description: Beggar Stretch, Charge As: Therapeutic Exercise
Exercise Activities: Stabilization Training: Supine Position:	
• Bilateral Knee to Chest	Time Elapsed: 2 Minutes, Repetitions: 10, Additional Detail: w/ 3# ankle wts, Charge As: Therapeutic Activities
• Bridging	Time Elapsed: 4 Minutes, Repetitions: 10, Sets: 2, Additional Detail: feet on ball, Charge As: Therapeutic Activities
• Curl Ups-Oblique Plane(This visit)	Did Not Perform:, Charge As: Therapeutic Activities This visit
• Curl Ups-Straight Plane	Time Elapsed: 3 Minutes, Repetitions: 20, Sets: 1, Technique 1: Hands on Thighs, Charge As: Therapeutic Activities
• Pelvic Tilts: Knees Flexed	Time Elapsed: 3 Minutes, Repetitions: 30, Hold: 3 Seconds, Charge As: Therapeutic Activities
Exercise Activities: Aerobic Conditioning:	
• Recumbent Bicycle(This visit)	Did Not Perform:, Charge As: Therapeutic Activities This visit
• Treadmill	Time Elapsed: 15 Minutes, Speed (mph): 2.2, Elevation: 0 %, Charge As: Therapeutic Activities
Exercise Activities: Tubing/Bands(L Quarter):	
• Hip Abduction (Tubing)	Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: #, Additional Detail: sidelying, Charge As: Therapeutic Activities
• Hip Adduction(This visit)	Did Not Perform:, Charge As: Therapeutic Activities This visit
• Hip Flexion (Tubing)	Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 3, Weight bearing: Leg: Bilateral, Additional Detail: standing, Charge As: Therapeutic Activities
• Knee Extension, Full Arc(This visit)	Did Not Perform:, Charge As: Therapeutic Activities This visit
Exercise Activities: Dynamic Training: C-K-C Activity (L Quarter):	
• Squatting(This visit)	Did Not Perform:, Charge As: Therapeutic Activities This visit
• Step Ups: Forward	Time Elapsed: 4 Minutes, Repetitions: 15, Sets: 1 BLE, Step Height: 8inch Inches, Charge As: Therapeutic Activities

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Patient: Thomas Karabees
Acct #: 013-610238068
Visit Date: Sep 04, 2009

- Closed Kinetic Chain (This visit) — Did Not Perform:, Charge As: Therapeutic Activities, This visit

Exercise Activities: Tubing/Bands (U. Quarter):

- Pull Downs — Time Elapsed: 4 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 35#, Resistance: Concentric/Eccentric, Additional Detail: on ball, Charge As: Therapeutic Activities
- Rows — Time Elapsed: 4 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 35#, Resistance: Concentric/Eccentric, Additional Detail: on ball, Charge As: Therapeutic Activities

Functional/ADL Activities: Functional Task Training:

- Lift Floor to Waist — Time Elapsed: 4 Minutes, Weight: Pounds: 20 Pounds, Repetitions: 7, Sets: 1, Charge As: Therapeutic Activities

Manual Interventions: Upper Quarter Soft Tissue:

- Cervicothoracic PVM (This visit) — Did Not Perform:, Charge As: Manual Therapy Techniques This visit
- Thoracolumbar PVM (This visit) — Did Not Perform:, Charge As: Manual Therapy Techniques This visit

Manual Interventions: Lower Quarter Soft Tissue:

- Quadratus Lumborum (This visit) — Did Not Perform:, Charge As: Manual Therapy Techniques, This visit

Modalities:

- Electric Stim Unattended (patient refused treatment) — Did Not Perform:, Charge As: E-Stim Unattended Patient refused treatment, This visit
- Moist Hot Pack (This visit) — Did Not Perform:, Charge As: Not Applicable This visit
- US/HVPGS Combo (This visit) — Did Not Perform:, Charge As: E-Stim Manual, This visit

Therapy Session Time

- Therapy Session Start Time — 08:00 AM
- Therapy Session Stop Time — 09:10 AM
- Total Therapy Session Time — 70 Minutes

Documented Procedural Code Summary:

Description	Code	Units	Minutes
Therapeutic Activities	97530	3	50
Therapeutic Procedure	97110	2	20

Assessment

Presentation:

- Pt demos good recall and technique with ex's, progressing well towards I HEP.

Tolerance:

- Pt reports pain 5-6/10 with 20# F-W lift after 7 reps. No other c/o pain during session.

Plan

Daily Plan:

- Continue w/ Current Rehabilitation Program.

LDP PT

Laura D. Pruette, PT, PT(SC Lic 5511)

Select Physical Therapy
7 South Alliance Drive
Ste 102A
Goose Creek, SC USA 29445
Phone: (843) 569-2303
Fax: (843) 569-2304

Patient:	Thomas Karabees	Visit Date:	Sep 02, 2009
Acct #:	013-610238068	FSC:	Workers Compensation
DOB:	Oct 13, 1948	Payor:	Not Specified
Clinician:	Laura D. Pruette, PT	Pol/Claim#:	385-52-8253
Prim Phy:	William Wilson	Insured:	Not Specified
Phy Phone:	(843) 572-2663	Employer:	Trident Tech College
Phy Fax:	(843) 377-0858	Case Mgr:	Not Specified
Sec Phy:	Not Specified	Visits:	25
Inj. Date:	10/31/2008	Cd/Ns:	0
Surg. Date:	Not Specified		

Re-Evaluation

Diagnoses Spine

7242	LUMBAGO
7231	CERVICALGIA
7241	PAIN IN THORACIC SPINE

General Information

Pt was diagnosed with Recurring MS in 1998, is on Interferon treatment that is keeping symptoms under control

History of Injury:

- 10/31/08: Pt was carrying projector and computer and fell 6-8 steps, unsure if landed on left or right side.

Subjective Examination

Pt reports painting over the weekend up and down on ladder, and then walking aroung tanger outlet mall increased his LBP. Pt stated not doing HEP.. "I fell last night down 3 steps"

ADL / Functional Status:

- Premorbid status:
  - Basic care: Independent without difficulty. Work status: .... prior to injury pt was teaching mechanical/vocational studies which required manual labor until 4/11/09 when he retired. Recreation/Athletics: .... 08/17/09 Pt reports doing HEP daily except not all stretches on the days when he has more pain.
- Current status:
  - Work status: Retired.. Recreation / Athletics: Unable to perform.

ADL / Functional Status: ADL's: Activities:

- Bathing (08/17/09: all assessed) — Independent without difficulty
- Dressing — Independent without difficulty
- Driving/Traveling (ok w/ br 2/2 min) — Tolerated 20 min
- Forward Bending (pain when doing dishes, using weed eater) — "some improvement" 10-13 min tol
- Kneeling (ow 10" pain 5/10, 30" with pain 3/10 (got down ech)) — States pain/stiffness lessened and does not hurt a little better
- Sitting. — no limitation soft surface, 10 min hard surface
- Standing — Independent without difficulty
- Walking — TM 13 min 8/10 pain mid/low back

ADL / Functional Status:

- Occupation: Retired

Chief Complaint: Pain:

- Current Severity: 6/10. (09/2/09).. Severity at Best: 0/10. (06/26/09).. Severity at Worst: 8/10. (09/2/09 while painting).

Daily Comments:

- Pt reports overall he does feel better than last RE.. Pt states he had a little pain on Friday, a lot of pain on Saturday, and not too bad today, unable to associate changes in pain levels with anything specific.. All c/o pain in centralized mid thoracic area.. Pt states his neck was doing better until this weekend, maybe aggravated from how he slept.

Functional Capability:

- Overall Improvement: 75% (08/17/09).

Mechanism of Injury:

- Primary Episode: 10/31/08

Rehabilitation Expectations/Goals:

- Be able to tol more bending forward to work on small home projects.

Objective Examination

Functional Tests: Occupational Tests: Non-Material Handling:

- Repetitive Squatting (08/17/09) 70 unassisted, 100 HHA w/ c/o 7-8/10 LBP

Left	Right
HHA 24" no pain with	HHA 15" no pain with

Functional Tests: Functional Profile: Balance Test:

- Eyes Open (08/17/09 pain 7/10 low/mid back)

Left	Right
pain/LOB	

Gait/Locomotion: General Gait Pattern:

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Kristina M. Cordle, PTA,PTA(SC Lic: 1825); Laura D. Pruette, PT,PT(SC Lic: 5511)

Patient: Thomas Karabees
Acct #: 013-610238068
Visit Date: Sep 02, 2009

• Technique(08/17/09:Mild swollen mid/low back pain 8/10)	• Heel Strike (rapid)	• Mild Heel Strike
• Base Width(trunk with fwd lean and rot to L when advancing R)	Moderately Increased	Moderately Increased
• Cadence	Severely Decreased	Severely Decreased
• Stride	Decreased	Decreased
• Swing		• Spike

Integument:
- Intact and without abnormality.

Muscle Testing: Upper Extremity MMT:	Aug 17, 2009 Left	Aug 17, 2009 Right	Sep 02, 2009 Left	Sep 02, 2009 Right
• Shoulder Abduction	5/5	5/5	5/5	5/5
• Shoulder Flexion	5/5	5/5	5/5	5/5
• Shoulder External Rotation	5/5	5/5	5/5	5/5
• Shoulder Internal Rotation	5/5	5/5	5/5	5/5
• Elbow Extension	5/5	5/5	5/5	5/5
• Elbow Flexion				

Muscle Testing: Lower Extremity MMT:	Aug 17, 2009 Left	Aug 17, 2009 Right	Sep 02, 2009 Left	Sep 02, 2009 Right
• Hip Abduction (08/17/09: all MMT)	4/5	-4/5	4/5	-4/5
• Hip Flexion(R within avail range)	5/5	5/5	5/5	5/5
• Knee Extension	5/5	4/5	5/5	4/5
• Knee Flexion				
• Ankle Dorsiflexion(R within avail range)	5/5	+4/5	5/5	+4/5
• Ankle Plantarflexion				

Palpation:
- 07/20/09: Tenderness to palp spinou sprocess T10-L5 and R sided paraspinals

Posture:
- Forward Head/Rounded Shoulders: Mild. (07/20/09 no change).

Range of Motion: Cervical Degrees:	Aug 17, 2009	Sep 02, 2009
• Active Extension (09/2/09 all ROM)	55 Degrees	62 Degrees
• Active Flexion	70 Degrees	47 Degrees
• Active Rotation Left	65 Degrees	47 Degrees
• Active Rotation Right	27 Degrees	29 Degrees
• Active Side Bend Left	28 Degrees	
• Active Side Bend Right		

Range of Motion: Lumbar Degrees:	Aug 17, 2009	Sep 02, 2009
• Active Extension (09/2/09 all ROM)	40 Degrees	56 Degrees
• Active Flexion	60 Degrees	60 Degrees
• Active Rotation Left (T/L rot, more pain to L per report)	47 Degrees	47 Degrees
• Active Rotation Right(T/L rot, more pain to L per report)	21 Degrees	22 Degrees
• Active Side Bend Left		
• Active Side Bend Right		

Range of Motion:
- 08/17/09 AKE right: -43, Left: -34

Special Tests: Cervical:	Left	Right
• Alar Ligaments	Negative	Negative
• Foraminal Compression	Negative	Negative
• Slump	Aggravates Symptoms	Aggravates Symptoms
• Traction	Negative	Negative
• Vertebral Artery Test		

Special Tests: Lumbar:	Left	Right
• Lasegue	Aggravates Symptoms	Aggravates Symptoms
• Slump	Negative	Negative
• Thomas	Tight Iliopsoas	Tight Iliopsoas

Special Tests: Sacroiliac Complex:	Left	Right
• Compression	Negative	Negative

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Patient: Thomas Karabees
Acct #: 013-610238068
Visit Date: Sep 02, 2009

• FABER	Negative
• Gaps	Negative

Treatments

Exercise Activities: Flexibility(U. Quarter):

• Latissimus Dorsi Muscle	Time Elapsed: 2 Minutes, Repetitions: 2, Side: Bilateral, Technique: Active Assistive, Body Position: Standing, Hold: 30 Seconds, Charge As: Therapeutic Exercise
• Levator Scapulae Musculature(This visit)	Did Not Perform:, Charge As: Therapeutic Exercise This visit
• Mid back Stretch	Time Elapsed: 2 Minutes, Repetitions: 2, Hold: 30 Seconds, Additional Detail: Exam, Charge As: Therapeutic Exercise
• Pectoralis Major Muscle	Time Elapsed: 3 Minutes, Repetitions: 2, Side: Bilateral, Technique: Positions I/II, Body Position: Standing, Hold.: 30 Seconds, Additional Detail: doorway, Charge As: Therapeutic Exercise
• Sternocleidomastoid Muscle (This visit)	Did Not Perform:, Charge As: Therapeutic Exercise This visit
• Upper Trapezius Musde(This visit)	Did Not Perform:, Charge As: Therapeutic Exercise This visit
• Flexibility Activity (This visit)	Did Not Perform:, Charge As: Therapeutic Exercise This visit

Exercise Activities: Flexibility(L. Quarter):

• Hamstring Muscle(With Strap)	Time Elapsed: 2 Minutes, Repetitions: 2, Technique: Active, Body Position: Supine, Hold: 30 Seconds, Charge As: Therapeutic Exercise
• Iliotibial Band.	Time Elapsed: 2 Minutes, Repetitions: 2, Body Position: Supine, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Piriformis Muscle	Time Elapsed: 2 Minutes, Repetitions: 2, Side: Bilateral, Technique: Active Assistive, Body Position: Supine, Hold: 30 Seconds, Charge As: Therapeutic Exercise
• Flexibility Activity 2	Time Elapsed: 2 Minutes, Repetitions: 2, Technique: Active, Body Position: forward and sides, seated, Hold.: 30 Seconds, Description: Beggar Stretch, Charge As: Therapeutic Exercise

Exercise Activities: Stabilization Training: Supine Position:

• Bilateral Knee to Chest(This visit)	Did Not Perform:, Charge As: Therapeutic Activities This visit
• Bridging	Time Elapsed: 4 Minutes, Repetitions: 10, Sets: 2, Charge As: Therapeutic Activities
• Curl Ups-Oblique Plane(This visit)	Did Not Perform:, Charge As: Therapeutic Activities This visit
• Curl Ups-Straight Plane	Time Elapsed: 3 Minutes, Repetitions: 20, Sets: 1, Technique 1: Hands on Thighs, Charge As: Therapeutic Activities
• Pelvic Lifts-Knees Flexed	Time Elapsed: 4 Minutes, Repetitions: 30, Hold: 3 Seconds, Charge As: Therapeutic Activities

Exercise Activities: Aerobic Conditioning:

• Recumbent Bicycle(This visit)	Did Not Perform:, Charge As: Therapeutic Activities This visit
• Treadmill	Time Elapsed: 15 Minutes, Speed (mph): 1.5-, Elevation: 0 %, Charge As: Therapeutic Activities

Exercise Activities: Tubing/Bands(L. Quarter):

• Hip Abduction(tubing)	Time Elapsed: 4 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 3#, Additional Detail: Sidelying, Charge As: Therapeutic Activities
• Hip Adduction(This visit)	Did Not Perform:, Charge As: Therapeutic Activities This visit
• Hip Flexion(Tubing)	Time Elapsed: 5 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 3#, Additional Detail: SLR and Leg Weight beanbag, Bilateral, Additional Detail: SLR and ext, Charge As: Therapeutic Activities
• Knee Extension, Full Arc	Time Elapsed: 4 Minutes, Repetitions: 10, Sets: 3, Tubing/Band Color: 30#, Additional Detail: SL, Charge As: Therapeutic Activities

Exercise Activities: Dynamic Training: C-K-C Activity (L. Quarter):

• Squatting	Time Elapsed: 4 Minutes, Weight: Pounds, Body Weight Pounds, Repetitions: 10, Sets: 3, Additional Detail: with ball on wall, Depth: mini squats, Charge As: Therapeutic Activities
• Step Ups: Forward	Time Elapsed: 4 Minutes, Repetitions: 15, Sets: 1 BLE, Step Height: Binch Inches, Charge As: Therapeutic Activities

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Patient: Thomas Karabees
Acct #: 013-610238068
Visit Date: Sep 02, 2009

Scapular Retr Chain (This visit) — Did Not Perform:, Charge As: Therapeutic Activities This visit

Exercise Activities: Tubing/Bands(U. Quarter):

- Pull Downs — Time Elapsed: 4 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 35#, Resistance: Concentric/Eccentric, Additional Detail: on ball, Charge As: Therapeutic Activities
- Rows — Time Elapsed: 4 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 35#, Resistance: Concentric/Eccentric, Additional Detail: on ball, Charge As: Therapeutic Activities

Functional/ADL Activities: Functional Task Training:

Lift Floor to Waist (This visit) — Did Not Perform:, Charge As: Therapeutic Activities This visit

Manual Interventions: Upper Quarter Soft Tissue:

- Cervicothoracic PVM(This visit) — Did Not Perform:, Charge As: Manual Therapy Techniques This visit
- Thoracolumbar PVM(This visit) — Did Not Perform:, Charge As: Manual Therapy Techniques This visit

Manual Interventions: Lower Quarter Soft Tissue:

Quadratus Lumborum (This visit) — Did Not Perform:, Charge As: Manual Therapy Techniques This visit

Modalities:

- Electric Stim, Unattended (Patient refused treatment) — Did Not Perform:, Charge As: E-Stim, Unattended Patient refused treatment
- Moist Hot Pack(This visit) — Did Not Perform:, Charge As: Not Applicable This visit

Ultrasound Combo (This visit) — Did Not Perform:, Charge As: E-Stim, Manual This visit

Therapy Session Time

Therapy Session Start Time: 08:00 AM

Documented Procedural Code Summary:

Description	Code	Units	Minutes
Therapeutic Activities	97530	2	30
Therapeutic Procedure	97110	1	15

Assessment

Pt with good progress towards cervical ROM goal in all planes except B cervial ROT somewhat worse, possibly 2* pt states neck is a little stiff this AM. No significant changes with Lumbar ROM except flex incr 16 deg. Resumed all exs per flowsheet with good tol, no c/o incr in pain.

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 fair. The patient was educated regarding their diagnosis, prognosis, related pathology & plan of care. The patient demonstrates a fair understanding of the risks, benefits, precautions/contraindications, & prognosis of their skilled rehabilitation program.

Recommendations:

- Skilled Intervention: Cont per current POC

Problems & Goals

Problem #1 **Chief Complaint: Pain: Current Severity: 6/10. (09/2/09).**

LTG Achieve by Sep 23, 2009. Progress: Good progress. decr pain at rest for sitting/sleeping tol

Symptomatic Improvements:

- Decreasing Pain: to 3/10.

Problem #2 **Chief Complaint: Pain: Severity at Worst: 8/10. (09/2/09 while painting).**

LTG Achieve by Sep 23, 2009. Progress: Some progress. for incr activity tol/QOL

Symptomatic Improvements:

- Decreasing Pain: to 5/10.

Problem #3 **ADL /. Functional Status: Premorbid status: Recreation/Athletics: 08/17/09 Pt reports doing HEP daily except not all stretches on the days when he has more pain.**

LTG Achieve by Sep 23, 2009. Progress: Good progress. good compliance HEP, possible over-doing activ

Client Education:

- Independent Home Exercise/Self Care Program.

Problem #4 **ADL /. Functional Status: ADL's: Activities.**

LTG Achieve by Sep 23, 2009. Progress: Good progress.

ADL Improvements In: Activities:

- Driving/Traveling

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Patient: Thomas Karabees
Acct #: 013-610238068
Visit Date: Sep 02, 2009

- Forward Bending(bouts with short breaks, for home projects) 20-30 min
- Lifting(for lifting grandaughter) TW 40# good med pain<5/10
- Walking(for comm amb tol) TM 15min pain<5/10

Problem #5 **Range of Motion: Cervical Degrees.**
LTG Achieve by Sep 23, 2009. Progress: Good progress. for driving, dressing, overhead reaching
Range of Motion Improvements to: Cervical:
- Active Extension 65 Degrees
- Active Flexion 75 Degrees
- Active Rotation Left 75 Degrees
- Active Rotation Right 70 Degrees
- Active Side Bend Left 30 Degrees
- Active Side Bend Right

Problem #6 **Range of Motion: Lumbar Degrees.**
LTG Achieve by Sep 23, 2009. Progress: Good progress. for forward bending,LE dressing, bathing
Range of Motion Improvements to: Lumbar:
- Active Extension 20 Degrees
- Active Flexion 70 Degrees
- Active Rotation Left(T/L rot) 60 Degrees
- Active Rotation Right(T/L rot) 60 Degrees
- Active Side Bend Left 25 Degrees
- Active Side Bend Right 25 Degrees

Problem #7 **Muscle Testing: Lower Extremity MMT.**
LTG Achieve by Sep 23, 2009. Progress: No change. for squatting,lifting,transfers

Musculoskeletal Improvements In: Lower Extremity Strength to:	**Left**	**Right**
Hip Abduction	+4/5	4/5
Hip Flexion	5/5	+4/5
Knee Extension	5/5	+4/5
Knee Flexion	5/5	5/5
Ankle Dorsiflexion	5/5	5/5
Ankle Plantarflexion		

Problem #8 **Functional Tests: Occupational Tests: Non-Material Handling.**
LTG Achieve by Sep 23, 2009. Progress: Good progress. for functional squatting,lifting
Functional Improvements In: Non-Material Handling:
- Repetitive Squatting(5 reps with HHA to 90 deg, pain <5/10

Problem #9 **Functional Tests: Functional Profile: Balance Test.**
LTG Achieve by Sep 23, 2009. Progress: Some progress. for standing tol, with LBP <3/10
Functional Improvements In:
- Balance from: Fair to Average. (SLS Left:60 sec HHA, Right:60 sec HHA).

Problem #10 **Range of Motion: 08/17/09 AKE right: -43, Left: -34**
LTG Achieve by Sep 23, 2009. Progress: Good progress.
Range of Motion Improvements to:
- AKE Right: -35 deg, Left: -30deg

Plan

Quick re-check of obj measures 2* pt not seen 2 wks and report of a fall. No significant change in status/condition noted. Cont with current POC 6 visits as auth by WC with emphasis on transition to I HEP.

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 3 weeks. The outlined therapeutic procedures and services in the plan of care will address the problems and goals identified.

Daily Plan:
- Continue w/ Current Rehabilitation Program.

Therapeutic Contents:
- Cont per current POC

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Patient: Thomas Karabees
Acct #: 013-610238068
Visit Date: Sep 02, 2009

Kristina M. Cordle, PTA, PTA(SC Lic: 1825)

Laura D. Pruette, PT, PT(SC Lic: 5511)

Document ID: 1A700229.030 Status: Signed off (secure electronic signature)
Kristina M. Cordle, PTA,PTA(SC Lic: 1825); Laura D. Pruette, PT,PT(SC Lic: 5511)

Corvel Capture 9/29/2009

Select Physical Therapy
7 South Alliance Drive
Ste 102A
Goose Creek, SC USA 29445
Phone: (843) 569-2303
Fax: (843) 569-2304

Patient:	Thomas Karabees	Visit Date:	Sep 02, 2009
Acct #:	013-610238068	FSC:	Workers Compensation
DOB:	Oct 13, 1948	Payor:	Not Specified
Clinician:	Laura D. Pruette, PT	Pol/Claim#:	385-52-8253
Prim Phy:	William Wilson	Insured:	Not Specified
Phy Phone:	(843) 572-2663	Employer:	Trident Tech College
Phy Fax:	(843) 377-0858	Case Mgr:	Not Specified
Sec Phy:	Not Specified	Visits:	25
Inj. Date:	10/31/2008	Cxl/Ns:	0
Surg. Date:	Not Specified		

Plan of Care

Diagnoses Spine

7242	LUMBAGO
7231	CERVICALGIA
7241	PAIN IN THORACIC SPINE

Subjective Examination

ADL / Functional Status:
- Current status: Work status: Retired.

Assessment

Pt with good progress towards cervical ROM goal in all planes except B cervial ROT somewhat worse, possibly 2* pt states neck is a little stiff this AM . No significant changes with Lumbar ROM except flex incr 16 deg. . Resumed all exs per flowsheet with good tol, no c/o incr in pain.

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 fair. The patient was educated regarding their diagnosis, prognosis, related pathology & plan of care. The patient demonstrates a fair understanding of the risks, benefits, precautions/contraindications, & prognosis of their skilled rehabilitation program.

Recommendations:
- Skilled Intervention: Cont per current POC

Problems & Goals

Problem #1 **Chief Complaint: Pain: Current Severity: 6/10. (09/2/09).**

LTG Achieve by Sep 23, 2009. Progress: Good progress. decr pain at rest for sitting/sleeping tol

Symptomatic Improvements:
- Decreasing Pain: to 3/10.

Problem #2 **Chief Complaint: Pain: Severity at Worst: 8/10. (09/2/09 while painting).**

LTG Achieve by Sep 23, 2009. Progress: Some progress. for incr activity tol/QOL

Symptomatic Improvements:
- Decreasing Pain: to 5/10.

Problem #3 **ADL / Functional Status: Premorbid status: Recreation/Athletics: 08/17/09 Pt reports doing HEP daily except not all stretches on the days when he has more pain.**

LTG Achieve by Sep 23, 2009. Progress: Good progress. good compliance HEP, possible over-doing activ

Client Education:
- Independent Home Exercise/Self Care Program.

Problem #4 **ADL / Functional Status: ADL's: Activities.**
- Bathing (09/17/09 assessed) Independent without difficulty
- Dressing Independent without difficulty
- Driving/Traveling (Kombi 20 min) not attempted 20 min
- Forward Bending(pain when doing dishes, using weed eater) "some improvement". 10-13 min tol
- Lifting (LW 40# pain 5/10, 60# with pain 8/10 (good mech) decr pain/diff lifting 30# granddaughter a little better
- Sitting. no limitation soft surface, 10 min hard surface
- Standing Independent without difficulty
- Walking TM 13 min 8/10 pain mid/low back

LTG Achieve by Sep 23, 2009. Progress: Good progress.

ADL Improvements In: Activities:
- Driving/traveling 30 min
- Forward Bending(bouts with short breaks, for home projects) 20-30 min
- Lifting (for lil granddaughter) LW 60# good mech pain 5/10

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Kristina M. Cordle, PTA,PTA(SC Lic 1825); Laura D. Pruette, PT,PT(SC Lic 5511)

Patient: Thomas Karabees
Acct #: 013-610238068 Visit Date: Sep 02, 2009

- Walking(for comm amb tol) TM 15min pain<5/10

Problem #5 **Range of Motion: Cervical Degrees.**

- Active Extension(09/2/09 all ROM) 35 Degrees
- Active Flexion 62 Degrees
- Active Rotation Left 47 Degrees
- Active Rotation Right 47 Degrees
- Active Side Bend Left 24 Degrees
- Active Side Bend Right 29 Degrees

LTG Achieve by Sep 23, 2009. Progress: Good progress. for driving, dressing, overhead reaching

Range of Motion Improvements to: Cervical:

- Active Extension 45 Degrees
- Active Flexion 65 Degrees
- Active Rotation Left 75 Degrees
- Active Rotation Right 75 Degrees
- Active Side Bend Left 40 Degrees
- Active Side Bend Right 30 Degrees

Problem #6 **Range of Motion: Lumbar Degrees.**

- Active Extension(09/2/09 all ROM) 15 Degrees
- Active Flexion 56 Degrees
- Active Rotation Left(T/L rot, more pain to L per report) 60 Degrees
- Active Rotation Right(T/L rot, more pain to L per report) 47 Degrees
- Active Side Bend Left 20 Degrees
- Active Side Bend Right 22 Degrees

LTG Achieve by Sep 23, 2009. Progress: Good progress. for forward bending,LE dressing, bathing

Range of Motion Improvements to: Lumbar:

- Active Extension 20 Degrees
- Active Flexion 70 Degrees
- Active Rotation Left(T/L rot) 60 Degrees
- Active Rotation Right(T/L rot) 60 Degrees
- Active Side Bend Left 25 Degrees
- Active Side Bend Right 25 Degrees

Problem #7 **Muscle Testing: Lower Extremity MMT.**

	Left	Right
Ankle pos Dexion(R within avail range)	5/5	4/5
Ankle Plantarflexion	5/5	+4/5
Hip Abduction(08/17/09 all MMT)	4/5	4/5
Hip Flexion(R within avail range)	4/5	4/5
Knee Extension	5/5	5/5
Knee Flexion	5/5	4/5

LTG Achieve by Sep 23, 2009. Progress: No change. for squatting,lifting,transfers

Musculoskeletal Improvements In: Lower Extremity Strength to:	Left	Right
Hip Abduction	+4/5	4/5
Hip Flexion	+4/5	4/5
Knee Extension	5/5	+4/5
Knee Flexion	5/5	5/5
Ankle Dorsiflexion	5/5	5/5
Ankle Plantarflexion	5/5	5/5

Problem #8 **Functional Tests: Occupational Tests: Non-Material Handling.**

- Repetitive Squatting(08/17/09 70 unassisted, 100 with HA 7/10 pain)

LTG Achieve by Sep 23, 2009. Progress: Good progress. for functional squatting,lifting

Functional Improvements In: Non-Material Handling:

- Repetitive Squatting(5 reps with HHA or no A) 90 deg, pain <5/10

Problem #9

Document ID: LA700229.031 Status: Signed off (secure electronic signature)
Kristina M. Cordle, PTA,PTA(SC Lic: 1825); Laura D. Pruette, PT,PT(SC Lic: 5511)

Patient: Thomas Karabees
Acct #: 013-610238068 Visit Date: Sep 02, 2009

Functional Tests: Functional Profile: Balance Test	Left	Right
• yes open 08/17/09 pain 4/10 low/mid back	HHA 24" no AE with daily POC	HHA 15" no AE with pain/COK

LTG Achieve by Sep 23, 2009. Progress: Some progress. for standing tol, with LBP <3/10

Functional Improvements In:

- Balance from: Fair to Average.. (SLS Left:60 sec HHA, Right:60 sec HHA).

Problem #10 **Range of Motion: 08/17/09 AKE right: -43, Left: -34**

LTG Achieve by Sep 23, 2009. Progress: Good progress.

Range of Motion Improvements to:

- AKE Right: -35 deg, Left: -30deg

Plan

Quick re-check of obj measures 2*.pt not seen 2 wks and report of a fall.. No significant change in status/condition noted. Cont with current POC 6 visits as auth by WC with emphasis on transition to I HEP.

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 3 weeks. The outlined therapeutic procedures and services in the plan of care will address the problems and goals identified.

Daily Plan:

- Continue w/ Current Rehabilitation Program.

Therapeutic Contents:

- Cont per current POC

Kristina M. Cordle, PTA, PTA(SC Lic: 1825)

Laura D. Pruette, PT, PT(SC Lic: 5511)

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
7 South Alliance Drive
Ste 102A
Goose Creek, SC USA 29445
Phone: (843) 569-2303
Fax: (843) 569-2304

Patient:	Thomas Karabees	Visit Date:	Aug 17, 2009
Acct #:	013-610238068	FSC:	Workers Compensation
DOB:	Oct 13, 1948	Payor:	Not Specified
Clinician:	Laura D. Pruette, PT	Pol/Claim#:	385-52-8253
Prim Phy:	William Wilson	Insured:	Not Specified
Phy Phone:	(843) 572-2663	Employer:	Trident Tech College
Phy Fax:	(843) 377-0858	Case Mgr:	Not Specified
Sec Phy:	Not Specified	Visits:	24
Inj. Date:	10/31/2008	Cd/Ns:	0
Surg. Date:	Not Specified		

Re-Evaluation

Diagnoses Spine

7242	LUMBAGO
7231	CERVICALGIA
7241	PAIN IN THORACIC SPINE

General Information

Pt was diagnosed with Recurring MS in 1998, is on Interferon treatment that is keeping symptoms under control

History of Injury:

- 10/31/08: Pt was carrying projector and computer and fell 6-8 steps, unsure if landed on left or right side.

Subjective Examination

ADL / Functional Status:

- Premorbid status:
  - Basic care: Independent without difficulty. Work status: prior to injury pt was teaching mechanical/vocational studies which required manual labor until 4/11/09 when he retired Recreation/Athletics: 08/17/09 Pt reports doing HEP daily except not all stretches on the days when he has more pain.
- Current status:
  - Work status: Retired. Recreation / Athletics: Unable to perform.

ADL / Functional Status: ADL's: Activities:

- Bathing(08/17/09all assessed) Independent without difficulty
- Dressing Independent without difficulty
- Driving/Traveling(ok w/ur 20min) not attempted 20 min
- Forward Bending(pain when doing dishes, using weed eater) "some improvement" 10-13 min tol
- Lifting(ow 30 pain 6/10 20% with pain 3/10 (good ms 0)) states pain 2 (lifting 3 yro granddaughter all the time)
- Sitting. no limitation soft surface, 10 min hard surface
- Standing Independent without difficulty
- Walking TM 13 min 8/10 pain mid/low back

ADL / Functional Status:

- Occupation: Retired

Chief Complaint: Pain:

- Current Severity: 4/10. (08/17/09). Severity at Best: 0/10. (06/26/09). Severity at Worst: 8/10. (08/17/09).

Daily Comments:

- Pt reports overall he does feel better than last RE. Pt states he had a little pain on Friday, a lot of pain on Saturday, and not too bad today, unable to associate changes in pain levels with anything specific. All c/o pain in centralized mid thoracic area. Pt states his neck was doing better until this weekend, maybe aggravated from how he slept.

Functional Capability:

- Overall Improvement: 75% (08/17/09).

Mechanism of Injury:

- Primary Episode: 10/31/08

Rehabilitation Expectations/Goals:

- Be able to tol more bending forward to work on small home projects.

Objective Examination

Functional Tests: Occupational Tests: Non-Material Handling:

- Repetitive squatting(08/17/09)(10 assessed) 100 LB AW 7/10 LBP

Functional Tests: Functional Profile: Balance Test:	Left	Right
Eyes open(08/17/09 pain 4/10 aw/mid back)	HAS 2 7/10 A/O with pain/LOB	HAS 5 no A/O with pain/LOB

Gait/Locomotion: General Gait Pattern:	Left	Right
Gait Technique(08/17/09 3 min with mild low back pain 8/10)	no heel strike (foot flat)	mild toe strike
Base Width(trunk with fwd lean and rot to L when advancing R)	Moderately Increased	Moderately Increased

Patient: Thomas Karabees
Acct #: 013-610238068
Visit Date: Aug 17, 2009

• Cadence	Severely Decreased	Severely Decreased
• Stride	Decreased	Decreased
• Swing	Unable	Unable

Integument:
- Intact and without abnormality.

Muscle Testing: Upper Extremity MMT:	Jul 20, 2009 Left	Jul 20, 2009 Right	Aug 17, 2009 Left	Aug 17, 2009 Right
• Shoulder Abduction	5/5	5/5	5/5	5/5
• Shoulder Flexion	5/5	5/5	5/5	5/5
• Shoulder External Rotation	5/5	5/5	5/5	5/5
• Shoulder Internal Rotation	5/5	5/5	5/5	5/5
• Elbow Extension	5/5	5/5	5/5	5/5
• Elbow Flexion	5/5	5/5	5/5	5/5

Muscle Testing: Lower Extremity MMT:	Jul 20, 2009 Left	Jul 20, 2009 Right	Aug 17, 2009 Left	Aug 17, 2009 Right
• Hip Abduction (08/17/09 all MMT)	4/5	4/5	4/5	4/5
• Hip Flexion(R within avail range)	4/5	4/5	4/5	4/5
• Knee Extension	5/5	5/5	5/5	5/5
• Knee Flexion	5/5	4/5	5/5	4/5
• Ankle DF/Plantarflexion(R within avail range)	5/5	5/5	5/5	5/5
• Ankle Plantarflexion	5/5	5/5	5/5	4/5

Palpation:
- 07/20/09: Tenderness to palp spinou sprocess T10-L5 and R sided paraspinals

Posture:
- Forward Head/Rounded Shoulders: Mild. (07/20/09 no change).

Range of Motion: Cervical Degrees:	Jul 20, 2009	Aug 17, 2009
• Active Extension (08/17/09 all ROM)	25 Degrees	35 Degrees
• Active Flexion	40 Degrees	55 Degrees
• Active Rotation Left	60 Degrees	70 Degrees
• Active Rotation Right	54 Degrees	65 Degrees
• Active Side Bend Left	32 Degrees	37 Degrees
• Active Side Bend Right	27 Degrees	28 Degrees

Range of Motion: Lumbar Degrees:	Jul 20, 2009	Aug 17, 2009
• Active Extension (08/17/09 all ROM)	20 Degrees	30 Degrees
• Active Flexion	40 Degrees	40 Degrees
• Active Rotation Left (T/L rot, pt more pain to L per report)	50 Degrees	60 Degrees
• Active Rotation Right (T/L rot, more pain to L per report)	60 Degrees	47 Degrees
• Active Side Bend Left	10 Degrees	18 Degrees
• Active Side Bend Right	10 Degrees	21 Degrees

Range of Motion:
- 08/17/09 AKE right: -43, Left: -34

Special Tests: Cervical:	Left	Right
• Alar Ligament	Negative	Negative
• Foraminal Compression	Negative	Negative
• Slump	Negative	Negative
• Traction	Aggravates Symptoms	Aggravates Symptoms
• Vertebral Artery Test	Negative	Negative

Special Tests: Lumbar:	Left	Right
• Distraction	Aggravates Symptoms	Aggravates Symptoms
• Slump	Negative	Negative
• Trendelenburg	Positive	Positive

Special Tests: Sacroiliac Complex:	Left	Right
• Compression	Negative	Negative
• FABER	Negative	Negative
• Gaenslen	Negative	Negative

Patient: Thomas Karabees
Acct #: 013-610238068
Visit Date: Aug 17, 2009

Treatments

Exercise Activities: Flexibility(U. Quarter):

- Latissimus Dorsi Muscle — Time Elapsed: 2 Minutes, Repetitions: 2, Side: Bilateral, Technique: Active Assistive, Body Position: Standing, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
- Levator Scapulae Musculature — Time Elapsed: 2 Minutes, Repetitions: 2, Technique: Active, Body Position: Seated, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
- Midback Stretch — Time Elapsed: 2 Minutes, Repetitions: 2, Hold: 30 Seconds, Additional Detail: x1, Charge As: Therapeutic Exercise
- Pectoralis Major Muscle — Time Elapsed: 3 Minutes, Repetitions: 2, Side: Bilateral, Technique: Positions I/II, Body Position: Standing, Hold.: 30 Seconds, Additional Detail: doorway, Charge As: Therapeutic Exercise
- Sternocleidomastoid Muscle(This visit) — Did Not Perform:, Charge As: Therapeutic Exercise This visit
- Upper Trapezius Muscle — Time Elapsed: 2 Minutes, Repetitions: 2, Side: Bilateral, Technique: Passive, Body Position: Seated, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
- Flexibility Activity 1(This visit) — Did Not Perform:, Charge As: Therapeutic Exercise This visit

Exercise Activities: Flexibility(L. Quarter):

- Hamstring Muscle(with strap) — Time Elapsed: 2 Minutes, Repetitions: 2, Technique: Active, Body Position: Supine, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
- Iliotibial Band. — Time Elapsed: 2 Minutes, Repetitions: 2, Body Position: Supine, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
- Piriformis Muscle — Time Elapsed: 2 Minutes, Repetitions: 2, Side: Bilateral, Technique: Active Assistive, Body Position: Supine, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
- Flexibility Activity 2 — Time Elapsed: 2 Minutes, Repetitions: 2, Technique: Active, Body Position: forward and sides, seated, Hold.: 30 Seconds, Description: Beggar Stretch, Charge As: Therapeutic Exercise

Exercise Activities: Stabilization Training: Supine Position:

- Bilateral Knee to Chest(This visit) — Did Not Perform:, Charge As: Therapeutic Activities This visit
- Bridging(This visit) — Did Not Perform:, Charge As: Therapeutic Activities This visit
- Curl Ups-Diagonal Plane(This visit) — Did Not Perform:, Charge As: Therapeutic Activities This visit
- Curl Ups-Straight Plane(This visit) — Time Elapsed: 5 Minutes, Repetitions: 10, Hold: 3 Seconds, Charge As: Therapeutic Activities
- Reverse Knee to Chest(This visit)

Exercise Activities: Aerobic Conditioning:

- Recumbent Bicycle(This visit) — Did Not Perform:, Charge As: Therapeutic Activities This visit
- Treadmill — Time Elapsed: 15 Minutes, Speed (mph): 1.5-, Elevation: 0 %, Charge As: Therapeutic Activities

Exercise Activities: Tubing/Bands(L. Quarter):

- Hip Abduction(Tubing)(This visit) — Did Not Perform:, Charge As: Therapeutic Activities This visit
- Hip Adduction(This visit) — Did Not Perform:, Charge As: Therapeutic Activities This visit
- Hip Flexion: Cuffing(This visit) — Did Not Perform:, Charge As: Therapeutic Activities This visit
- Knee Extension, Full Arc(This visit) — Did Not Perform:, Charge As: Therapeutic Activities This visit

Exercise Activities: Dynamic Training: C-K-C Activity (L. Quarter):

- Squatting(This visit) — Did Not Perform:, Charge As: Therapeutic Activities This visit
- Step Ups: Forward(This visit) — Did Not Perform:, Charge As: Therapeutic Activities This visit
- Closed Kinetic Chain(This visit)

Exercise Activities: Tubing/Bands(U. Quarter):

- Pull Downs(This visit) — Did Not Perform:, Charge As: Therapeutic Activities This visit
- Rows(This visit) — Did Not Perform:, Charge As: Therapeutic Activities This visit

Functional/ADL Activities: Functional Task Training:

- Lift: Floor to Waist(This visit) — Did Not Perform:, Charge As: Therapeutic Activities This visit

Manual Interventions: Upper Quarter Soft Tissue:

- Cervicothoracic Pump(This visit) — Did Not Perform:, Charge As: Manual Therapy Techniques This visit

• Thoracolumbar PVM(This visit) Did Not Perform:, Charge As: Manual Therapy Techniques This visit

Manual Interventions: Lower Quarter Soft Tissue:

• Quadratus Lumborum (prone with pillow under thorax) Time: Elapsed 10 Minutes, Rx Depth: Moderate/Deep, Side: bilateral, Techniques/STG Additional Details: and Lumbar, Lumbar paraspinals, Lower Lats, Traps, Charge As: Manual Therapy Techniques

Modalities:

• Electric Stim, Unattended (patient refused treatment) Did Not Perform:, Charge As: E-Stim, Unattended, Patient refused treatment

• Moist Hot Pack(This visit) Did Not Perform:, Charge As: Not Applicable This visit

• US/HVPGS combo Time Elapsed: 10 Minutes, Location: Lower thoracic paraspinal, Lower Lat Erector Spinae, Watts/cm2: 1.5/1.0, Additional Details: 1MHz, 20% duty cycle, 8 min x 2 min set up, Clinical Use: Post Activity, Charge As: E-Stim, Manual

Therapy Session Time

• Therapy Session Start Time 08:00 AM

• Therapy Session Stop Time 09:15 AM

• Total Therapy Session Time 75 Minutes

Documented Procedural Code Summary:

Description	Code	Units	Minutes
• Electrical Stimulation (manual)	97032	1	10
• Manual Therapy Techniques	97140	1	10
• Physical Therapy Evaluation	97002	1	n/a
• Therapeutic Activities	97530	2	18
• Therapeutic Procedure	97110	2	18

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. (fair/good). 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. (fair/good).

Assessment of Improvement:

• Pt demos overall fair progress towards goals, but some improvement since last RE and some reduction in overall pain per pt report. Pt demos good progress towards cervical ROM goals, with incr in all motions except R SB (no change) and L SB (somewhat worse) and met for ext. Pt demos some improvement in lumbar ROM for B SB and L rot, but no change in flex/ext and some decr in R rot. Pt demos no significant changes in LE MMT since last RE. Pt demos some improvement R SLS, no change L. Pt demos incr squat with HHA but with cont high level of reported pain. Fair progress with HS flexibility, consistent with pt reports of compliance with HEP. Pt demos good progress with amb tol (up to 13 min with 8/10 pain) and F-W lift (demos 30# pain 3/10 and 40# pain 6/10). Pt cont to c/o pain/inability to perform fwd bending tasks >10 min 2* pain, limiting ability for doing dishes at sink and doing small woodworking/home projects, which pt states is one main goal of his.

Recommendations: Skilled Intervention: Required To:

• Improve Function. Decrease Pain. Increase Range of Motion. Increase Strength. Return to max PLF possible. Improve amb tol, lifting, ROM and fwd bending tol for household chores, ADLs at sink, lifting granddaughter, small home projects.

Tolerance:

• Pt reports feels better post session, decr pain with ESM and MTT end of session.

Problems & Goals

Problem #1 **Chief Complaint: Pain: Current Severity: 4/10. (08/17/09).**

LTG Achieve by Sep 14, 2009. Progress: Good progress. decr pain at rest for sitting/sleeping tol

Symptomatic Improvements:

• Decreasing Pain: to 3/10.

Problem #2 **Chief Complaint: Pain: Severity at Worst: 8/10. (08/17/09).**

LTG Achieve by Sep 14, 2009. Progress: Some progress. for incr activity tol/QOL.

Symptomatic Improvements:

• Decreasing Pain: to 5/10.

Problem #3 **ADL / Functional Status: Premorbid status: Recreation/Athletics: 08/17/09 Pt reports doing HEP daily except not all stretches on the days when he has more pain.**

LTG Achieve by Sep 14, 2009. Progress: Good progress. good compliance HEP, possible over-doing activ

Client Education:

- Independent Home Exercise/Self Care Program.

Problem #4 **ADL / Functional Status: ADL's: Activities.**

LTG Achieve by Sep 14, 2009. Progress: Good progress.

ADL Improvements In: Activities:

- Driving/Traveling
- Forward Bending(bouts with short breaks, for home projects) 20-30 min
- Lifting(for lifting grandaughter) FW 10# good mech pain<3/10
- Walking(for comm amb tol) TM 15min pain<5/10

Problem #5 **Range of Motion: Cervical Degrees.**

LTG Achieve by Sep 14, 2009. Progress: Good progress. for driving, dressing, overhead reaching

Range of Motion Improvements to: Cervical:

- Active Extension 35 Degrees
- Active Flexion 65 Degrees
- Active Rotation Left 75 Degrees
- Active Rotation Right 75 Degrees
- Active Side Bend Left 30 Degrees
- Active Side Bend Right 30 Degrees

Problem #6 **Range of Motion: Lumbar Degrees.**

LTG Achieve by Sep 14, 2009. Progress: Good progress. for forward bending,LE dressing, bathing

Range of Motion Improvements to: Lumbar:

- Active Extension 70 Degrees
- Active Flexion 70 Degrees
- Active Rotation Left(T/L rot) 60 Degrees
- Active Rotation Right(T/L rot) 60 Degrees
- Active Side Bend Left 25 Degrees
- Active Side Bend Right 25 Degrees

Problem #7 **Muscle Testing: Lower Extremity MMT.**

LTG Achieve by Sep 14, 2009. Progress: No change. for squatting,lifting,transfers

Musculoskeletal Improvements In: Lower Extremity Strength to:	**Left**	**Right**
Hip Abduction	+4/5	4/5
Hip Flexion	+4/5	4/5
Knee Extension	5/5	+4/5
Knee Flexion	5/5	+4/5
Ankle Dorsiflexion	5/5	5/5
Ankle Plantarflexion	5/5	5/5

Problem #8 **Functional Tests: Occupational Tests: Non-Material Handling.**

LTG Achieve by Sep 14, 2009. Progress: Good progress. for functional squatting,lifting

Functional Improvements In: Non-Material Handling:

- Repetitive Squatting(Current Limitation) 30 Reps, Pain 5/10

Problem #9 **Functional Tests: Functional Profile: Balance Test.**

LTG Achieve by Aug 24, 2009. Progress: Some progress. for standing tol, with LBP <3/10

Functional Improvements In:

- Balance from: Fair to Average. (SLS Left:60 sec HHA, Right:60 sec HHA).

Problem #10 **Range of Motion: 08/17/09 AKE right: -43, Left: -34**

LTG Achieve by Sep 14, 2009. Progress: Good progress.

Range of Motion Improvements to:

- AKE Right: -35 deg, Left: -30deg

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:

- Active Assistive Range of Motion Activities. Active Range of Motion Activities. Client Education. Gait Training. Home Exercise Program. Joint Mobilization Techniques. Manual Range of Motion Activities. Manual Therapy Techniques. Neuromuscular Re-education. Passive Range of Motion Activities. Postural Stabilization Training: Neutral Principle Training. Proprioceptive/Closed Kinetic Chain Activities. Self Care/Home Management. Soft Tissue Mobilization Techniques. Stretching/Flexibility Activities. Therapeutic Activities: Therapeutic Exercise.
- Functional Activities: ADL's:
  - Forward Bending. Lifting. Light Housework. Mobility/Transfers. Sitting. Squatting. Walking.
- Modalities:
  - Cryotherapy. Interferential Stimulation. Moist Hot Pack. T.E.N. Stimulation. TENS Placement/Application. Ultrasound. US/HVPGS Combo.

Laura D. Pruette, PT, PT(SC Lic 5511)

Select Physical Therapy
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Sec Phy:	Not Specified	Case Mgr:	Not Specified
Inj. Date:	10/31/2008	Visits:	24
Surg. Date:	Not Specified	Cd/Ns:	0

Plan of Care

Diagnoses Spine

7242	LUMBAGO
7231	CERVICALGIA
7241	PAIN IN THORACIC SPINE

Subjective Examination

ADL / Functional Status:

- Current status: Work status: Retired.

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. (fair/good). 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. (fair/good).

Assessment of Improvement:

- Pt demos overall fair progress towards goals, but some improvement since last RE and some reduction in overall pain per pt report. Pt demos good progress towards cervical ROM goals, with incr in all motions except R SB (no change) and L SB (somewhat worse) and met for ext. Pt demos some improvement in lumbar ROM for B SB and L rot, but no change in flex/ext and some decr in R rot. Pt demos no significant changes in LE MMT since last RE. Pt demos some improvement RSLS, no change L. Pt demos incr squat with HHA but with cont high level of reported pain. Fair progress with HS flexibility, consistent with pt reports of compliance with HEP. Pt demos good progress with amb tol (up to 13 min with 8/10 pain) and F-W lift (demos 30# pain 3/10 and 40# pain 6/10). Pt cont to c/o pain/inability to perform fwd bending tasks >10 min 2* pain, limiting ability for doing dishes at sink and doing small woodworking/home projects, which pt states is one main goal of his.

Recommendations: Skilled Intervention: Required To:

- Improve Function. Decrease Pain. Increase Range of Motion. Increase Strength. Return to max PLF possible. Improve amb tol, lifting, ROM and fwd bending tol for household chores, ADLs at sink, lifting granddaughter, small home projects.

Tolerance:

- Pt reports feels better post session, decr pain with ESM and MTT end of session.

Problems & Goals

Problem #1 **Chief Complaint: Pain: Current Severity: 4/10. (08/17/09).**

LTG Achieve by Sep 14, 2009. Progress: Good progress. decr pain at rest for sitting/sleeping tol

Symptomatic Improvements:

- Decreasing Pain: to 3/10.

Problem #2 **Chief Complaint: Pain: Severity at Worst: 8/10. (08/17/09).**

LTG Achieve by Sep 14, 2009. Progress: Some progress. for incr activity tol/QOL

Symptomatic Improvements:

- Decreasing Pain: to 5/10.

Problem #3 **ADL / Functional Status: Premorbid status: Recreation/Athletics: 08/17/09 Pt reports doing HEP daily except not all stretches on the days when he has more pain.**

LTG Achieve by Sep 14, 2009. Progress: Good progress. good compliance HEP, possible over-doing activ

Client Education:

- Independent Home Exercise/Self Care Program.

Problem #4 **ADL / Functional Status: ADL's: Activities.**

• Bathing(08/17/09 assessed)	Independent without difficulty
• Dressing	Independent without difficulty
• Driving/traveling(ok with 20 min	not addressed 20 min
• Forward Bending(pain when doing dishes, using weed eater)	"some improvement" 10-13 min tol
• Lifting(F-W 40# pain 3/10, 30# with pain) (Pt states mainly difficulty lifting granddaughter, a little better (good/mod))	

Patient: Thomas Karabees
Acct #: 013-610238068
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• Sitting.	no limitation soft surface, 10 mn hard surface
• Standing	Independent/without difficulty
• Walking	TM 13 min 8/10 pain mid/low back

LTG Achieve by Sep 14, 2009. Progress: Good progress.

ADL Improvements In: Activities:

• Driving/travel	
• Forward Bending(bouts with short breaks, for home projects)	20-30 min
• Lifting(for lifting granddaughter)	6-7x10 good mech pain 4/10
• Walking(for comm amb tol)	TM 15min pain<5/10

***Problem #5* Range of Motion: Cervical Degrees.**

• Active Extension(08/17/09,all ROM)	35 Degrees
• Active Flexion	55 Degrees
• Active Rotation Left	70 Degrees
• Active Rotation Right	65 Degrees
• Active Side Bend Left	27 Degrees
• Active Side Bend Right	28 Degrees

LTG Achieve by Sep 14, 2009. Progress: Good progress. for driving, dressing, overhead reaching

Range of Motion Improvements to: Cervical:

• Active Extension	55 Degrees
• Active Flexion	65 Degrees
• Active Rotation Left	75 Degrees
• Active Rotation Right	75 Degrees
• Active Side Bend Left	40 Degrees
• Active Side Bend Right	30 Degrees

***Problem #6* Range of Motion: Lumbar Degrees.**

• Active Extension(08/17/09,all ROM)	18 Degrees
• Active Flexion	40 Degrees
• Active Rotation Left(T/L rot, more pain to L per report)	60 Degrees
• Active Rotation Right(T/L rot, more pain to L per report)	47 Degrees
• Active Side Bend Left	10 Degrees
• Active Side Bend Right	21 Degrees

LTG Achieve by Sep 14, 2009. Progress: Good progress. for forward bending,LE dressing, bathing

Range of Motion Improvements to: Lumbar:

• Active Extension	20 Degrees
• Active Flexion	70 Degrees
• Active Rotation Left(T/L rot)	60 Degrees
• Active Rotation Right(T/L rot)	60 Degrees
• Active Side Bend Left	25 Degrees
• Active Side Bend Right	25 Degrees

***Problem #7* Muscle Testing: Lower Extremity MMT.**	**Left**	**Right**
• Ankle Dorsiflexion(R within avail range)	5/5	5/5
• Ankle Plantarflexion	5/5	+4/5
• Hip Abduction(08/17/09,all ROM)	5/5	4/5
• Hip Flexion(R within avail range)	4/5	-4/5
• Knee Extension	5/5	5/5
• Knee Flexion	5/5	4/5

LTG Achieve by Sep 14, 2009. Progress: No change. for squatting,lifting,transfers

Musculoskeletal Improvements In: Lower Extremity Strength to:	**Left**	**Right**
• Hip Abduction	4/5	4/5
• Hip Flexion	+4/5	4/5
• Knee Extension	5/5	5/5

Patient: Thomas Karabees
Acct #: 013-610238068 Visit Date: Aug 17, 2009

• Knee Flexion	5/5	+4/5
• Knee Extension	5/5	5/5
• Ankle Plantarflexion	5/5	5/5

Problem #8 **Functional Tests: Occupational Tests: Non-Material Handling.**
• Repetitive Squatting (08/17/09):20 unassisted, 100 HHA w/ LBP 6/10 (08/17/09):20 unassisted, 100 HHA w/ LBP 6/10

LTG Achieve by Sep 14, 2009. Progress: Good progress. for functional squatting,lifting

Functional Improvements In: Non-Material Handling:
• Repetitive Squatting (08/17/09):20 unassisted, 100 HHA for no A) 90 deg pain <5/10

	Left	Right
Problem #9 **Functional Tests: Functional Profile: Balance Test.**		
• Eyes Open (08/17/09:pain 4/10 low/mid back)	HHA, 41 no AE with pain/LBP	HHA, no AE with pain/LBP

LTG Achieve by Aug 24, 2009. Progress: Some progress. for standing tol, with LBP <3/10

Functional Improvements In:
• Balance from: Fair to Average. (SLS Left:60 sec HHA, Right:60 sec HHA).

Problem #10 **Range of Motion: 08/17/09 AKE right: -43, Left: -34**

LTG Achieve by Sep 14, 2009. Progress: Good progress.

Range of Motion Improvements to:
• AKE Right: -35 deg, Left: -30deg

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:
• Active Assistive Range of Motion Activities. Active Range of Motion Activities. Client Education. Gait Training. Home Exercise Program. Joint Mobilization Techniques. Manual Range of Motion Activities. Manual Therapy Techniques. Neuromuscular Re-education. Passive Range of Motion Activities. Postural Stabilization Training: Neutral Principle Training. Proprioceptive/Closed Kinetic Chain Activities. Self Care/Home Management. Soft Tissue Mobilization Techniques. Stretching/Flexibility Activities. Therapeutic Activities: Therapeutic Exercise.
• Functional Activities: ADL's:
  • Forward Bending. Lifting. Light Housework. Mobility/Transfers. Sitting. Squatting. Walking.
• Modalities:
  • Cryotherapy. Interferential Stimulation. Moist Hot Pack. T.E.N. Stimulation. TENS Placement/Application. Ultrasound. US/HVPGS Combo.

Laura D. Pruette, PT, PT(SC Lic 5511)

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**

Corvel Capture 9/15/2009

Select Physical Therapy
7 South Alliance Drive
Ste 102A
Goose Creek, SC USA 29445
Phone: (843) 569-2303
Fax: (843) 569-2304

Patient:	Thomas Karabees
Acct #:	013-610238068
DOB:	Oct 13, 1948
Clinician:	Laura D. Pruette, PT
Prim Phy:	William Wilson
Phy Phone:	(843) 572-2663
Phy Fax:	(843) 377-0858
Sec Phy:	Not Specified
Inj. Date:	10/31/2008
Surg. Date:	Not Specified

Visit Date:	Aug 12, 2009
FSC:	Workers Compensation
Payor:	Not Specified
Pol/Claim#:	385-52-8253
Insured:	Not Specified
Employer:	Trident Tech College
Case Mgr:	Not Specified
Visits:	23
Cxl/Ns:	0

Daily Note

Diagnoses Spine

7242	LUMBAGO
7231	CERVICALGIA
7241	PAIN IN THORACIC SPINE

General Information

Pt was diagnosed with Recurring MS in 1998, is on Interferon treatment that is keeping symptoms under control

History of Injury:

- 10/31/08: Pt was carrying projector and computer and fell 6-8 steps, unsure if landed on left or right side.

Subjective Examination

ADL / Functional Status:

- Premorbid status:
  - Basic care: Independent without difficulty. Work status: prior to injury pt was teaching mechanical/vocational studies which required manual labor until 4/11/09 when he retired Recreation/Athletics: 07/20/09 pt states performing daily HEP. Also reports a lot of activity (housework, yardwork, recreational activies), with pain.
- Current status:
  - Work status: Retired. Recreation / Athletics: Unable to perform.

ADL / Functional Status: ADL's: Activities:

- Bathing (07/20/09 assessed): Independent without difficulty
- Dressing: Independent without difficulty
- Driving/traveling: not attempted < 40 min
- Forward Bending(pain when doing dishes, using weed eater): with pain
- Lifting (LW 40 pain 5/10 on 06/26, 20# with pain on 07/15): states pain/difficulty lifting 18 mo granddaughter
- Sitting: 10 min
- Standing: Independent without difficulty
- Walking(TM 10 min 8/10 pain -no incr but steady pain level): states limited by MS and heat

ADL / Functional Status:

- Occupation: Retired

Chief Complaint: Pain:

- Current Severity: 8/10/09: 0/10 mid to low back (T10-L5) midline to R. 0/10 in neck Severity at Best: 0/10. (06/26/09). Severity at Worst: 07/20/09: 9/10 mid/low back, 8/10 neck

Functional Capability:

- Overall Improvement: 07/20/09: 60-70%

Mechanism of Injury:

- Primary Episode: 10/31/08

Rehabilitation Expectations/Goals:

- Return to ADL Performance: Unrestricted/Symptom Free. Return to Recreational Activities: Unrestricted/Symptom Free. Return to Athletic Activities: Restricted/Symptom Free. (pt would like to develop an exercise routine).

Objective Examination

Functional Tests: Occupational Tests: Non-Material Handling:

- Repetitive Squatting (8/7/09): unassisted, 3 sets of 10 reps

Functional Tests: Functional Profile: Balance Test:

	Left	Right
Eyes Open (8/10/09)	WFL A-30" no A-S with pain/10	WFL A-30" no A-S with pain/10

Gait/Locomotion: General Gait Pattern:

	Left	Right
Heel Strike (07/20/09 TM 10 min no change in dev pain 8/10)	mid foot	mid foot
Base Width(trunk with fwd lean and rot to L when advancing R)	Moderately Increased	Moderately Increased
Cadence	Severely Decreased	Severely Decreased
Stride	Decreased	Decreased

Document ID: 1A700229.027 Status: Signed off (secure electronic signature)
Corlas A. Ross, PTA,PTA(SC Lic 1836); Laura D. Pruette, PT,PT(SC Lic 5511)

Patient: Thomas Karabees
Acct #: 013-610238068 Visit Date: Aug 12, 2009

Symmetrical, Left hip like

Integument:
- Intact and without abnormality.

Muscle Testing: Upper Extremity MMT:	**Left**	**Right**
• Shoulder Abduction	5/5	5/5
• Shoulder Flexion	5/5	5/5
• Shoulder External Rotation	5/5	5/5
• Shoulder Internal Rotation	5/5	5/5
• Elbow Extension	5/5	5/5
• Elbow Flexion	5/5	5/5

Muscle Testing: Lower Extremity MMT:	**Left**	**Right**
• Hip Abduction(07/20/09all MMT same B)	4/5	4/5
• Hip Flexion(worse L, same R)	4/5	4/5
• Knee Extension(same L, better R)	5/5	5/5
• Knee Flexion(better L, same R)	5/5	4/5
• Ankle Dorsiflexion(better L, same B)	5/5	4/5
• Ankle Plantarflexion(same B)	5/5	5/5

Palpation:
- 07/20/09: Tenderness to palp spinou sprocess T10-L5 and R sided paraspinals

Posture:
- Forward Head/Rounded Shoulders: Mild. (07/20/09 no change).

Range of Motion: Cervical Degrees:	
• Active Extension(07/20/09all ROM same)	25 Degrees
• Active Flexion(worse)	40 Degrees
• Active Rotation Left(worse)	63 Degrees
• Active Rotation Right(worse)	54 Degrees
• Active Side Bend Left(same)	27 Degrees
• Active Side Bend Right(better)	27 Degrees

Range of Motion: Lumbar Degrees:	
• Active Extension(07/20/09all ROM same)	20 Degrees
• Active Flexion(worse)	40 Degrees
• Active Rotation Left(T/L rot same)	56 Degrees
• Active Rotation Right(T/L rot, same)	60 Degrees
• Active Side Bend Left(worse)	10 Degrees
• Active Side Bend Right(worse)	10 Degrees

Range of Motion:
- 07/20/09 AKE right: -54, Left: -38

Special Tests: Cervical:	**Left**	**Right**
• Alar Ligament	Negative	Negative
• Foraminal Compression	Negative	Negative
• Slump	Negative	Negative
• Traction	Aggravates Symptoms	Aggravates Symptoms
• Vertebral Artery Test	Negative	Negative

Special Tests: Lumbar:	**Left**	**Right**
• Lasegue	Aggravates Symptoms	Aggravates Symptoms
• Slump	Negative	Negative
• Thomas	Positive	Positive

Special Tests: Sacroiliac Complex:	**Left**	**Right**
• Compression	Negative	Negative
• FABER	Negative	Negative
• Gapping	Negative	Negative

Treatments

Exercise Activities: Flexibility(U. Quarter):

Patient: Thomas Karabees
Acct #: 013-610238068 Visit Date: Aug 12, 2009

• Latissimus Dorsi Muscle	Time Elapsed: 2 Minutes, Repetitions: 2, Side: Bilateral, Technique: Active Assistive, Body Position: Standing, Hold: 30 Seconds, Charge As: Therapeutic Exercise
• Levator Scapulae Musculature	Time Elapsed: 2 Minutes, Repetitions: 2, Technique: Active, Body Position: Seated, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Midback Stretch (performed in doorway)	Time Elapsed: 2 Minutes, Repetitions: 2, Hold: 30 Seconds, Additional Detail: Lat, Charge As: Therapeutic Exercise
• Sternocleidomastoid Muscle(This visit)	Did Not Perform:, Charge As: Therapeutic Exercise This vist
• Upper Trapezius Muscle	Time Elapsed: 2 Minutes, Repetitions: 2, Side: Bilateral, Technique: Passive, Body Position: Seated, Hold: 30 Seconds, Charge As: Therapeutic Exercise
• Flexibility Activity 1(This visit)	Did Not Perform:, Charge As: Therapeutic Exercise This vist

Exercise Activities: Flexibility(L Quarter):

• Hamstring Muscle (with strap)	Time Elapsed: 1 Minutes, Repetitions: 2, Technique: Active, Body Position: Supine, Hold: 30 Seconds, Charge As: Therapeutic Exercise
• Iliotibial Band.	Time Elapsed: 2 Minutes, Repetitions: 2, Body Position: Supine, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Piriformis Muscle	Time Elapsed: 2 Minutes, Repetitions: 2, Side: Bilateral, Technique: Active Assistive, Body Position: Supine, Hold: 30 Seconds, Charge As: Therapeutic Exercise
• Flexibility Activity 2	Time Elapsed: 2 Minutes, Repetitions: 2, Technique: Active, Body Position: forward and sides, seated, Hold.: 30 Seconds, Description: Beggar Stretch, Charge As: Therapeutic Exercise

Exercise Activities: Stabilization Training: Supine Position:

• Bilateral Knee to Chest (S curl ball pull in)	Time Elapsed: 2 Minutes, Repetitions: 30, Additional Detail: w/ 3#, Charge As: Therapeutic Activities
• Bridging	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Additional Detail: with feet on ball, Charge As: Therapeutic Activities
• Curl Ups-Oblique Plane(This visit)	Did Not Perform:, Charge As: Therapeutic Activities This visit
• Curl Ups-Straight Plane	Time Elapsed: 2 Minutes, Repetitions: 20, Sets: 2, Technique 1: Hands on Thighs, Charge As: Therapeutic Activities
• Pelvic Tilts-Knees Flexed	Time Elapsed: 2 Minutes, Repetitions: 30, Hold: 3 Seconds, Charge As: Therapeutic Activities

Exercise Activities: Aerobic Conditioning:

• Recumbent Bicycle	Time Elapsed: 15 Minutes, Level: 3, Charge As: Therapeutic Activities
• Treadmill	Time Elapsed: 10 Minutes, Speed (mph): 2.7, Elevation: 0 %, Charge As: Therapeutic Activities

Exercise Activities: Tubing/Bands(L Quarter):

• Hip Adduction (Tubing)	Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 23#, Additional Detail: Sidelying, Charge As: Therapeutic Activities
• Hip Adduction(This visit)	Did Not Perform:, Charge As: Therapeutic Activities This visit
• Hip Flexion (Tubing Flexand Ext)	Time Elapsed: 4 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 23#, Weightbearing: Unilateral, Additional Detail: SL, Band Test, Charge As: Therapeutic Activities
• Knee Extension, Full Arc	Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 3, Tubing/Band Color: 23#, Additional Detail: SL, Charge As: Therapeutic Activities

Exercise Activities: Dynamic Training: C-K-C Activity (L Quarter):

• Squatting	Time Elapsed: 4 Minutes, Weight: Pounds, Body Weight: Pounds, Repetitions: 10, Sets: 2, Tubing/Band Color: small yellow ball, Additional Detail: with ball on wall, Depth: mini squats, Charge As: Therapeutic Activities
• Step Ups: Forward	Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Step Height: 8inch Inches, Charge As: Therapeutic Activities

Corvel Capture 9/15/2009

Patient: Thomas Karabees
Acct #: 013-610238068 Visit Date: Aug 12, 2009

- Closed Kinetic Chain: Time Elapsed: 3 Minutes, Weight: Pounds, Body Weight Pounds, Sets: 3 attempts, Reps/Sec: Stand, Description: SLS, Charge As: Therapeutic Activities

Exercise Activities: Tubing/Bands(U. Quarter):

- Pull Downs: Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 40#, Resistance: Concentric/Eccentric, Additional Detail: on ball, Charge As: Therapeutic Activities
- Rows: Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 40#, Resistance: Concentric/Eccentric, Additional Detail: on ball, Charge As: Therapeutic Activities

Functional/ADL Activities: Functional Task Training:

- Lift: Floor to Waist(This visit): Did Not Perform:, Charge As: Therapeutic Activities This visit

Manual Interventions: Upper Quarter Soft Tissue:

- Cervicothoracic PVM(This visit): Did Not Perform:, Charge As: Manual Therapy Techniques This visit
- Thoracolumbar PVM(This visit): Did Not Perform:, Charge As: Manual Therapy Techniques This visit

Manual Interventions: Lower Quarter Soft Tissue:

- Quadratus Lumborum(This visit): Did Not Perform:, Charge As: Manual Therapy Techniques This visit

Modalities:

- Electric Stim, Unattended(Patient refused treatment): Did Not Perform:, Charge As: E-Stim, Unattended(Patient refused treatment)
- Moist Hot Pack(This visit): Did Not Perform:, Charge As: Not Applicable This visit

Therapy Session Time

- Therapy Session Start Time: 08:00 AM
- Therapy Session Stop Time: 09:15 AM

Documented Procedural Code Summary:

Description	Code	Units	Minutes
Therapeutic Activities	97530	3	60
Therapeutic Procedure	97110	1	15

Assessment

Tolerance:

- Pt performed all activities without c/o neck or back pain.

Plan

Daily Plan:

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

Corlas Ross PTA

Corlas A. Ross, PTA, PTA(SC Lic 1836)

Corlas Ross PTA

Laura D. Pruette, PT, PT(SC Lic 5511)

Signed in the absence of the primary therapist.

Select Physical Therapy
7 South Alliance Drive
Ste 102A
Goose Creek, SC USA 29445
Phone: (843) 569-2303
Fax: (843) 569-2304

Patient:	Thomas Karabees	Visit Date:	Aug 10, 2009
Acct #:	013-610238068	FSC:	Workers Compensation
DOB:	Oct 13, 1948	Payor:	Not Specified
Clinician:	Laura D. Pruette, PT	Pol/Claim#:	385-52-8253
Prim Phy:	William Wilson	Insured:	Not Specified
Phy Phone:	(843) 572-2663	Employer:	Trident Tech College
Phy Fax:	(843) 377-0858	Case Mgr:	Not Specified
Sec Phy:	Not Specified	Visits:	22
Inj. Date:	10/31/2008	Cxl/Ns:	0
Surg. Date:	Not Specified		

Daily Note

Diagnoses Spine

7242	LUMBAGO
7231	CERVICALGIA
7241	PAIN IN THORACIC SPINE

General Information

Pt was diagnosed with Recurring MS in 1998, is on Interferon treatment that is keeping symptoms under control

History of Injury:

- 10/31/08: Pt was carrying projector and computer and fell 6-8 steps, unsure if landed on left or right side.

Subjective Examination

Pt reports "I couldn't get comfortable last night it just wasn't my back, only got a couple of hours of sleep"

ADL / Functional Status:

- Premorbid status:
  - Basic care: Independent without difficulty. Work status: prior to injury pt was teaching mechanical/vocational studies which required manual labor until 4/11/09 when he retired Recreation/Athletics: 07/20/09 pt states performing daily HEP. Also reports a lot of activity (housework, yardwork, recreational activies), with pain.
- Current status:
  - Work status: Retired. Recreation / Athletics: Unable to perform.

ADL / Functional Status: ADL's: Activities:

- Bathing(07/20/09 all assessed) Independent without difficulty
- Dressing Independent without difficulty
- Driving/Traveling not attempted - pain
- Forward Bending(pain when doing dishes, using weed eater) with pain
- Lifting(7-9# 10 min 8/10 pain 06/26/09 all pain on 07/15) states pain/difficulty lifting grandaughter
- Sitting. 10 min
- Standing Independent without difficulty
- Walking(TM 10 min 8/10 pain -no incr but steady pain level) states limited by MS and heat

ADL / Functional Status:

- Occupation: Retired

Chief Complaint: Pain:

- Current Severity: 8/10/09: 0/10 mid to low back (T10-L5) midline to R. 0/10 in neck Severity at Best: 0/10. (06/26/09). Severity at Worst: 07/20/09: 9/10 mid/low back, 8/10 neck

Functional Capability:

- Overall Improvement: 07/20/09: 60-70%

Mechanism of Injury:

- Primary Episode: 10/31/08

Rehabilitation Expectations/Goals:

- Return to ADL Performance: Unrestricted/Symptom Free. Return to Recreational Activities: Unrestricted/Symptom Free. Return to Athletic Activities: Restricted/Symptom Free. (pt would like to develop an exercise routine).

Objective Examination

Functional Tests: Occupational Tests: Non-Material Handling:

- Repetitive Squatting(8/4/09 2 min, stopped [illegible] 7/07 hip

Functional Tests: Functional Profile: Balance Test: Left / Right

- Eyes Open(8/10/09) WNL/no LOB / WNL/no LOB
- Eyes Closed(8/10/09) WNL/no LOB / WNL/no LOB

Gait/Locomotion: General Gait Pattern: Left / Right

- Technique(07/20/09 TM10 min no change in level 3.0) no flat footed foot flat / mild to mike
- Base Width(trunk with fwd lean and rot to L when advancing R) Moderately Increased / Moderately Increased
- Cadence Severely Decreased / Severely Decreased

• Stride	Decreased	Decreased
• Swing		Unable

Integument:
- Intact and without abnormality.

Muscle Testing: Upper Extremity MMT:	**Left**	**Right**
• Shoulder Abduction	5/5	5/5
• Shoulder Flexion	5/5	5/5
• Shoulder External Rotation	5/5	5/5
• Shoulder Internal Rotation	5/5	5/5
• Elbow Extension	5/5	5/5
• Elbow Flexion	5/5	5/5

Muscle Testing: Lower Extremity MMT:	**Left**	**Right**
• Hip Abduction(07/20/09 all MMT same B)	-4/5	-4/5
• Hip Flexion(worse L, same R)	-4/5	-4/5
• Knee Extension(same L, better R)	5/5	5/5
• Knee Flexion(better L, same R)	5/5	4/5
• Ankle Dorsiflexion(better L, same R)	5/5	4/5
• Ankle Plantarflexion(same B)	5/5	5/5

Palpation:
- 07/20/09: Tenderness to palp spinou sprocess T10-L5 and R sided paraspinals

Posture:
- Forward Head/Rounded Shoulders: Mild. (07/20/09 no change).

Range of Motion: Cervical Degrees:	
• Active Extension(07/20/09 all ROM same)	25 Degrees
• Active Flexion(worse)	40 Degrees
• Active Rotation Left(worse)	63 Degrees
• Active Rotation Right(worse)	54 Degrees
• Active Side Bend Left(same)	27 Degrees
• Active Side Bend Right(better)	27 Degrees

Range of Motion: Lumbar Degrees:	
• Active Extension(07/20/09 all ROM same)	20 Degrees
• Active Flexion(worse)	40 Degrees
• Active Rotation Left(T/L rot, same)	60 Degrees
• Active Rotation Right(T/L rot, same)	60 Degrees
• Active Side Bend Left(worse)	10 Degrees
• Active Side Bend Right(worse)	10 Degrees

Range of Motion:
- 07/20/09 AKE right: -54, Left: -38.

Special Tests: Cervical:	**Left**	**Right**
• Alar Ligament	Negative	Negative
• Foraminal Compression	Negative	Negative
• Slump	Negative	Negative
• Traction	Aggravates Symptoms	Aggravates Symptoms
• Vertebral Artery Test	Negative	Negative

Special Tests: Lumbar:	**Left**	**Right**
• Lasegue	Aggravates Symptoms	Aggravates Symptoms
• Slump	Negative	Negative
• Thomas	Right Iliopsoas	Right Iliopsoas

Special Tests: Sacroiliac Complex:	**Left**	**Right**
• Compression	Negative	Negative
• FABER	Negative	Negative
• Gaenslen	Negative	Negative

Treatments

Exercise Activities: Flexibility(U. Quarter):

Document ID: 1A700229.026 Status: Signed off (secure electronic signature)
Kristina M. Cordle, PTA,PTA(SC Lic: 1825); Laura D. Pruette, PT,PT(SC Lic: 5511)

Corvel Capture 9/15/2009

Patient: Thomas Karabees
Acct #: 013-610238068
Visit Date: Aug 10, 2009

• Latissimus Dorsi Muscle(Treatment Delegated)	Time Elapsed: 2 Minutes, Repetitions: 2, Side: Bilateral, Technique: Active Assistive, Body Position: Standing, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Levator Scapulae Musculature	Time Elapsed: 2 Minutes, Repetitions: 2, Technique: Active, Body Position: Seated, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Midback Stretch(performed in doorway)	Time Elapsed: 2 Minutes, Repetitions: 2, Hold.: 30 Seconds, Additional Detail: x-lat, Charge As: Therapeutic Exercise
• Sternodeidomastoid Muscle(This visit)	Did Not Perform:, Charge As: Therapeutic Exercise This visit
• Upper Trapezius Muscle	Time Elapsed: 2 Minutes, Repetitions: 2, Side: Bilateral, Technique: Passive, Body Position: Seated, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Flexibility Activity 1(This visit)	Did Not Perform:, Charge As: Therapeutic Exercise This vist
Exercise Activities: Flexibility(L Quarter):	
• Hamstring Muscle(with strap)	Time Elapsed: 1 Minutes, Repetitions: 2, Technique: Active, Body Position: Supine, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Iliotibial Band.	Time Elapsed: 2 Minutes, Repetitions: 2, Body Position: Supine, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Piriformis Muscle	Time Elapsed: 2 Minutes, Repetitions: 2, Side: Bilateral, Technique: Active Assistive, Body Position: Supine, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Flexibility Activity 2	Time Elapsed: 2 Minutes, Repetitions: 2, Technique: Active, Body Position: forward and sides, seated, Hold.: 30 Seconds, Description: Beggar Stretch, Charge As: Therapeutic Exercise
Exercise Activities: Stabilization Training: Supine Position:	
• Bilateral Knee to Chest(HS curl ball pull in)	Time Elapsed: 2 Minutes, Repetitions: 30, Additional Detail: w/3#, Charge As: Therapeutic Activities
• Bridging	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Additional Detail: with feet on ball, Charge As: Therapeutic Activities
• Curl Ups-Oblique Plane(This visit)	Did Not Perform:, Charge As: Therapeutic Activities This visit
• Curl Ups-Straight Plane	Time Elapsed: 2 Minutes, Repetitions: 20, Sets: 2, Technique 1: Hands on Thighs, Charge As: Therapeutic Activities
• Pelvic Tilts-Knees Flexed	Time Elapsed: 3 Minutes, Repetitions: 30, Hold.: 5 Seconds, Charge As: Therapeutic Activities
Exercise Activities: Aerobic Conditioning:	
• Recumbent Bicycle(This visit)	Did Not Perform:, Charge As: Therapeutic Activities This visit
• Treadmill	Time Elapsed: 10 Minutes, Speed (mph): 2.7, Elevation: 0 %, Charge As: Therapeutic Activities
Exercise Activities: Tubing/Bands(L Quarter):	
• Hip Abduction (tubing)	Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 23#, Additional Detail: standing, Charge As: Therapeutic Activities
• Hip Adduction(This visit)	Did Not Perform:, Charge As: Therapeutic Activities This visit
• Hip Flexion (tubing)(recard, etc)	Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 3, Weightbearing: Leg: Bilateral, Additional Detail: SL and KE, Charge As: Therapeutic Activities
• Knee Extension, Full Arc	Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 3, Tubing/Band Color: 23#, Additional Detail: SL, Charge As: Therapeutic Activities
Exercise Activities: Dynamic Training: C-K-C Activity (L Quarter):	
• Squatting	Time Elapsed: 3 Minutes, Weight: Pounds: Body Weight Pounds: 0, Repetitions: 10, Sets: 3, Tubing/Band Color: small yellow ball, Additional Detail: with ball on wall, depth: mini squats, Charge As: Therapeutic Activities
• Step Ups: Forward(Provided by Physical Therapist Assistant)	Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Step Height: 8inch Inches, Charge As: Therapeutic Activities
• Closed Kinetic chain	Time Elapsed: 3 Minutes, Weight: Pounds: Body Weight Pounds: 0, Sets: 2, Repetitions: 10, Side: Bilateral, Description: SLR, Charge As: Therapeutic Activities

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Kristina M. Cordle, PTA,PTA(SC Lic 1825); Laura D. Pruette, PT,PT(SC Lic 5511)

Patient: Thomas Karabees
Acct #: 013-610238068 Visit Date: Aug 10, 2009

Exercise Activities: Tubing/Bands(U, Quarter):
- Pull Downs(Provided by Physical Therapist Assistant) — Time Elapsed:3 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 40#, Resistance: Concentric/Eccentric, Additional Detail: on ball, Charge As: Therapeutic Activities
- Rows(Provided by Physical Therapist Assistant) — Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 40#, Resistance: Concentric/Eccentric, Additional Detail: on ball, Charge As: Therapeutic Activities

Functional/ADL Activities: Functional Task Training:
- Lift: Floor to Waist (This visit) — Did Not Perform:, Charge As: Therapeutic Activities This visit

Manual Interventions: Upper Quarter Soft Tissue:
- Cervicothoracic PVM(This visit) — Did Not Perform:, Charge As: Manual Therapy Techniques This visit
- Thoracolumbar PVM(This visit) — Did Not Perform:, Charge As: Manual Therapy Techniques This visit

Manual Interventions: Lower Quarter Soft Tissue:
- Quadratus Lumborum (This visit) — Did Not Perform:, Charge As: Manual Therapy Techniques This visit

Modalities:
- Electric Stim, Unattended (Patient refused treatment) — Did Not Perform:, Charge As: E-Stim, Unattended Patient refused treatment
- Moist Hot Pack(This visit) — Did Not Perform:, Charge As: Not Applicable This visit

Therapy Session Time
- Therapy Session Start Time — 08:00 AM
- Therapy Session Stop Time — 09:00 AM

Documented Procedural Code Summary:

Description	Code	Units	Minutes
Therapeutic Activities	97530	3	45
Therapeutic Procedure	97110	1	14

Assessment

Pt with some progress towards SLS able to complete 30secs B w/ fingertip assist w/o LOB. Pt with no change with gait pattern. Pt with no pain at end of session.

Plan

Daily Plan:
- Continue w/ Current Rehabilitation Program.

Kristina M. Cordle, PTA, PTA(SC Lic 1825)

Laura D. Pruette, PT, PT(SC Lic 5511)

Signed in the absence of the primary therapist.

Select Physical Therapy
a Select Medical company
7 South Alliance Drive
Ste 102A
Goose Creek, SC USA 29445
Phone: (843) 569-2303
Fax: (843) 569-2304

Patient:	Thomas Karabees		
Acct #:	013-610238068	Visit Date:	Aug 07, 2009
DOB:	Oct 13, 1948	FSC:	Workers Compensation
Clinician:	Laura D. Pruette, PT	Payor:	Not Specified
Prim Phy:	William Wilson	Pol/Claim#:	385-52-8253
Phy Phone:	(843) 572-2663	Insured:	Not Specified
Phy Fax:	(843) 377-0858	Employer:	Trident Tech College
Sec Phy:	Not Specified	Case Mgr:	Not Specified
Inj. Date:	10/31/2008	Visits:	21
Surg. Date:	Not Specified	Cd/Ns:	0

Daily Note

Diagnoses Spine

7242	LUMBAGO
7231	CERVICALGIA
7241	PAIN IN THORACIC SPINE

General Information

Pt was diagnosed with Recurring MS in 1998, is on Interferon treatment that is keeping symptoms under control

History of Injury:

- 10/31/08: Pt was carrying projector and computer and fell 6-8 steps, unsure if landed on left or right side.

Subjective Examination

ADL / Functional Status:

- Premorbid status:
  - Basic care: Independent without difficulty. Work status: prior to injury pt was teaching mechanical/vocational studies which required manual labor until 4/11/09 when he retired Recreation/Athletics: 07/20/09 pt states performing daily HEP. Also reports a lot of activity (housework, yardwork, recreational activies), with pain.
- Current status:
  - Work status: Retired. Recreation / Athletics: Unable to perform.

ADL / Functional Status: ADL's: Activities:

• Bathing(07/20/09 all assessed)	Independent without difficulty
• Dressing	Independent without difficulty
• Driving/Traveling	not attempted - 0 min
• Forward Bending(pain when doing dishes, using weed eater)	with pain
• Lifting (5-10 lbs pain 5/10 on 06/26-30% with pain on 07/15)	states pain/difficulty lifting 10 lbs granddaughter
• Sitting.	10 min
• Standing.	Independent without difficulty
• Walking(TM 10 min 8/10 pain -no incr but steady pain level)	states limited by MS and heat

ADL / Functional Status:

- Occupation: Retired

Chief Complaint: Pain:

- Current Severity: 8/4/09: 0/10 mid to low back (T10-L5) midline to R. 0/10 in neck Severity at Best: 0/10. (06/26/09). Severity at Worst: 07/20/09: 9/10 mid/low back, 8/10 neck

Functional Capability:

- Overall Improvement: 07/20/09: 60-70%

Mechanism of Injury:

- Primary Episode: 10/31/08

Rehabilitation Expectations/Goals:

- Return to ADL Performance: Unrestricted/Symptom Free. Return to Recreational Activities: Unrestricted/Symptom Free. Return to Athletic Activities: Restricted/Symptom Free. (pt would like to develop an exercise routine).

Objective Examination

Functional Tests: Occupational Tests: Non-Material Handling:

• Repetitive Squatting (8/4/09: 2 min assisted/pain; HHA w/ HEP	

Functional Tests: Functional Profile: Balance Test:	**Left**	**Right**
• Eyes Open(07/20/09:	HHA 22" no Activity	HHA 10" now 2" with pain/fear
	pain/fear	

Gait/Locomotion: General Gait Pattern:	**Left**	**Right**
• Technique(07/20/09: TM 10 min no change/mdev pain/10)	no heel strike/toe off	mild antalgic
• Base Width(trunk with fwd lean and rot to L when advancing R)	Moderately Increased	Moderately Increased
• Cadence	Severely Decreased	Severely Decreased
• Stride	Decreased	Decreased

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Corlas A. Ross, PTA,PTA(SC Lic: 1836); Kristina M. Cordle, PTA,PTA(SC Lic: 1825); Laura D. Pruette, PT,PT(SC Lic: 5511)

Swing: Up Right

Integument:
- Intact and without abnormality.

Muscle Testing: Upper Extremity MMT:	Left	Right
• Shoulder Abduction	5/5	5/5
• Shoulder Flexion	5/5	5/5
• Shoulder External Rotation	5/5	5/5
• Shoulder Internal Rotation	5/5	5/5
• Elbow Extension	5/5	5/5
• Elbow Flexion	5/5	5/5

Muscle Testing: Lower Extremity MMT:	Left	Right
• Hip Abduction (07/20/09 all MMT same B)	4/5	4/5
• Hip Flexion(worse L, same R)	-4/5	-4/5
• Knee Extension(same L, better R)	5/5	5/5
• Knee Flexion(better L, same R)	5/5	4/5
• Ankle Dorsiflexion(better L, same R)	5/5	4/5
• Ankle Plantarflexion(same B)	5/5	5/5

Palpation:
- 07/20/09: Tenderness to palp spinou sprocess T10-L5 and R sided paraspinals

Posture:
- Forward Head/Rounded Shoulders: Mild. (07/20/09 no change).

Range of Motion: Cervical Degrees:	
• Active Extension (07/20/09 all ROM same)	25 Degrees
• Active Flexion(worse)	40 Degrees
• Active Rotation Left(worse)	63 Degrees
• Active Rotation Right(worse)	54 Degrees
• Active Side Bend Left(same)	32 Degrees
• Active Side Bend Right(better)	27 Degrees

Range of Motion: Lumbar Degrees:	
• Active Extension (07/20/09 all ROM same)	20 Degrees
• Active Flexion(worse)	40 Degrees
• Active Rotation Left(T/L rot same)	56 Degrees
• Active Rotation Right(T/L rot, same)	60 Degrees
• Active Side Bend Left(worse)	10 Degrees
• Active Side Bend Right(worse)	10 Degrees

Range of Motion:
- 07/20/09 AKE right: -54, Left: -38

Special Tests: Cervical:	Left	Right
• Alar Ligament	Negative	Negative
• Foraminal Compression	Negative	Negative
• Slump	Negative	Negative
• Traction	Aggravates Symptoms	Aggravates Symptoms
• Vertebral Artery Test	Negative	Negative

Special Tests: Lumbar:	Left	Right
• Lasegue	Aggravates Symptoms	Aggravates Symptoms
• Slump	Negative	Negative
• Thomas	Tight Hip Flexors	Tight Hip Flexors

Special Tests: Sacroiliac Complex:	Left	Right
• Compression	Negative	Negative
• FABER	Negative	Negative
• Gaenslen	Negative	Negative

Treatments

Exercise Activities: Flexibility(U. Quarter):

Patient: Thomas Karabees
Acct #: 013-610238068
Visit Date: Aug 07, 2009

• Latissimus Dorsi Muscle	Time Elapsed: 1 Minutes, Repetitions: 2, Side: bilateral, Technique: Active Assistive, Body Position: Standing, Hold: 30 Seconds, Charge As: Therapeutic Exercise
• Levator Scapulae Musculature(This visit)	Did Not Perform:, Charge As: Therapeutic Exercise This vist
• Midback Stretch (performed hallowway)	Time Elapsed: 2 Minutes, Repetitions: 2, Hold: 30 Seconds, Additional Detail: x, Charge As: Therapeutic Exercise;
• Sternocleidomastoid Muscle(This visit)	Did Not Perform:, Charge As: Therapeutic Exercise This vist
• Upper Trapezius Muscle (This visit)	Did Not Perform:, Charge As: Therapeutic Exercise This vist
• Flexibility Activity 1(This visit)	Did Not Perform:, Charge As: Therapeutic Exercise This vist
Exercise Activities: Flexibility(L Quarter):	
• Hamstring Muscle(With Strap)	Time Elapsed: 1 Minutes, Repetitions: 2, Technique: Active, Body Position: Supine, Hold: 30 Seconds, Charge As: Therapeutic Exercise;
• Iliotibial Band.	Time Elapsed: 2 Minutes, Repetitions: 2, Body Position: Supine, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Piriformis Muscle	Time Elapsed: 2 Minutes, Repetitions: 2, Side: bilateral, Technique: Active Assistive, Body Position: Supine, Hold: 30 Seconds, Charge As: Therapeutic Exercise;
• Flexibility Activity 2	Time Elapsed: 2 Minutes, Repetitions: 2, Technique: Active, Body Position: forward and sides, seated, Hold.: 30 Seconds, Description: Beggar Stretch, Charge As: Therapeutic Exercise
Exercise Activities: Stabilization Training: Supine Position:	
• Bilateral Knee to Chest (HS curl hall pull in)	Time Elapsed: 2 Minutes, Repetitions: 30, Charge As: Therapeutic Activities;
• Bridging	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Charge As: Therapeutic Activities
• Curl Ups-Oblique Plane (This visit)	Did Not Perform:, Charge As: Therapeutic Activities This visit
• Curl Ups-Straight Plane	Time Elapsed: 2 Minutes, Repetitions: 20, Sets: 2, Technique 1: Hands on Thighs, Charge As: Therapeutic Activities
• Heel Raises, Knees Flexed	Time Elapsed: 2 Minutes, Repetitions: 30, Hold: 5 Seconds, Charge As: Therapeutic Activities
Exercise Activities: Aerobic Conditioning:	
• Recumbent Bicycle	Time Elapsed: 15 Minutes, Level: 2, Charge As: Therapeutic Activities;
• Treadmill(Provided by Physical Therapist Assistant)	Time Elapsed: 10 Minutes, Speed (mph): .5 to 2.4, Elevation: 0 %, Charge As: Therapeutic Activities
Exercise Activities: Tubing/Bands(L Quarter):	
• Hip Abduction-Tubing	Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 1, Additional Detail: Standing, Charge As: Therapeutic Activities;
• Hip Adduction(This visit)	Did Not Perform:, Charge As: Therapeutic Activities This visit
• Hip Flexion-Tubing (flex and ext)	Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 2, Weightbearing Leg: bilateral, Additional Detail: SLR and Ex, Charge As: Therapeutic Activities;
• Knee Extension, Full Arc	Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 3, Tubing/Band Color: 23#, Additional Detail: DL, Charge As: Therapeutic Activities
Exercise Activities: Dynamic Training: C-K-C Activity (L Quarter):	
• Squating	Time Elapsed: 4 Minutes, Weight: Pounds: Body Weight Points: Repetitions: 10, Sets: 2, Tubing/Band Color: Small yellow ball, Additional Detail: with ball on wall, Depth: mini squats, Charge As: Therapeutic Activities;
• Step Ups; Forward	Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Step Height: 8inch Inches, Vector: 3# on ankles, Charge As: Therapeutic Activities
• Closed Kinetic Chain (This visit)	Did Not Perform:, Charge As: Therapeutic Activities This visit
Exercise Activities: Tubing/Bands(U. Quarter):	
• Pull Downs	Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 4D, Resistance: Concentric/Eccentric, Charge As: Therapeutic Activities;

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Corlas A. Ross, PTA,PTA(SC Lic 1836); Kristina M. Cordle, PTA,PTA(SC Lic 1825); Laura D. Pruette, PT,PT(SC Lic 5511)

Patient: Thomas Karabees
Acct #: 013-610238068 Visit Date: Aug 07, 2009

- Rows — Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 40#, Resistance: Concentric/Eccentric, Charge As: Therapeutic Activities

Functional/ADL Activities: Functional Task Training:
- Lift Floor to Waist(This visit) — Did Not Perform:, Charge As: Therapeutic Activities This visit

Manual Interventions: Upper Quarter Soft Tissue:
- Cervicothoracic PVM(This visit) — Did Not Perform:, Charge As: Manual Therapy Techniques This visit
- Thoracolumbar PVM(This visit) — Did Not Perform:, Charge As: Manual Therapy Techniques This visit

Manual Interventions: Lower Quarter Soft Tissue:
- Quadratus Lumborum(This visit) — Did Not Perform:, Charge As: Manual Therapy Techniques This visit

Modalities:
- Electric Stim, Unattended(Patient refused treatment) — Did Not Perform:, Charge As: E-Stim, Unattended Patient refused treatment
- Moist Hot Pack(This visit) — Did Not Perform:, Charge As: Not Applicable This visit

Therapy Session Time
- Therapy Session Start Time — 08:00 AM
- Therapy Session Stop Time — 09:10 AM

Documented Procedural Code Summary:

Description	Code	Units	Minutes
Therapeutic Activities	97530	4	60
Therapeutic Procedure	97110	1	10

Assessment

Tolerance:
- Pt c/o nerve tingling into L LE but eliminated with stretches. Ended with TM 10' today and no c/o back pain post treatment

Plan

Daily Plan:
- Continue w/ Current Rehabilitation Program. Advance as tolerated.

Corlas Ross PTA

Corlas A. Ross, PTA, PTA(SC Lic 1836)

KTC PTA

Kristina M. Cordle, PTA, PTA(SC Lic 1825)

Corlas Ross PTA

Laura D. Pruette, PT, PT(SC Lic 5511)

Signed in the absence of the primary therapist.

Select Physical Therapy
7 South Alliance Drive
Ste 102A
Goose Creek, SC USA 29445
Phone: (843) 569-2303
Fax: (843) 569-2304

Patient:	Thomas Karabees	Visit Date:	Aug 04, 2009
Acct #:	013-610238068	FSC:	Workers Compensation
DOB:	Oct 13, 1948	Payor:	Not Specified
Clinician:	Laura D. Pruette, PT	Pol/Claim#:	385-52-8253
Prim Phy:	William Wilson	Insured:	Not Specified
Phy Phone:	(843) 572-2663	Employer:	Trident Tech College
Phy Fax:	(843) 377-0858	Case Mgr:	Not Specified
Sec Phy:	Not Specified	Visits:	20
Inj. Date:	10/31/2008	Cd/Ns:	0
Surg. Date:	Not Specified		

Daily Note

Diagnoses Spine

7242	LUMBAGO
7231	CERVICALGIA
7241	PAIN IN THORACIC SPINE

General Information

Pt was diagnosed with Recurring MS in 1998, is on Interferon treatment that is keeping symptoms under control

History of Injury:

- 10/31/08: Pt was carrying projector and computer and fell 6-8 steps, unsure if landed on left or right side.

Subjective Examination

Pt reports no c/o back pain, "I don't have neck pain right this second, I just popped it so its feeling alright" Pt stated going to a do jo this weekend and hung upside down did some sit ups and his back felt better,"I think it helped stretch it out."

ADL / Functional Status:

- Premorbid status:
  - Basic care: Independent without difficulty. Work status: prior to injury pt was teaching mechanical/vocational studies which required manual labor until 4/11/09 when he retired Recreation/Athletics: 07/20/09 pt states performing daily HEP. Also reports a lot of activity (housework, yardwork, recreational activies), with pain.
- Current status:
  - Work status: Retired. Recreation / Athletics: Unable to perform.

ADL / Functional Status: ADL's: Activities:

- Bathing(07/20/09 all assessed) — Independent without difficulty
- Dressing — Independent without difficulty
- Driving/Traveling — not attempted 240 min
- Forward Bending(pain when doing dishes, using weed eater) — with pain
- Lifting(L-W 40# pain 5/10 on 06/26, 30# with pain on 07/15) — states pain/difficulty lifting 18mo granddaughter
- Sitting. — 10 min
- Standing — Independent without difficulty
- Walking(TM 10 min 8/10 pain -no incr but steady pain level) — states limited by MS and heat

ADL / Functional Status:

- Occupation: Retired

Chief Complaint: Pain:

- Current Severity: 8/4/09: 0/10 mid to low back (T10-L5) midline to R. 0/10 in neck Severity at Best: 0/10. (06/26/09). Severity at Worst: 07/20/09: 9/10 mid/low back, 8/10 neck

Functional Capability:

- Overall Improvement: 07/20/09: 60-70%

Mechanism of Injury:

- Primary Episode: 10/31/08

Rehabilitation Expectations/Goals:

- Return to ADL Performance: Unrestricted/Symptom Free. Return to Recreational Activities: Unrestricted/Symptom Free. Return to Athletic Activities: Restricted/Symptom Free. (pt would like to develop an exercise routine).

Objective Examination

Functional Tests: Occupational Tests: Non-Material Handling:

- Repetitive Squatting(8/4/09) 25 unassisted, 94 HHA w/ c/o LBP

Functional Tests: Functional Profile: Balance Test:	Left	Right
Eyes Open(07/20/09)	HHA 22" no A to with pain/LOB	HHA 10" flo A 2" with pain/LOB

Gait/Locomotion: General Gait Pattern:	Left	Right
Technique (07/20/09 TM 10 min no change in dev pain 8/10)	no heel strike (foot flat)	mild hip hike
Base Width(trunk with fwd lean and rot to L when advancing R)	Moderately Increased	Moderately Increased

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Kristina M. Cordle, PTA,PTA(SC Lic 1825); Laura D. Pruette, PT,PT(SC Lic 5511)

Patient: Thomas Karabees
Acct #: 013-610238068 Visit Date: Aug 04, 2009

• Cadence	Severely Decreased	Severely Decreased
• Stride	Decreased	Decreased
• Swing		Hip hike

Integument:
- Intact and without abnormality.

Muscle Testing: Upper Extremity MMT:	**Left**	**Right**
• Shoulder Abduction	5/5	5/5
• Shoulder Flexion	5/5	5/5
• Shoulder External Rotation	5/5	5/5
• Shoulder Internal Rotation	5/5	5/5
• Elbow Extension	5/5	5/5
• Elbow Flexion	5/5	5/5
Muscle Testing: Lower Extremity MMT:	**Left**	**Right**
• Hip Abduction(07/20/09 all MMT same B)	4/5	4/5
• Hip Flexion(worse L, same R)	-4/5	-4/5
• Knee Extension(same L, better R)	5/5	5/5
• Knee Flexion(better L, same R)	5/5	4/5
• Ankle Dorsiflexion(better L, same R)	5/5	4/5
• Ankle Plantarflexion(same B)	5/5	5/5

Palpation:
- 07/20/09: Tenderness to palp spinou sprocess T10-L5 and R sided paraspinals

Posture:
- Forward Head/Rounded Shoulders: Mild. (07/20/09 no change).

Range of Motion: Cervical Degrees:	
• Active Extension(07/20/09 all ROM same)	25 Degrees
• Active Flexion(worse)	40 Degrees
• Active Rotation Left(worse)	63 Degrees
• Active Rotation Right(worse)	54 Degrees
• Active Side Bend Left(same)	32 Degrees
• Active Side Bend Right(better)	27 Degrees
Range of Motion: Lumbar Degrees:	
• Active Extension(07/20/09 all ROM same)	20 Degrees
• Active Flexion(worse)	40 Degrees
• Active Rotation Left(T/L rot, same)	56 Degrees
• Active Rotation Right(T/L rot, same)	60 Degrees
• Active Side Bend Left(worse)	40 Degrees
• Active Side Bend Right(worse)	10 Degrees

Range of Motion:
- 07/20/09 AKE right: -54, Left: -38

Special Tests: Cervical:	**Left**	**Right**
• Alar Ligament	Negative	Negative
• Foraminal Compression	Negative	Negative
• Slump	Negative	Negative
• Traction	Aggravates Symptoms	Aggravates Symptoms
• Vertebral Artery Test	Negative	Negative
Special Tests: Lumbar:	**Left**	**Right**
• Laseque	Aggravates Symptoms	Aggravates Symptoms
• Slump	Negative	Negative
• Thomas	Tight Illiopsoas	Tight Illiopsoas
Special Tests: Sacroiliac Complex:	**Left**	**Right**
• Compression	Negative	Negative
• FABER	Negative	Negative
• Gap	Negative	Negative

Treatments

Exercise Activities: Flexibility(U. Quarter):

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Kristina M. Cordle, PTA,PTA(SC Lic: 1825); Laura D. Pruette, PT,PT(SC Lic: 5511)

Select

Patient: Thomas Karabees
Acct #: 013-610238068
Visit Date: Aug 04, 2009

• Latissimus Dorsi Muscle	Time Elapsed: 2 Minutes, Repetitions: 2, Side: Bilateral, Technique: Active Assistive, Body Position: Standing, Hold: 30 Seconds, Charge As: Therapeutic Exercise
• Levator Scapulae Musculature(This visit)	Did Not Perform:, Charge As: Therapeutic Exercise This vist
• Midback Stretch (performed indoor/way)	Time Elapsed: 2 Minutes, Repetitions: 2, Hold: 30 Seconds, Additional Detail: x-lat, Charge As: Therapeutic Exercise
• Sternocleidomastoid Musde(This visit)	Did Not Perform:, Charge As: Therapeutic Exercise This vist
• Upper Trapezius Muscle(This visit)	Did Not Perform:, Charge As: Therapeutic Exercise This vist
• Flexibility Activity 1(This visit)	Did Not Perform:, Charge As: Therapeutic Exercise This vist
Exercise Activities: Flexibility(L Quarter):	
• Hamstring Muscle(with strap)	Time Elapsed: 2 Minutes, Repetitions: 2, Technique: Active, Body Position: Supine, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Iliotibial Band.	Time Elapsed: 3 Minutes, Repetitions: 2, Body Position: Supine, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Piriformis Muscle	Time Elapsed: 3 Minutes, Repetitions: 2, Side: bilateral, Technique: Active Assistive, Body Position: Supine, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Flexibility Activity 2	Time Elapsed: 3 Minutes, Repetitions: 2, Technique: Active, Body Position: forward and sides, seated, Hold.: 30 Seconds, Description: Beggar Stretch, Charge As: Therapeutic Exercise
Exercise Activities: Stabilization Training: Supine Position:	
• Bilateral Knee to Chest(HS curl ball pull in)	Time Elapsed: 4 Minutes, Repetitions: 30, Charge As: Therapeutic Activities
• Bridging	Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Charge As: Therapeutic Activities
• Curl Ups-Oblique Plane(This visit)	Did Not Perform:, Charge As: Therapeutic Activities This visit
• Curl Ups-Straight Plane	Time Elapsed: 4 Minutes, Repetitions: 20, Sets: 2, Technique 1: Hands on Thighs, Charge As: Therapeutic Activities
• Pelvic Tilts-Knees Flexed	Time Elapsed: 4 Minutes, Repetitions: 30, Hold: 5 Seconds, Charge As: Therapeutic Activities
Exercise Activities: Aerobic Conditioning:	
• Recumbent Bicycle	Time Elapsed: 15 Minutes, Level: 3, Charge As: Therapeutic Activities
• Treadmill(This visit)	Did Not Perform:, Charge As: Therapeutic Activities This visit
Exercise Activities: Tubing/Bands(L Quarter):	
• Hip Abduction (Tubing)	Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 6#, Additional Detail: Sidelying, Charge As: Therapeutic Activities
• Hip Adduction(This visit)	Did Not Perform:, Charge As: Therapeutic Activities This visit
• Hip Flexion (Tubing)(flex and ext)	Time Elapsed: 4 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 3, Weightbearing Leg: bilateral, Additional Detail: SLR and ext, Charge As: Therapeutic Activities
• Knee Extension, Full Arc	Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 3, Tubing/Band Color: 23#, Additional Detail: DL, Charge As: Therapeutic Activities
Exercise Activities: Dynamic Training: C-K-C Activity (L Quarter):	
• Squatting	Time Elapsed: 4 Minutes, Weight: Pounds, Body Weight: Pounds, Repetitions: 10, Sets: 3, Tubing/Band Color: small yellow ball, Additional Detail: with ball on wall, Depth: mini squats, Charge As: Therapeutic Activities
• Step Ups: Forward(This visit)	Did Not Perform:, Charge As: Therapeutic Activities This visit
• Closed Kinetic Chain 1(This visit)	Did Not Perform:, Charge As: Therapeutic Activities This visit
Exercise Activities: Tubing/Bands(U. Quarter):	
• Pull Downs(this visit)	Did Not Perform:, Charge As: Therapeutic Activities This visit
• Rows(This visit)	Did Not Perform:, Charge As: Therapeutic Activities This visit
Functional/ADL Activities: Functional Task Training:	
• Lift Floor to Waist(This visit)	Did Not Perform:, Charge As: Therapeutic Activities This visit
Manual Interventions: Upper Quarter Soft Tissue:	

Patient: Thomas Kerabees
Acct #: 013-610238068 Visit Date: Aug 04, 2009

• Cervicothoracic PVM(This visit)	Did Not Perform:, Charge As: Manual Therapy Techniques This visit
• Thoracolumbar PVM(This visit)	Did Not Perform:, Charge As: Manual Therapy Techniques This visit
Manual Interventions: Lower Quarter Soft Tissue:	
• Quadratus Lumborum(This visit)	Did Not Perform:, Charge As: Manual Therapy Techniques This visit
Modalities:	
• Electric Stim, Unattended(Patient refused treatment)	Did Not Perform:, Charge As: E-Stim, Unattended Patient refused treatment
• Moist Hot Pack(This visit)	Did Not Perform:, Charge As: Not Applicable This visit
Therapy Session Time	
• Therapy Session Start Time	08:00 AM
• Therapy Session Stop Time	09:00 AM

Documented Procedural Code Summary:

Description	Code	Units	Minutes
• Therapeutic Activities	97530	3	45
• Therapeutic Procedure	97110	1	15

Assessment

Pt able to perform 73* repetitive squat (7* less than from 7/20/09) unassissted and 94* w/ 1 HHA, c/o LBP. Pt able to resume all exs per flowsheet w/o c/o pain.

Plan

Daily Plan:

- Continue w/ Current Rehabilitation Program.

KTL PTA

Kristina M. Cordle, PTA, PTA(SC Lic: 1825)

KTL PTA

Laura D. Pruette, PT, PT(SC Lic: 5511)

Signed in the absence of the primary therapist.

Select Physical Therapy
7 South Alliance Drive
Ste 102A
Goose Creek, SC USA 29445
Phone: (843) 569-2303
Fax: (843) 569-2304

Patient:	Thomas Karabees	Visit Date:	Jul 31, 2009
Acct #:	013-610238068	FSC:	Workers Compensation
DOB:	Oct 13, 1948	Payor:	Not Specified
Clinician:	Laura D. Pruette, PT	Pol/Claim#:	385-52-8253
Prim Phy:	William Wilson	Insured:	Not Specified
Phy Phone:	(843) 572-2663	Employer:	Trident Tech College
Phy Fax:	(843) 377-0858	Case Mgr:	Not Specified
Sec Phy:	Not Specified	Visits:	19
Inj. Date:	10/31/2008	Cd/Ns:	0
Surg. Date:	Not Specified		

Daily Note

Diagnoses Spine

7242	LUMBAGO
7231	CERVICALGIA
7241	PAIN IN THORACIC SPINE

General Information

Pt was diagnosed with Recurring MS in 1998, is on Interferon treatment that is keeping symptoms under control

History of Injury:

- 10/31/08: Pt was carrying projector and computer and fell 6-8 steps, unsure if landed on left or right side.

Subjective Examination

Pt reports over a week ago he lifted the box and he heard a pop and has had tremendous pain ever since. "I can't get a good night sleep"

ADL / Functional Status:

- Premorbid status:
  - Basic care: Independent without difficulty. Work status: prior to injury pt was teaching mechanical/vocational studies which required manual labor until 4/11/09 when he retired. Recreation/Athletics: ....07/20/09 pt states performing daily HEP. Also reports a lot of activity (housework, yardwork, recreational activies), with pain.
- Current status:
  - Work status: Retired. Recreation / Athletics: Unable to perform.

ADL / Functional Status: ADL's: Activities:

- Bathing (07/20/09 all assessed) Independent without difficulty
- Dressing Independent without difficulty
- Shoveling/Raking/Bagging (pain when doing dishes, using weed eater) not attempted >10 min with pain
- Forward Bending (pain 5/10 on 06/26, 6/10 pain on 07/13) states pain/difficulty picking up granddaughter
- Lifting (60-70# pain 5/10 on 06/26, 6/10 pain on 07/13) 10 min
- Sitting. Independent without difficulty
- Standing
- Walking (TM 10 min 8/10 pain -no incr. but steady pain level) states limited by MS and heat

ADL / Functional Status:

- Occupation: Retired

Chief Complaint: Pain:

- Current Severity: ....07/31/09: 8/10 mid to low back (T10-L5) midline to R. 6/10 in neck. Severity at Best: 0/10. (06/26/09). Severity at Worst: .....07/20/09: 9/10 mid/low back, 8/10 neck

Functional Capability:

- Overall Improvement: 07/20/09: 60-70%

Mechanism of Injury:

- Primary Episode: 10/31/08

Rehabilitation Expectations/Goals:

- Return to ADL Performance: Unrestricted/Symptom Free. Return to Recreational Activities: Unrestricted/Symptom Free. Return to Athletic Activities: Restricted/Symptom Free. (pt would like to develop an exercise routine).

Objective Examination

Functional Tests: Occupational Tests: Non-Material Handling:

- Repetitive Squatting (07/20/09) 30 reps unassisted 70#

Functional Tests: Functional Profile: Balance Test:

	Left	Right
	HHA 20, mod A 2 with pain/LOB	HHA 10, mod A 2 with pain/LOB

- Eyes Open (07/20/09)

Gait/Locomotion: General Gait Pattern:

	Left	Right
	Mod heel strike (foot flat)	Mid to full heel strike
Technique (07/20/09: TM 10 min, no change in level pain 5/10)	Moderately Increased	Moderately Increased
Base Width (trunk with fwd lean and rot to L when advancing R)	Moderately Increased	Severely Increased
Cadence		

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Kristina M. Cordle, PTA,PTA(SC Lic: 1825); Laura D. Pruette, PT,PT(SC Lic: 5511)

Patient: Thomas Karabees
Acct #: 013-610238068
Visit Date: Jul 31, 2009

	Decreased	Decreased
• Stride		
• Swing		

Integument:
- Intact and without abnormality.

Muscle Testing: Upper Extremity MMT:	**Left**	**Right**
• Shoulder Abduction	5/5	5/5
• Shoulder Flexion	5/5	5/5
• Shoulder External Rotation	5/5	5/5
• Shoulder Internal Rotation	5/5	5/5
• Elbow Extension	5/5	5/5
• Elbow Flexion	5/5	5/5

Muscle Testing: Lower Extremity MMT:	**Left**	**Right**
• Hip Abduction (07/20/09 all MMT same B)	-4/5	-4/5
• Hip Flexion(worse L, same R)	5/5	5/5
• Knee Extension(same, better R)	5/5	4/5
• Knee Flexion(better L, same R)	5/5	4/5
• Ankle Dorsiflexion(better L, same B)	5/5	5/5
• Ankle Plantarflexion(same B)		

Palpation:
- 07/20/09: Tenderness to palp spinou sprocess T10-L5 and R sided parasplnals

Posture:
- Forward Head/Rounded Shoulders: Mild.. (07/20/09 no change).

Range of Motion: Cervical Degrees:	
• Active Extension (07/20/09 all ROM same)	25 Degrees
• Active Flexion(worse)	40 Degrees
• Active Rotation Left(worse)	60 Degrees
• Active Rotation Right(worse)	54 Degrees
• Active Side Bend Left(same)	32 Degrees
• Active Side Bend Right(better)	27 Degrees

Range of Motion: Lumbar Degrees:	
• Active Extension (07/20/09 all ROM same)	20 Degrees
• Active Flexion(worse)	40 Degrees
• Active Rotation Left(T/L rot, same)	60 Degrees
• Active Rotation Right(T/L rot, same)	60 Degrees
• Active Side Bend Left(worse)	10 Degrees
• Active Side Bend Right(worse)	10 Degrees

Range of Motion:
- 07/20/09 AKE right: -54, Left: -38

Special Tests: Cervical:	**Left**	**Right**
• Valsalva/Jugular	Negative	Negative
• Foraminal Compression	Negative	Negative
• Slump	Negative	Negative
• Traction	Aggravates Symptoms	Aggravates Symptoms
• Vertebral Artery Test	Negative	Negative

Special Tests: Lumbar:	**Left**	**Right**
• Distraction	Aggravates Symptoms	Aggravates Symptoms
• Slump	Negative	Negative
• Patrick's	Tight Iliopsoas	Tight Iliopsoas

Special Tests: Sacroiliac Complex:	**Left**	**Right**
• Compression	Negative	Negative
• FABER	Negative	Negative
• Gaenslen's	Negative	Negative

Treatments

Exercise Activities: Flexibility(U. Quarter):

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Kristina M. Cordle, PTA,PTA(SC Lic 1825); Laura D. Pruette, PT,PT(SC Lic 5511)

Patient: Thomas Karabees
Acct #: 013-610238068
Visit Date: Jul 31, 2009

• Latissimus Dorsi Muscle	Time Elapsed: 3 Minutes, Repetitions: 2, Side: Bilateral, Technique: Active/Assistive, Body Position: Standing, Hold: 30 Seconds, Charge As: Therapeutic Exercise
• Levator Scapulae Musculature(This visit)	Did Not Perform:, Charge As: Therapeutic Exercise This visit
• Midback Stretch (performed in doorway)	Time Elapsed: 3 Minutes, Repetitions: 2, Hold: 30 Seconds, Additional Details: Charge As: Therapeutic Exercise
• Sternocleidomastoid Muscle(This visit)	Did Not Perform:, Charge As: Therapeutic Exercise This visit
• Upper Trapezius Muscle(This visit)	Did Not Perform:, Charge As: Therapeutic Exercise This visit
• Flexibility Activity 1(This visit)	Did Not Perform:, Charge As: Therapeutic Exercise This visit
Exercise Activities: Flexibility(L Quarter):	
• Hamstring Muscle with Strap	Time Elapsed: 3 Minutes, Repetitions: 2, Technique: Active, Body Position: Supine, Hold: 30 Seconds, Charge As: Therapeutic Exercise
• Iliotibial Band.	Time Elapsed: 3 Minutes, Repetitions: 2, Body Position: Supine, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Piriformis Muscle	Time Elapsed: 3 Minutes, Repetitions: 2, Side: Bilateral, Technique: Active/Assistive, Body Position: Supine, Hold: 30 Seconds, Charge As: Therapeutic Exercise
• Flexibility Activity 2	Time Elapsed: 3 Minutes, Repetitions: 2, Technique: Active, Body Position: forward and sides, seated, Hold.: 30 Seconds, Description: Beggar Stretch, Charge As: Therapeutic Exercise
Exercise Activities: Stabilization Training: Supine Position:	
• Bilateral UE/LE Isometrics (UE curl pair, pullin)	Time Elapsed: 3 Minutes, Repetitions: 30, Charge As: Therapeutic Activities
• Bridging	Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Charge As: Therapeutic Activities
• Curl Ups-Oblique Plane(This visit)	Did Not Perform:, Charge As: Therapeutic Activities This visit
• Curl Ups-Straight Plane	Time Elapsed: 4 Minutes, Repetitions: 20, Sets: 2, Technique 1: Hands on Thighs, Charge As: Therapeutic Activities
• Pelvic Tilts: Knees Flexed	Time Elapsed: 3 Minutes, Repetitions: 30, Hold: 2 Seconds, Charge As: Therapeutic Activities
Exercise Activities: Aerobic Conditioning:	
• Recumbent Bicycle(This visit)	Did Not Perform:, Charge As: Therapeutic Activities This visit
• Treadmill(This visit)	Did Not Perform:, Charge As: Therapeutic Activities This visit
Exercise Activities: Tubing/Bands(L Quarter):	
• Hip Abduction (tubing)(This visit)	Did Not Perform:, Charge As: Therapeutic Activities This visit
• Hip Adduction(This visit)	Did Not Perform:, Charge As: Therapeutic Activities This visit
• Hip Flexion (tubing)(This visit)	Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 0, Weight/Ring: Resistance: Bilateral, Additional Details: Charge As: Therapeutic Activities
• Knee Extension, Full Arc(This visit)	Did Not Perform:, Charge As: Therapeutic Activities This visit
Exercise Activities: Dynamic Training: C-K-C Activity (L Quarter):	
• Squatting	Time Elapsed: 4 Minutes, Weight - Pounds: Body Weight Pounds, Repetitions: 10, Sets: 3, Tubing/Band Color: small yellow ball, Additional Details: Wall/Chair/Ball/Dumbbell Squats, Charge As: Therapeutic Activities
• Step Ups: Forward(This visit)	Did Not Perform:, Charge As: Therapeutic Activities This visit
• Weight Shifts(This visit)	Did Not Perform:, Charge As: Therapeutic Activities This visit
Exercise Activities: Tubing/Bands(U Quarter):	
• Pull Downs(This visit)	Did Not Perform:, Charge As: Therapeutic Activities This visit
• Rows(This visit)	Did Not Perform:, Charge As: Therapeutic Activities This visit
Functional/ADL Activities: Functional Task Training:	
• Trunk Rotation with Shuffle(This visit)	Did Not Perform:, Charge As: Therapeutic Activities This visit
Manual Interventions: Upper Quarter Soft Tissue:	
• Cervicothoracic PVM(Patient refused treatment)	Did Not Perform:, Charge As: Manual Therapy Techniques Patient refused treatment
• Thoracolumbar. PVM(Patient refused treatment)	Did Not Perform:, Charge As: Manual Therapy Techniques Patient refused treatment

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Kristina M. Cordle, PTA,PTA(SC Lic: 1825); Laura D. Pruette, PT,PT(SC Lic: 5511)

Patient: Thomas Karabees
Acct #: 013-610238068
Visit Date: Jul 31, 2009

Manual Interventions: Lower Quarter Soft Tissue:
- Quadratus Lumborum — Time Elapsed: 15 Minutes, Depth: Moderate, Side: Bilateral, Technique: STM/DTM, Additional Detail: and Lat. Lumbar, Lt. Paraspinals, Charge As: Manual Therapy Techniques

Modalities:
- Electric Stim, Unattended (Patient refused treatment) — Did Not Perform, Charge As: E-Stim, Unattended, Patient refused treatment
- Moist Hot Pack (decrease pain and mm tightness) — Time Elapsed: 10 Minutes, Location: Anterior/Posterior, Clinical Use: Pre Activity, Charge As: Not Applicable

Therapy Session Time
- Therapy Session Start Time: 10:00 AM
- Therapy Session Stop Time: 11:05 AM

Documented Procedural Code Summary:

Description	Code	Units	Minutes
Manual Therapy Techniques	97140	1	15
Therapeutic Activities	97530	2	23
Therapeutic Procedure	97110	1	15

Assessment
Pt able to tolerate stretches and exs with no c/o pain during. Pt stated decrease pain after treatment session.

Plan
Daily Plan:
- Continue w/ Current Rehabilitation Program.

Kristina M. Cordle, PTA, PTA(SC Lic: 1825)

Laura D. Pruette, PT, PT(SC Lic: 5511)

Signed in the absence of the primary therapist.

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Kristina M. Cordle, PTA,PTA(SC Lic: 1825); Laura D. Pruette, PT,PT(SC Lic: 5511)

Corvel Capture 8/19/2009

Select Physical Therapy
7 South Alliance Drive
Ste 102A
Goose Creek, SC USA 29445
Phone: (843) 569-2303
Fax: (843) 569-2304

Patient:	Thomas Karabees	Visit Date:	Jul 20, 2009
Acct #:	013-610238068	FSC:	Workers Compensation
DOB:	Oct 13, 1948	Payor:	Not Specified
Clinician:	Laura D. Pruette, PT	Pol/Claim#:	385-52-8253
Prim Phy:	William Wilson	Insured:	Not Specified
Phy Phone:	(843) 572-2663	Employer:	Trident Tech College
Phy Fax:	(843) 377-0858	Case Mgr:	Not Specified
Sec Phy:	Not Specified	Visits:	18
Inj. Date:	10/31/2008	Cvl/Ns:	0
Surg. Date:	Not Specified		

Re-Evaluation

Diagnoses Spine

7242	LUMBAGO
7231	CERVICALGIA
7241	PAIN IN THORACIC SPINE

General Information

Pt was diagnosed with Recurring MS in 1998, is on Interferon treatment that is keeping symptoms under control

History of Injury:

- 10/31/08: Pt was carrying projector and computer and fell 6-8 steps, unsure if landed on left or right side.

Subjective Examination

ADL / Functional Status:

- Premorbid status:
  - Basic care: Independent without difficulty. Work status: ..... prior to injury pt was teaching mechanical/vocational studies which required manual labor until 4/11/09 when he retired. Recreation/Athletics: . 07/20/09 pt states performing daily HEP. Also reports a lot of activity (housework, yardwork, recreational activies), with pain.
- Current status:
  - Work status: Retired. Recreation / Athletics: Unable to perform.

ADL / Functional Status: ADL's: Activities:

• Bathing (07/20/09 all assessed)	Independent without difficulty
• Dressing	Independent without difficulty
• Driving/Traveling	not attempted > 40 min
• Forward Bending (pain when doing dishes, using weed eater)	with pain
• Lifting (S.W. 40 lbs to 5/10/09 7-5-09 with pain on 07/15/09)	states pain/difficulty with >10# granddaughter
• Sitting	10 min
• Standing	Independent without difficulty
• Walking (TM 10 min 8/10 pain -no incr but steady pain level)	states limited by MS and heat

ADL / Functional Status:

- Occupation: Retired

Chief Complaint: Pain:

- Current Severity: ... 07/20/09: 8/10 mid to low back (T10-L5) midline to R. 6/10 in neck. Severity at Best: 0/10. (06/26/09). Severity at Worst: .. 07/20/09: 9/10 mid/low back, 8/10 neck

Daily Comments:

- Pt reports he thinks he was doing pretty good until last Wednesday and has had incr in pain since, citing he had pain when he lifted 30# box last visit. Pt reports he also washed dishes on Friday and mowed 2 yards on riding mower and using weedeater on Saturday. Pt states he doesn't know when next MD appt is.

Functional Capability:

- Overall Improvement: 07/20/09: 60-70%

Mechanism of Injury:

- Primary Episode: 10/31/08

Rehabilitation Expectations/Goals:

- Return to ADL Performance: Unrestricted/Symptom Free. Return to Recreational Activities: Unrestricted/Symptom Free. Return to Athletic Activities: Restricted/Symptom Free. (pt would like to develop an exercise routine).

Objective Examination

Functional Tests: Occupational Tests: Non-Material Handling:

	Left	Right
• Repetitive Squatting (07/20/09) 20 reps unassisted c/mild pain/LOB		

Functional Tests: Functional Profile: Balance Test:

	Left	Right
• Eyes Open (07/20/09)	HHA 2 - 00 A's with pain/LOB	HHA 10 - no A's with pain/LOB

Gait/Locomotion: General Gait Pattern:

Document ID: 1A700229.021
Laura D. Pruette, PT,PT(SC Lic. 5511)

Status: Signed off (secure electronic signature)

Patient: Thomas Karabees
Acct #: 013-610238068
Visit Date: Jul 20, 2009

	Jun 26, 2009		Jul 20, 2009	
Technique(07/20/09: mild antalgic gait c/o neck pain/stiff, c/o heel strike (foot slap))			Mild Limp	
• Base Width(trunk with fwd lean and rot to L when advancing R)	Moderately Increased		Moderately Increased	
• Cadence	Severely Decreased		Severely Decreased	
• Stride	Decreased		Decreased	
• Swing			Normal	

Integument:
- Intact and without abnormality.

Muscle Testing: Upper Extremity MMT:	Jun 26, 2009 Left	Jun 26, 2009 Right	Jul 20, 2009 Left	Jul 20, 2009 Right
• Shoulder Abduction	5/5	5/5	5/5	5/5
• Shoulder Flexion	5/5	5/5	5/5	5/5
• Shoulder External Rotation	5/5	5/5	5/5	5/5
• Shoulder Internal Rotation	5/5	5/5	5/5	5/5
• Elbow Extension	5/5	5/5	5/5	5/5
• Elbow Flexion	5/5	5/5	5/5	5/5

Muscle Testing: Lower Extremity MMT:	Jun 26, 2009 Left	Jun 26, 2009 Right	Jul 20, 2009 Left	Jul 20, 2009 Right
• Hip Abduction(07/20/09: MMT same R)	4/5	4/5	4/5	4/5
• Hip Flexion(worse L, same R)	+4/5	-4/5	-4/5	-4/5
• Knee Extension(same L, better R)	5/5	5/5	5/5	5/5
• Knee Flexion(better L, same R)	+4/5	4/5	5/5	4/5
• Ankle Dorsiflexion(better L, same R)	5/5	5/5	5/5	5/5
• Ankle Plantarflexion(same B)	5/5	5/5	5/5	5/5

Palpation:
- 07/20/09: Tenderness to palp spinou sprocess T10-L5 and R sided paraspinals

Posture:
- Forward Head/Rounded Shoulders: Mild. (07/20/09 no change).

Range of Motion: Cervical Degrees:	Jun 26, 2009	Jul 20, 2009
• Active Extension(07/20/09: all ROM same)	28 Degrees	25 Degrees
• Active Flexion(worse)	70 Degrees	40 Degrees
• Active Rotation Left(worse)	73 Degrees	60 Degrees
• Active Rotation Right(worse)	73 Degrees	54 Degrees
• Active Side Bend Left(same)	22 Degrees	22 Degrees
• Active Side Bend Right(better)	20 Degrees	27 Degrees

Range of Motion: Lumbar Degrees:	Jun 26, 2009	Jul 20, 2009
• Active Extension(07/20/09: all ROM same)	18 Degrees	20 Degrees
• Active Flexion(worse)	70 Degrees	40 Degrees
• Active Rotation Left(T/L rot, same)	60 Degrees	60 Degrees
• Active Rotation Right(T/L rot, same)	60 Degrees	60 Degrees
• Active Side Bend Left(worse)	22 Degrees	10 Degrees
• Active Side Bend Right(worse)	22 Degrees	10 Degrees

Range of Motion:
- 07/20/09 AKE right: -54, Left: -38

Special Tests: Cervical:	Left	Right
• Alar Ligament	Negative	Negative
• Foraminal Compression	Negative	Negative
• Slump	Negative	Negative
• Traction	Aggravates Symptoms	Aggravates Symptoms
• Vertebral Artery Test	Negative	Negative

Special Tests: Lumbar:	Left	Right
• Facet	Aggravates Symptoms	Aggravates Symptoms
• Slump	Negative	Negative
• Thomas	Tight Illiopsoas	Tight Illiopsoas

Special Tests: Sacroiliac Complex:	Left	Right
• Compression	Negative	Negative

Patient: Thomas Karabees
Acct #: 013-610238068
Visit Date: Jul 20, 2009

• FABER	Negative	Negative
• Gapping	Negative	Negative

Treatments

Exercise Activities: Flexibility(U. Quarter):

• Pectoralis Major Muscle	Time Elapsed: 2 Minutes, Repetitions: 2, Side: Bilateral, Technique: Active Assistive, Body Position: Standing, Hold: 30 Seconds, Charge As: Therapeutic Exercise
• Levator Scapulae Musculature(This visit)	Did Not Perform:, Charge As: Therapeutic Exercise This visit
• Mid back Stretch (performed in doorway)	Time Elapsed: 2 Minutes, Repetitions: 2, Hold: 30 Seconds, Additional Detail:, Charge As: Therapeutic Exercise
• Sternocleidomastoid Muscle(This visit)	Did Not Perform:, Charge As: Therapeutic Exercise This visit
• Upper Trapezius Muscle(This visit)	Did Not Perform:, Charge As: Therapeutic Exercise This visit
• Flexibility Activity 1(This visit)	Did Not Perform:, Charge As: Therapeutic Exercise This visit

Exercise Activities: Flexibility(L. Quarter):

• Hamstring Muscle(with towel)	Time Elapsed: 2 Minutes, Repetitions: 2, Technique: Active, Body Position: Supine, Hold: 30 Seconds, Charge As: Therapeutic Exercise
• Iliotibial Band.	Time Elapsed: 3 Minutes, Repetitions: 2, Body Position: Supine, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Piriformis Muscle	Time Elapsed: 3 Minutes, Repetitions: 2, Side: Bilateral, Technique: Active Assistive, Body Position: Supine, Hold: 30 Seconds, Charge As: Therapeutic Exercise
• Flexibility Activity 2	Time Elapsed: 3 Minutes, Repetitions: 2, Technique: Active, Body Position: forward and sides, seated, Hold.: 30 Seconds, Description: Beggar Stretch, Charge As: Therapeutic Exercise

Exercise Activities: Stabilization Training: Supine Position:

• Bridging	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Charge As: Therapeutic Activities
• Curl Ups-Oblique Plane	Time Elapsed: 2 Minutes, Repetitions: 15, Sets: 1, Side: Bilateral, Technique 1: Hands on Thighs, Charge As: Therapeutic Activities
• Curl Ups-Straight Plane	Time Elapsed: 2 Minutes, Repetitions: 20, Sets: 2, Technique 1: Hands on Thighs, Charge As: Therapeutic Activities
• Pelvic Tilts-Knees Flexed	Time Elapsed: 2 Minutes, Repetitions: 30, Hold.: 5 Seconds, Charge As: Therapeutic Activities

Exercise Activities: Aerobic Conditioning:

• Recumbent Bicycle(This visit)	Did Not Perform:, Charge As: Therapeutic Activities This visit
• Treadmill(states 8/10 pain, not incr with amb)	Time Elapsed: 10 Minutes, Speed (mph): .5 to 2.4, Elevation: 0 %, Charge As: Therapeutic Activities

Exercise Activities: Tubing/Bands(L. Quarter):

• Hip Adduction (tubing) with manual cues for posture, protecting low back	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 3A, Additional Details: supine, Charge As: Therapeutic Activities
• Hip Adduction(This visit)	Did Not Perform:, Charge As: Therapeutic Activities This visit
• Hip Flexion (tubing) (hip and knee flexion)	Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 3, Tubing/Band Color: 3A, Weightbearing: yes, Bilateral, Additional Detail: SLR and ext, Charge As: Therapeutic Activities
• Knee Extension, Full Arc	Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 3, Tubing/Band Color: 20#, Additional Detail: DL, Charge As: Therapeutic Activities

Exercise Activities: Dynamic Training: C-K-C Activity (L. Quarter):

• Squatting	Time Elapsed: 2 Minutes, Weight: Pounds, Body Weight: Pounds, Repetitions: 10, Sets: 3, Tubing/Band Color: Small yellow ball, Additional Detail: With ball in wall, Depth: mini squat, Charge As: Therapeutic Activities
• Step Ups: Forward(This visit)	Did Not Perform:, Charge As: Therapeutic Activities This visit
• Closed Kinetic Chain(This visit)	Did Not Perform:, Charge As: Therapeutic Activities This visit

Exercise Activities: Tubing/Bands(U. Quarter):

• Pull Downs(This visit)	Did Not Perform:, Charge As: Therapeutic Activities This visit

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Laura D. Pruette, PT,PT(SC Lic 5511)
Status: Signed off (secure electronic signature)

Patient: Thomas Karabees
Acct #: 013-610238068
Visit Date: Jul 20, 2009

• Rows(This visit)	Did Not Perform:, Charge As: Therapeutic Activities This visit
Functional/ADL Activities: Functional Task Training:	
• Lift Floor to Waist(This visit)	Did Not Perform:, Charge As: Therapeutic Activities This visit
Manual Interventions: Upper Quarter Soft Tissue:	
• Cervicothoracic PVM(Patient refused treatment)	Did Not Perform:, Charge As: Manual Therapy Techniques Patient refused treatment
• Thoracolumbar PVM(Patient refused treatment)	Did Not Perform:, Charge As: Manual Therapy Techniques Patient refused treatment
Modalities:	
• Electric Stim, Unattended(Patient refused treatment)	Did Not Perform:, Charge As: Stim, Unattended Patient refused treatment
Therapy Session Time	
• Therapy Session Start Time	08:00 AM
• Therapy Session Stop Time	08:55 AM
• Total Therapy Session Time	55 Minutes

Documented Procedural Code Summary:

Description	Code	Units	Minutes
• Physical Therapy Re-evaluation	97002	1	n/a
• Therapeutic Activities	97530	2	30
• Therapeutic Procedure	97110	1	15

Assessment

In discussing progress and plan with pt, he expresses frustration with WC process and the time it takes to get things authorized, stating "They don't know anything and the doctor doesn't do anything.". Pt does state he thinks PT is helping him until incr pain last Wed. Pt refuses pain relief modalities or manual therapies at end of session to attempt to reduce pain, states "I'm fed up with everything" and left clinic.

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 fair. The patient was educated regarding their diagnosis, prognosis, related pathology & plan of care. The patient demonstrates a fair understanding of the risks, benefits, precautions/contraindications, & prognosis of their skilled rehabilitation program.

Reviewed goals, progress and HEP with client.

Assessment of Improvement:

- Pt demos varied progress towards goals. Pt c/o incr pain since F-W lift of 30#. last week, but has demo'd 20-30#. lift without pain and 40#. lift with 5/10 pain in previous visits. Pt reports incr pain this visit with 10 min amb, but states subjectively that his walking tol has been limited by the hot weather and his MS rather than LBP recently. Pt demos varied changes in cervical/lumbar ROM and LE strength MMT, some worse, some better, and some unchanged since last RE, without notable pattern (see obj for specifics). Pt cont to report activity at home that increases pain, possibly over-doing ex's and activity. Pt demos some improvement in squat, some decr in SLS, improved AKE L but decr R. Per pt report he perceives he was improving with therapy until incr in pain last week.

Evaluation Components: Barriers to Rehab:

- Pain Controlled. Refuses modalities/MTT. Varied progress in PT to date. Pt possibly overdoing activity outside of PT. Co-morbidity of MS.

Recommendations: Skilled Intervention: Required To:

- Decrease Pain. Improve Function. Increase Range of Motion. Increase Strength. Improve function and mobility to highest level possble with minimized pain for incr QOL.

Tolerance:

- No c/o incr pain, states it is a steady 8/10 from arrival to departure. Pt refused MTT and pain relief modalities. Deferred box lift 2* c/o pain last visit.

Problems & Goals

Problem #1 **Chief Complaint: Pain: Current Severity: 07/20/09: 8/10 mid to low back (T10-L5) midline to R. 6/10 in neck**

LTG Achieve by Aug 17, 2009. Progress: Somewhat worse. decr pain at rest for sitting/sleeping tol

Symptomatic Improvements:

- Decreasing Pain: to 3/10.

Problem #2 **Chief Complaint: Pain: Severity at Worst: 07/20/09: 9/10 mid/low back, 8/10 neck**

LTG Achieve by Aug 17, 2009. Progress: No change. for incr activity tol/QOL

Symptomatic Improvements:

- Decreasing Pain: to 5/10.

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Patient: Thomas Karabets
Acct #: D13-610238068
Visit Date: Jul 20, 2009

Problem #3 **ADL / Functional Status: Premorbid status: Recreation/Athletics: 07/20/09 pt states performing daily HEP.. Also reports a lot of activity (housework, yardwork, recreational activies), with pain.**
LTG Achieve by Aug 17, 2009. Progress: Good progress. good compliance HEP, possible over-doing activ
Client Education:
- Independent Home Exercise/Self Care Program.

Problem #4 **ADL / Functional Status: ADL's: Activities.**
LTG Achieve by Aug 17, 2009. Progress: Somewhat worse.
ADL Improvements In: Activities:

• Driving(traveling)	1 hr
• Lifting(for lifting granddaughter)	F-W 40# good mech pain <4/10
• Walking(for community ambulation)	1 mi 5-20min pain 4/10

Problem #5 **Range of Motion: Cervical Degrees.**
LTG Achieve by Aug 17, 2009. Progress: Good progress. for driving, dressing, overhead reaching
Range of Motion Improvements to: Cervical:

• Active Extension	85 Degrees
• Active Flexion	65 Degrees
• Active Rotation Left	75 Degrees
• Active Rotation Right	75 Degrees
• Active Side Bend Left	30 Degrees
• Active Side Bend Right	30 Degrees

Problem #6 **Range of Motion: Lumbar Degrees.**
LTG Achieve by Aug 17, 2009. Progress: Good progress. for forward bending,LE dressing, bathing
Range of Motion Improvements to: Lumbar:

• Active Extension	25 Degrees
• Active Flexion	70 Degrees
• Active Rotation Left(T/L rot)	60 Degrees
• Active Rotation Right(T/L rot)	60 Degrees
• Active Side Bend Left	30 Degrees
• Active Side Bend Right	30 Degrees

Problem #7 **Muscle Testing: Lower Extremity MMT.**
LTG Achieve by Aug 17, 2009. Progress: No change. for squatting,lifting,transfers

Musculoskeletal Improvements In: Lower Extremity Strength to:	**Left**	**Right**
• Hip Abduction	4/5	4/5
• Hip Flexion	+4/5	4/5
• Knee Extension	5/5	+4/5
• Knee Flexion	5/5	+4/5
• Ankle Dorsiflexion	5/5	5/5
• Ankle Plantarflexion	5/5	

Problem #8 **Functional Tests: Occupational Tests: Non-Material Handling.**
LTG Achieve by Aug 17, 2009. Progress: Some progress. for functional squatting,lifting
Functional Improvements In: Non-Material Handling:
- Repetitive Squatting: 90 deg pain: 5/10

Problem #9 **Functional Tests: Functional Profile: Balance Test.**
LTG Achieve by Aug 24, 2009. Progress: Somewhat worse. for standing tol, with LBP <3/10
Functional Improvements In:
- Balance from: Fair to Average. (SLS Left:60 sec HHA, Right:60 sec HHA).

Problem #10 **Range of Motion: 07/20/09 AKE right: -54, Left: -38**
LTG Achieve by Aug 17, 2009. Progress: No change. better L, worse R
Range of Motion Improvements to:
- AKE Right: -30 deg, Left: -40 deg

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

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duration of 4 weeks. The outlined therapeutic procedures and services in the plan of care will address the problems and goals identified. Per new MD script on 07/20/09.

Therapeutic Contents:

- Active Assistive Range of Motion Activities. Activa Range of Motion Activities. Client Education. Gait Training. Home Exercise Program. Joint Mobilization Techniques. Manual Range of Motion Activities. Manual Therapy Techniques. Neural Mobilization Techniques. Neuromuscular Re-education. Passive Range of Motion Activities. Postural Stabilization Training: Neutral Prindple Training. Proprioceptive/Closed Kinetic Chain Activities. Self Care/Home Management. Soft Tissue Mobilization Techniques. Stretching/Flexibility Activities. Therapeutic Activities: Therapeutic Exercise.
- Aerobic Conditioning:
  - Airgometer (Airdyne). Recumbent Bicycle. Walking. Treadmill.
- Functional Activities: ADL's:
  - Climbing. Lifting. Mobility/Transfers. Premorbid Activities. Sitting. Squatting. Standing. Walking.
- Modalities:
  - Cryotherapy. Interferential Stimulation. Moist Hot Pack. T.E.N. Stimulation. TENS Placement/Application. Ultrasound. US/HVPGS Combo.

Laura D. Pruette, PT, PT(SC Lic 5511)

Select Physical Therapy
a Select Medical company
Select Physical Therapy
7 South Alliance Drive
Ste 102A
Goose Creek, SC USA 29445
Phone: (843) 569-2303
Fax: (843) 569-2304

Patient:	Thomas Karabees	Visit Date:	Jul 20, 2009
Acct #:	013-610238068	FSC:	Workers Compensation
DOB:	Oct 13, 1948	Payor:	Not Specified
Clinician:	Laura D. Pruette, PT	Pol/Claim#:	385-52-8253
Prim Phy:	William Wilson	Insured:	Not Specified
Phy Phone:	(843) 572-2663	Employer:	Trident Tech College
Phy Fax:	(843) 377-0858	Case Mgr:	Not Specified
Sec Phy:	Not Specified	Visits:	18
Inj. Date:	10/31/2008	Cxl/Ns:	0
Surg. Date:	Not Specified		

Plan of Care

Diagnoses Spine

7242	LUMBAGO
7231	CERVICALGIA
7241	PAIN IN THORACIC SPINE

Subjective Examination

ADL / Functional Status:
- Current status: Work status: Retired.

Assessment

In discussing progress and plan with pt, he expresses frustration with WC process and the time it takes to get things authorized, stating "They don't know anything and the doctor doesn't do anything.". Pt does state he thinks PT is helping him until incr pain last Wed. Pt refuses pain relief modalities or manual therapies at end of session to attempt to reduce pain, states "I'm fed up with everything" and left clinic.

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 fair. The patient was educated regarding their diagnosis, prognosis, related pathology & plan of care. The patient demonstrates a fair understanding of the risks, benefits, precautions/contraindications, & prognosis of their skilled rehabilitation program.

Reviewed goals, progress and HEP with client.

Assessment of Improvement:
- Pt demos varied progress towards goals. Pt c/o incr pain since F-W lift of 30# last week, but has demo'd 20-30# lift without pain and 40# lift with 5/10 pain in previous visits. Pt reports incr pain this visit with 10 min amb, but states subjectively that his walking tol has been limited by the hot weather and his MS rather than LBP recently. Pt demos varied changes in cervical/lumbar ROM and LE strength MMT, some worse, some better, and some unchanged since last RE, without notable pattern (see obj for specifics). Pt cont to report activity at home that increases pain, possibly over-doing ex's and activity. Pt demos some improvement in squat, some decr in SLS, improved AKE L but decr R. Per pt report he perceives he was improving with therapy until incr in pain last week.

Evaluation Components: Barriers to Rehab:
- Pain Controlled. Refuses modalities/MTT. Varied progress in PT to date. Pt possibly overdoing activity outside of PT. Co-morbidity of MS.

Recommendations: Skilled Intervention: Required To:
- Decrease Pain. Improve Function. Increase Range of Motion. Increase Strength. Improve function and mobility to highest level possible with minimized pain for incr QOL.

Tolerance:
- No c/o incr pain, states it is a steady 8/10 from arrival to departure. Pt refused MTT and pain relief modalities. Deferred box lift 2* c/o pain last visit.

Problems & Goals

Problem #1 **Chief Complaint: Pain: Current Severity: 07/20/09: 8/10 mid to low back (T10-L5) midline to R. 6/10 in neck**

LTG Achieve by Aug 17, 2009. Progress: Somewhat worse. decr pain at rest for sitting/sleeping tol

Symptomatic Improvements:
- Decreasing Pain: to 3/10.

Problem #2 **Chief Complaint: Pain: Severity at Worst: 07/20/09: 9/10 mid/low back, 8/10 neck**

LTG Achieve by Aug 17, 2009. Progress: No change. for incr activity tol/QOL

Symptomatic Improvements:
- Decreasing Pain: to 5/10.

Problem #3 **ADL / Functional Status: Premorbid status: Recreation/Athletics: 07/20/09 pt states performing daily HEP. Also reports a lot of activity (housework, yardwork, recreational activies), with pain.**

LTG Achieve by Aug 17, 2009. Progress: Good progress. good compliance HEP, possible over-doing activ

Client Education:
- Independent Home Exercise/Self Care Program.

Problem #4 **ADL / Functional Status: ADL's: Activities.**

Patient: Thomas Karabees
Acct #: 013-610238068 Visit Date: Jul 20, 2009

• Bathing(07/20/09a) dass=0)	Independent without difficulty
• Dressing	Independent without difficulty
• Driving/Traveling	not attempted-limited
• Forward Bending(pain when doing dishes, using weed eater)	with pain
• Lifting(F-W 30# pain =7/10 on 06/26, 30 with pain on 07/15)	states pain w/ lifting gr-mo granddaughter
• Sitting.	10 min
• Standing.	Independent without difficulty
• Walking(TM 10 min 8/10 pain -no incr but steady pain level)	states limited by MS and heat

LTG Achieve by Aug 17, 2009. Progress: Somewhat worse.

ADL Improvements In: Activities:

• Driving/Traveling	1 hr
• Lifting(for lifting granddaughter)	F-W 40# good mech pain <4/10
• Walking(for pain)	TM 15-20 min pain 4/10

***Problem #5* Range of Motion: Cervical Degrees.**

• Active Extension(07/20/09 all ROM same)	25 Degrees
• Active Flexion(worse)	40 Degrees
• Active Rotation Left(worse)	60 Degrees
• Active Rotation Right(worse)	54 Degrees
• Active Side Bend Left(same)	27 Degrees
• Active Side Bend Right(better)	27 Degrees

LTG Achieve by Aug 17, 2009. Progress: Good progress. for driving, dressing, overhead reaching

Range of Motion Improvements to: Cervical:

• Active Extension	35 Degrees
• Active Flexion	65 Degrees
• Active Rotation Left	75 Degrees
• Active Rotation Right	75 Degrees
• Active Side Bend Left	40 Degrees
• Active Side Bend Right	30 Degrees

***Problem #6* Range of Motion: Lumbar Degrees.**

• Active Extension(07/20/09 all ROM same)	20 Degrees
• Active Flexion(worse)	40 Degrees
• Active Rotation Left(T/L rot, same)	56 Degrees
• Active Rotation Right(T/L rot, same)	60 Degrees
• Active Side Bend Left(worse)	10 Degrees
• Active Side Bend Right(worse)	10 Degrees

LTG Achieve by Aug 17, 2009. Progress: Good progress. for forward bending,LE dressing, bathing

Range of Motion Improvements to: Lumbar:

• Active Extension	25 Degrees
• Active Flexion	70 Degrees
• Active Rotation Left(T/L rot)	70 Degrees
• Active Rotation Right(T/L rot)	60 Degrees
• Active Side Bend Left	30 Degrees
• Active Side Bend Right	30 Degrees

***Problem #7* Muscle Testing: Lower Extremity MMT.**

	Left	Right
• Ankle Dors flexion(better L, same R)	5/5	4/5
• Ankle Plantarflexion(same B)	5/5	5/5
• Hip Abduction(07/20/09 LMCT same B)	5/5	5/5
• Hip Flexion(worse L, same R)	-4/5	-4/5
• Knee Extension(same B better R)	5/5	5/5
• Knee Flexion(better L, same R)	5/5	4/5

LTG Achieve by Aug 17, 2009. Progress: No change. for squatting,lifting,transfers

Patient: Thomas Karabees
Acct #: 013-610238068 Visit Date: Jul 20, 2009

Musculoskeletal Improvements In: Lower Extremity Strength to:	Left	Right
• Hip Abduction	+4/5	4/5
• Hip Flexion	+4/5	4/5
• Knee Extension	5/5	+4/5
• Knee Flexion	5/5	+4/5
• Ankle Dorsiflexion	5/5	5/5
• Ankle Plantarflexion	5/5	5/5

Problem #8 **Functional Tests: Occupational Tests: Non-Material Handling.**
- Repetitive Squating (07/20/09) 30 reps unassisted, 5/10 pain

LTG Achieve by Aug 17, 2009. Progress: Some progress. for functional squatting,lifting

Functional Improvements In: Non-Material Handling:
- Repetitive Squating (07/20/09) 30 reps, 5/10

Problem #9 **Functional Tests: Functional Profile: Balance Test.**	Left	Right
• Eyes Open (07/20/09)	HHA 22" no AE with pain/LOB	HHA 10" no AE with pain/LOB

LTG Achieve by Aug 24, 2009. Progress: Somewhat worse. for standing tol, with LBP <3/10

Functional Improvements In:
- Balance from: Fair to Average. (SLS Left:60 sec HHA, Right:60 sec HHA).

Problem #10 **Range of Motion: 07/20/09 AKE right: -54, Left: -38**

LTG Achieve by Aug 17, 2009. Progress: No change. better L, worse R

Range of Motion Improvements to:
- AKE Right: -30 deg, Left: -40 deg

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. Per new MD script on 07/20/09.

Therapeutic Contents:
- Active Assistive Range of Motion Activities. Active Range of Motion Activities. Client Education. Gait Training. Home Exercise Program. Joint Mobilization Techniques. Manual Range of Motion Activities. Manual Therapy Techniques. Neural Mobilization Techniques. Neuromuscular Re-education. Passive Range of Motion Activities. Postural Stabilization Training: Neutral Prindple Training. Proprioceptive/Closed Kinetic Chain Activities. Self Care/Home Management. Soft Tissue Mobilization Techniques. Stretching/Flexibility Activities. Therapeutic Activities: Therapeutic Exercise.
- Aerobic Conditioning:
  - Airgometer (Airdyne). Recumbent Bicycle. Walking. Treadmill.
- Functional Activities: ADL's:
  - Climbing. Lifting. Mobility/Transfers. Premorbid Activities. Sitting. Squatting. Standing. Walking.
- Modalities:
  - Cryotherapy. Interferential Stimulation. Moist Hot Pack. T.E.N. Stimulation. TENS Placement/Application. Ultrasound. US/HVPGS Combo.

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Patient: Thomas Karabees
Acct #: 013-610238068 Visit Date: Jul 20, 2009

Laura D. Pruette, PT, PT(SC Lic 5511)

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**

Corvel Capture 8/19/2009

Select Physical Therapy
7 South Alliance Drive
Ste 102A
Goose Creek, SC USA 29445
Phone: (843) 569-2303
Fax: (843) 569-2304

Patient:	Thomas Karabees	Visit Date:	Jul 15, 2009
Acct #:	013-610238068	FSC:	Workers Compensation
DOB:	Oct 13, 1948	Payor:	Not Specified
Clinician:	Laura D. Pruette, PT	Pol/Claim#:	385-52-8253
Prim Phy:	William Wilson	Insured:	Not Specified
Phy Phone:	(843) 572-2663	Employer:	Trident Tech College
Phy Fax:	(843) 377-0858	Case Mgr:	Not Specified
Sec Phy:	Not Specified	Visits:	17
Inj. Date:	10/31/2008	Cd/Ns:	0
Surg. Date:	Not Specified		

Daily Note

Diagnoses: Spine — 7242 LUMBAGO; 7231 CERVICALGIA

General Information

Pt was diagnosed with Recurring MS in 1998, is on Interferon treatment that is keeping symptoms under control

History of Injury:
- 10/31/08: Pt was carrying projector and computer and fell 6-8 steps, unsure if landed on left or right side.

Subjective Examination

ADL / Functional Status:
- Premorbid status:
  - Basic care: Independent without difficulty.. Work status: .. prior to injury pt was teaching mechanical/vocational studies which required manual labor until 4/11/09 when he retired Recreation/Athletics: ...06/26/09 pt states performing daily HEP
- Current status:
  - Work status: Retired.. Recreation / Athletics: Unable to perform.

ADL / Functional Status: ADL's: Activities:

• Bathing	Independent without difficulty
• Dressing	Independent without difficulty
• Driving/Traveling(06/10/09:not attempted >40 min)	pain with >40 min
• Lifting(06/26/09 states unable to lift granddaughter)	F-W 40# good mech, pain 5/10
• Walking	pt unable to state duration

ADL / Functional Status:
- Occupation: Retired

Chief Complaint: Pain:
- Current Severity: 4/10. (7/15/09, mid back pain around T3-4).. Severity at Best: 0/10. (06/26/09).. Severity at Worst: 9/10. (06/26/09 sustained bending over).

Daily Comments:
- Report of outcome from Doctors visit: ... ...Pt states he went to MD last week but didn't know about the appt until the day before.. Pt reports MD didn't tell him anything about his progress, and gave him a new script because he asked for it.. Pt is unable to clearly state his sitting/standing/walking tolerance 2* "I don't keep track of that stuff.". Pt states he's a bit stiff this morning in thoracic area, and having some pain in knees, R>L, and L sciatica pain at times.

Functional Capability:
- Overall Improvement: 40% (06/26/09).

Mechanism of Injury:
- Primary Episode: 10/31/08

Rehabilitation Expectations/Goals:
- Return to ADL Performance: Unrestricted/Symptom Free... Return to Recreational Activities: Unrestricted/Symptom Free.. Return to Athletic Activities: Restricted/Symptom Free. (pt would like to develop an exercise routine).

Objective Examination

Functional Tests: Occupational Tests: Non-Material Handling:
- Reaching <90deg(06/26/09):76deg, Bes/10: R knee pain

Functional Tests: Functional Profile: Balance Test:	Left	Right
• Eyes Open(06/26/09)	WNL 30, BBS 5/10	WNL 30, BBS 4/10

Gait/Locomotion: General Gait Pattern:	Left	Right
• Technique	no heel strike (mod fall)	mild uphike
• Base Width	Moderately Increased	Moderately Increased
• Cadence	Severely Decreased	Severely Decreased
• Stride	Decreased	Decreased

Integument:

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Brandi Greene,PTA(SC Lic 1914); Laura D. Pruette, PT,PT(SC Lic 5511)

Select

Patient: Thomas Karabees
Acct #: 013-610238068
Visit Date: Jul 15, 2009

• Intact and without abnormality.		
Muscle Testing: Upper Extremity MMT:	**Left**	**Right**
• Shoulder Abduction	5/5	5/5
• Shoulder Flexion	5/5	5/5
• Shoulder External Rotation	5/5	5/5
• Shoulder Internal Rotation	5/5	5/5
• Elbow Extension	5/5	5/5
• Elbow Flexion	5/5	5/5
Muscle Testing: Lower Extremity MMT:	**Left**	**Right**
• Hip Abduction	+4/5	-4/5
• Hip Flexion	5/5	5/5
• Knee Extension	+4/5	4/5
• Knee Flexion	5/5	5/5
• Ankle Dorsiflexion	5/5	5/5
• Ankle Plantarflexion		
Palpation: Cervical Region: Musculature, Posterior:	**Left**	**Right**
Tenderness:		
• Elevator Scapula	1=Complaint of pain	1=Complaint of pain
• Rhomboids	1=Complaint of pain	1=Complaint of pain
• Trapezius, Upper	1=Complaint of pain	1=Complaint of pain
Palpation: Thoracic Region: Musculature, Posterior:	**Left**	**Right**
Tenderness:		
• Latissimus Dorsi	0=No tenderness noted	1=Complaint of pain
• Trapezius, Lower	0=No tenderness noted	1=Complaint of pain
Palpation: Lumbosacral Region: Bony Structures, Posterior:	**Left**	**Right**
Tenderness:		
• Spinous Process,L04	1=Complaint of pain	1=Complaint of pain
• Spinous Process,L05	1=Complaint of pain	1=Complaint of pain
Posture:		
• Forward Head/Rounded Shoulders: Mild. (06/26/09 no change).		
Range of Motion: Cervical Degrees:		
• Active Extension (06/26/09 all ROM)	28 Degrees	
• Active Flexion	70 Degrees	
• Active Rotation Left	73 Degrees	
• Active Rotation Right	73 Degrees	
• Active Side Bend Left	35 Degrees	
• Active Side Bend Right	20 Degrees	
Range of Motion: Lumbar Degrees:		
• Active Extension (7/15/09)	22 Degrees	
• Active Flexion(7/15/09)	62 Degrees	
• Active Rotation Left(T/L rot)	56 Degrees	
• Active Rotation Right(T/L rot)	60 Degrees	
• Active Side Bend Left(7/15/09)	21 Degrees	
• Active Side Bend Right(7/15/09)	26 Degrees	
Range of Motion:		
• 06/26/09 AKE right: -43, Left: -43		
Special Tests: Cervical:	**Left**	**Right**
• Alar Ligament	Negative	Negative
• Foraminal Compression	Negative	Negative
• Slump	Negative	Negative
• Traction	Aggravates Symptoms	Aggravates Symptoms
• Vertebral Artery Test	Negative	Negative
Special Tests: Lumbar:	**Left**	**Right**
• Lasegue	Aggravates Symptoms	Aggravates Symptoms
• Slump	Negative	Negative
• Thomas	Right Iliopsoas	Left Iliopsoas

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Brandi Greene,PTA(SC Lic 1914); Laura D. Pruette, PT,PT(SC Lic 5511)

Corvel Capture 8/19/2009

Patient: Thomas Karabees
Acct #: 013-610238068 Visit Date: Jul 15, 2009

Special Tests: Sacroiliac Complex:	Left	Right
• Compression (+/-)	Negative	Negative
• FABER	Negative	Negative
• Gapping	Negative	Negative

Treatments

Exercise Activities: Flexibility(U. Quarter):

• Latissimus Dorsi Muscle	Time Elapsed: 3 Minutes, Repetitions: 2, Side: Bilateral, Technique: Active Assistive, Body Position: Standing, Hold: 30 Seconds, Charge As: Therapeutic Exercise
• Levator Scapulae Musculature	Time Elapsed: 3 Minutes, Repetitions: 2, Technique: Active, Body Position: Seated, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Midback Stretch(performed in doorway)	Time Elapsed: 2 Minutes, Repetitions: 2, Hold: 30 Seconds, Additional Detail: x lat, Charge As: Therapeutic Exercises
• Sternocleidomastoid Muscle	Time Elapsed: 3 Minutes, Repetitions: 2, Side: Bilateral, Technique: Active, Body Position: Sitting, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Upper Trapezius Muscle	Time Elapsed: 3 Minutes, Repetitions: 2, Side: Bilateral, Technique: Passive, Body Position: Seated, Hold: 30 Seconds, Charge As: Therapeutic Exercise
• Flexibility Activity 1(This visit)	Did Not Perform:, Charge As: Therapeutic Exercise This vist

Exercise Activities: Flexibility(L. Quarter):

• Hamstring Muscle(with Strap)	Time Elapsed: 3 Minutes, Repetitions: 2, Technique: Active, Body Position: Supine, Hold: 30 Seconds, Charge As: Therapeutic Exercise
• Iliotibial Band.	Time Elapsed: 3 Minutes, Repetitions: 2, Body Position: Supine, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Piriformis Muscle	Time Elapsed: 3 Minutes, Repetitions: 2, Side: Bilateral, Technique: Active Assistive, Body Position: Supine, Hold: 30 Seconds, Charge As: Therapeutic Exercise
• Flexibility Activity 2	Time Elapsed: 3 Minutes, Repetitions: 2, Technique: Active, Body Position: forward and sides, seated, Hold.: 30 Seconds, Description: Beggar Stretch, Charge As: Therapeutic Exercise

Exercise Activities: Stabilization Training: Supine Position:

• Bridging	Time Elapsed: 7 Minutes, Repetitions: 10, Sets: 2, Charge As: Therapeutic Activities
• Curl Ups-Oblique Plane	Time Elapsed: 3 Minutes, Repetitions: 15, Sets: 1, Side: Bilateral, Technique 1: Hands on Thighs, Charge As: Therapeutic Activities
• Curl Ups-Straight Plane	Time Elapsed: 3 Minutes, Repetitions: 20, Sets: 2, Technique 1: Hands on thighs, Charge As: Therapeutic Activities
• Pelvic Tilts-Knees Flexed	Time Elapsed: 2 Minutes, Repetitions: 30, Hold.: 5 Seconds, Charge As: Therapeutic Activities

Exercise Activities: Aerobic Conditioning:

• Recumbent Bicycle(This visit)	Did Not Perform:, Charge As: Therapeutic Activities This visit
• Treadmill(7/15/09 pt increased speed throughout activity)	Time Elapsed: 6 Minutes, Speed (mph): .5 to 2.4, Elevation: 0 %, Charge As: Therapeutic Activities

Exercise Activities: Tubing/Bands(L. Quarter):

• Hip Abduction (Tubing) (with manual cues for posture, protecting low back)	Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 2, Additional Detail: Supine, Charge As: Therapeutic Activities
• Hip Adduction	Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: yellow ball, Time: 2-3 sec holds Seconds, Additional Detail: supine, Charge As: Therapeutic Activities
• Hip Flexion (Tubing) (7/15/09)	Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 3, Tubing/Band Color: 3, Weight Bearing Leg: Bilateral, Additional Detail: SLR and Ext, Charge As: Therapeutic Activities
• Knee Extension, Full Arc	Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 3, Tubing/Band Color: 20#, Additional Detail: DL, Charge As: Therapeutic Activities

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Brandi Greene,PTA(SC Lic 1914); Laura D. Pruette, PT,PT(SC Lic 5511)

Patient: Thomas Karabees
Acct #: 013-610238068 Visit Date: Jul 15, 2009

Exercise Activities: Dynamic Training: C-K-C Activity (L. Quarter):

- Squatting — Time Elapsed: 3 Minutes, Weight - Pounds: Body Weight Pounds, Repetitions: 10, Sets: 3, Tubing/Band Color: small yellow ball, Additional Detail: with ball on wall, Depth: mini squats, Charge As: Therapeutic Activities
- Step Ups: Forward(performed in stairwell using B handrails) — Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Step Height: 8inch Inches, Vector: 3# on ankles, Charge As: Therapeutic Activities
- Closed Kinetic Chain 1 — Time Elapsed: 3 Minutes, Weight - Pounds: Body Weight Pounds, Sets: 3, Duration: 30secs, Side/Bilat: Description: SLS, Charge As: Therapeutic Activities

Exercise Activities: Tubing/Bands(U. Quarter):

- Pull Downs(sitting on ball) — Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 40, Resistance: Concentric/Eccentric, Charge As: Therapeutic Activities
- Rows(sitting on ball) — Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 40#, Resistance: Concentric/Eccentric, Charge As: Therapeutic Activities

Functional/ADL Activities: Functional Task Training:

- Lift: floor to Waist pt stated increased LB pain after lifts (7/15/09) — Time Elapsed: 3 Minutes, Weight - Pounds: 30 Pounds, Repetitions: 10, Sets: 1, Charge As: Therapeutic Activities

Manual Interventions: Upper Quarter Soft Tissue:

- Cervicothoracic PVM(feeling better) — Did Not Perform:, Charge As: Manual Therapy Techniques, feeling better
- Thoracolumbar PVM(This visit) — Did Not Perform:, Charge As: Manual Therapy Techniques This visit

Modalities:

- Electric Stim, Unattended — Time Elapsed: 15 Minutes, Location: Thoracic, Performed With: Cryotherapy, Mode: Continuous, Type: TENS, Additional Detail: supine, Clinical Use: Post Activity, Charge As: E-Stim, Unattended

Therapy Session Time

- Therapy Session Start Time — 08:00 AM
- Therapy Session Stop Time — 09:35 AM

Documented Procedural Code Summary:

Description	Code	Units	Minutes
Electrical Stimulation (unattended)	97014	1	N/A
Therapeutic Activities	97530	4	46
Therapeutic Procedures	97110	2	26

Assessment

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

Assessment of Improvement: Range of Motion:

- Progress toward Goal: progress w/ lumbar lat flex R

Signs/Symptoms: Popping/Crepitus: Increased With:

- Exercise Activity. pt reported a pop in lumbar spine during floor to waist lift with 30#, after approx 5 lifts. Stated desire to continue activity with same weight for completion of full ex program. Pt instructed by PTA to use proper mechanics as well as not to over-do ex's and avoid increased pain.

Tolerance: With Mild:

- Pain.. pain in mid to low back following floor to waist lift today

Treatment Emphasis to focus on:

- Postural Improvements.

Plan

Daily Plan:

- Continue w/ Current Rehabilitation Program.

Patient: Thomas Karabees
Acct #: 013-610238068
Visit Date: Jul 15, 2009

Brandi Greene PTA

Brandi Greene, PTA(SC Lic 1914)

Brandi Greene PTA

Laura D. Pruette, PT, PT(SC Lic 5511)

Under the direct supervision of the primary therapist.

Select Physical Therapy
7 South Alliance Drive
Ste 102A
Goose Creek, SC USA 29445
Phone: (843) 569-2303
Fax: (843) 569-2304

Patient:	Thomas Karabees	Visit Date:	Jul 13, 2009
Acct #:	013-610238068	FSC:	Workers Compensation
DOB:	Oct 13, 1948	Payor:	Not Specified
Clinician:	Laura D. Pruette, PT	Pol/Claim#:	385-52-8253
Prim Phy:	William Wilson	Insured:	Not Specified
Phy Phone:	(843) 572-2663	Employer:	Trident Tech College
Phy Fax:	(843) 377-0858	Case Mgr:	Not Specified
Sec Phy:	Not Specified	Visits:	16
Inj. Date:	10/31/2008	Cd/Ns:	0
Surg. Date:	Not Specified		

Daily Note

Diagnoses Spine

7242 LUMBAGO
7231 CERVICALGIA

General Information

Pt was diagnosed with Recurring MS in 1998, is on Interferon treatment that is keeping symptoms under control

History of Injury:

- 10/31/08: Pt was carrying projector and computer and fell 6-8 steps, unsure if landed on left or right side.

Subjective Examination

ADL / Functional Status:

- Premorbid status:
  - Basic care: Independent without difficulty. Work status: prior to injury pt was teaching mechanical/vocational studies which required manual labor until 4/11/09 when he retired Recreation/Athletics: 06/26/09 pt states performing daily HEP
- Current status:
  - Work status: Retired. Recreation / Athletics: Unable to perform.

ADL / Functional Status: ADL's: Activities:

• Bathing	Independent without difficulty
• Dressing	Independent without difficulty
• Driving/Traveling(06/10/09 not attempted >40 min)	pain with >40 min
• Lifting(06/26/09 states unable to lift granddaughter)	F-W 40# good mech, pain 5/10
• Walking	pt unable to state tolerance

ADL / Functional Status:

- Occupation: Retired

Chief Complaint: Pain:

- Current Severity: 6/10. (7/13/09 mid to low back, pt feels pain level same). Severity at Best: 0/10. (06/26/09). Severity at Worst: 9/10. (06/26/09 sustained bending over).

Daily Comments:

- Report of outcome from Doctors visit: Pt states he went to MD last week but didn't know about the appt until the day before. Pt reports MD didn't tell him anything about his progress, and gave him a new script because he asked for it. Pt is unable to clearly state his sitting/standing/walking tolerance 2* "I don't keep track of that stuff."

Functional Capability:

- Overall Improvement: 40% (06/26/09).

Mechanism of Injury:

- Primary Episode: 10/31/08

Rehabilitation Expectations/Goals:

- Return to ADL Performance: Unrestricted/Symptom Free. Return to Recreational Activities: Unrestricted/Symptom Free. Return to Athletic Activities: Restricted/Symptom Free. (pt would like to develop an exercise routine).

Objective Examination

Functional Tests: Occupational Tests: Non-Material Handling:

- Repetitive Squatting(06/26/09) 26 deg LBP 5/10, Rt knee pain.

Functional Tests: Functional Profile: Balance Test:

	Left	Right
• Eyes Open(06/26/09)	WNL 30" LBP 5/10	WNL 70" LBP 9/10

Gait/Locomotion: General Gait Pattern:

	Left	Right
• Technique	no heel strike (not WNL)	mild hip hike
• Base Width	Moderately Increased	Moderately Increased
• Cadence	Severely Decreased	Severely Decreased
• Stride	Decreased	Decreased

Integument:

- Intact and without abnormality.

Patient: Thomas Karabees
Acct #: 013-610238068 Visit Date: Jul 13, 2009

	Left	Right
Muscle Testing: Upper Extremity MMT:		
• Shoulder Abduction	5/5	5/5
• Shoulder Flexion	5/5	5/5
• Shoulder External Rotation	5/5	5/5
• Shoulder Internal Rotation	5/5	5/5
• Elbow Extension	5/5	5/5
• Elbow Flexion	**Left**	**Right**
Muscle Testing: Lower Extremity MMT:		
• Hip Abduction	4/5	4/5
• Hip Flexion	+4/5	-4/5
• Knee Extension	5/5	+4/5
• Knee Flexion	+4/5	4/5
• Ankle Dorsiflexion	+4/5	4/5
• Ankle Plantarflexion	5/5	5/5
Palpation: Cervical Region: Musculature, Posterior:	**Left**	**Right**
Tenderness:		
• Levator Scapula	1=Complaint of pain	1=Complaint of pain
• Rhomboids	1=Complaint of pain	1=Complaint of pain
• Trapezius, Upper	1=Complaint of pain	1=Complaint of pain
Palpation: Thoracic Region: Musculature, Posterior:	**Left**	**Right**
Tenderness:		
• Latissimus Dorsi	0=No tenderness noted	1=Complaint of pain
• Trapezius, Lower	0=No tenderness noted	1=Complaint of pain
Palpation: Lumbosacral Region: Bony Structures, Posterior:	**Left**	**Right**
Tenderness:		
• Spinous Process,L04	1=Complaint of pain	1=Complaint of pain
• Spinous Process,L05	1=Complaint of pain	1=Complaint of pain
Posture:		
• Forward Head/Rounded Shoulders: Mild. (06/26/09 no change).		
Range of Motion: Cervical Degrees:		
• Active Extension(06/26/09 all ROM)	28 Degrees	
• Active Flexion	70 Degrees	
• Active Rotation Left	73 Degrees	
• Active Rotation Right	73 Degrees	
• Active Side Bend Left	25 Degrees	
• Active Side Bend Right	20 Degrees	
Range of Motion: Lumbar Degrees:		
• Active Extension(06/26/09 all ROM)	10 Degrees	
• Active Flexion	70 Degrees	
• Active Rotation Left(T/L rot)	50 Degrees	
• Active Rotation Right(T/L rot)	60 Degrees	
• Active Side Bend Left	25 Degrees	
• Active Side Bend Right	22 Degrees	
Range of Motion:		
• 06/26/09 AKE right: -43, Left: -43		
Special Tests: Cervical:	**Left**	**Right**
• Alar Ligament	Negative	Negative
• Foraminal Compression	Negative	Negative
• Slump	Negative	Negative
• Traction	Aggravates Symptoms	Aggravates Symptoms
• Vertebral Artery Test	Negative	Negative
Special Tests: Lumbar:	**Left**	**Right**
• Lasegue	Aggravates Symptoms	Aggravates Symptoms
• Slump	Negative	Negative
• Thomas	Right Iliopsoas	Right Iliopsoas
Special Tests: Sacroiliac Complex:	**Left**	**Right**

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Brandi Greene,PTA(SC Lic 1914); Laura D. Pruette, PT,PT(SC Lic 5511)

Patient: Thomas Karabees
Acct #: 013-610238068 Visit Date: Jul 13, 2009

• Compression	Negative	Negative
• FABER	Negative	Negative
• Gaenslen	Negative	Negative

Treatments

Exercise Activities: Flexibility(U. Quarter):

• Latissimus Dorsi Muscle	Time Elapsed: 2 Minutes, Repetitions: 2, Side: Bilateral, Technique: Active Assistive, Body Position: Standing, Hold: 30 Seconds, Charge As: Therapeutic Exercise
• Levator Scapulae Musculature	Time Elapsed: 2 Minutes, Repetitions: 2, Technique: Active, Body Position: Seated, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Midback Stretch(performed in doorway)	Time Elapsed: 2 Minutes, Repetitions: 2, Hold: 30 Seconds, Additional Detail: Scap, Charge As: Therapeutic Exercise
• Sternocleidomastoid Muscle(Performed at home today)	Did Not Perform:, Charge As: Therapeutic Exercise Performed at home today
• Upper Trapezius Muscle	Time Elapsed: 2 Minutes, Repetitions: 2, Side: Bilateral, Technique: Passive, Body Position: Seated, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Flexibility Activity 1(This visit)	Did Not Perform:, Charge As: Therapeutic Exercise This visit

Exercise Activities: Flexibility(L. Quarter):

• Hamstring Muscle(with strap)	Time Elapsed: 3 Minutes, Repetitions: 2, Technique: Active, Body Position: Supine, Hold: 30 Seconds, Charge As: Therapeutic Exercise
• Iliotibial Band.	Time Elapsed: 3 Minutes, Repetitions: 2, Body Position: Supine, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Piriformis Muscle	Time Elapsed: 3 Minutes, Repetitions: 2, Side: Bilateral, Technique: Active Assistive, Body Position: Supine, Hold: 30 Seconds, Charge As: Therapeutic Exercise
• Flexibility Activity 2	Time Elapsed: 3 Minutes, Repetitions: 2, Technique: Active, Body Position: forward and sides, seated, Hold.: 30 Seconds, Description: Beggar Stretch, Charge As: Therapeutic Exercise

Exercise Activities: Stabilization Training: Supine Position:

• Bridging	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Charge As: Therapeutic Activities
• Curl Ups-Oblique Plane	Time Elapsed: 1 Minutes, Repetitions: 15, Sets: 1, Side: Bilateral, Technique 1: Hands on Thighs, Charge As: Therapeutic Activities
• Curl Ups-Straight Plane	Time Elapsed: 2 Minutes, Repetitions: 20, Sets: 2, Technique 1: Hands on Thighs, Charge As: Therapeutic Activities
• Pelvic Tilts-Knees Flexed	Time Elapsed: 2 Minutes, Repetitions: 30, Hold.: 5 Seconds, Charge As: Therapeutic Activities

Exercise Activities: Aerobic Conditioning:

• Recumbent Bicycle(This visit)	Did Not Perform, Charge As: Therapeutic Activities This visit
• Treadmill(7/13/09 pt increased speed throughout activity)	Time Elapsed: 15 Minutes, Speed (mph): .8 up to 2.3, Elevation: 0 %, Charge As: Therapeutic Activities

Exercise Activities: Tubing/Bands(L. Quarter):

• Hip Abduction (tubing)(7/13/09)	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 3#, Charge As: Therapeutic Activities
• Hip Adduction	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: yellow ball, Time: 2-3 sec holds Seconds, Additional Detail: supine, Charge As: Therapeutic Activities
• Hip Flexion (tubing)(7/13/09)	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 3, Tubing/Band Color: 3#, Weightbearing Leg: Bilateral, Additional Detail: Sitting, Charge As: Therapeutic Activities
• Knee Extension, Full Arc	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 3, Tubing/Band Color: 20#, Additional Detail: DL, Charge As: Therapeutic Activities

Exercise Activities: Dynamic Training: C-K-C Activity (L. Quarter):

Patient: Thomas Karabees
Acct #: 013-610238068
Visit Date: Jul 13, 2009

• Squatting:	Time Elapsed: 2 Minutes, Weight: Pounds, Body Weight Pounds, Repetitions: 10, Sets: 3, Tubing/Band Color: small yellow ball, Additional Detail: with ball on wall, Depth: mini squats, Charge As: Therapeutic Activities
• Step Ups: Forward(stairwell)	Did Not Perform:, Charge As: Therapeutic Activities stairwell
• Closed Kinetic Chain	Time Elapsed: 2 Minutes, Weight: Pounds, Body Weight Pounds, Sets: 3 attempts of 30secs, Side: B/L, Description: SLS, Charge As: Therapeutic Activities
Exercise Activities: Tubing/Bands(U. Quarter):	
• Pull Downs(sitting on ball)	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 40, Resistance: Concentric/Eccentric, Charge As: Therapeutic Activities
• Rows(sitting on ball)	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 40#, Resistance: Concentric/Eccentric, Charge As: Therapeutic Activities
Functional/ADL Activities: Functional Task Training:	
• Lift Floor to Waist	Time Elapsed: 2 Minutes, Weight: Pounds: 30 Pounds, Repetitions: 10, Sets: 1, Charge As: Therapeutic Activities
Manual Interventions: Upper Quarter Soft Tissue:	
• Cervicothoracic PVM(feeling better)	Did Not Perform:, Charge As: Manual Therapy Techniques feeling better
• Thoracolumbar PVM(This visit)	Did Not Perform:, Charge As: Manual Therapy Techniques This visit
Modalities:	
• Electric Stim, Unattended	Time Elapsed: 15 Minutes, Location: thoracic, Performed With: Cryotherapy, Mode: Continuous, Type: TENS, Additional Detail: supine, Clinical Use: Post Activity, Charge As: E-Stim, Unattended
Therapy Session Time	
• Therapy Session Start Time	08:00 AM
• Therapy Session Stop Time	09:15 AM

Documented Procedural Code Summary:

Description	Code	Units	Minutes
• Electrical Stimulation (unattended)	97014	1	n/a
• Therapeutic Activities	97530	3	40
• Therapeutic Procedures	97110	2	20

Assessment

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

Tolerance:

- Demonstrated Difficulty: tolerated TM fair, wanting to increase speedd as he walked. Slight trunk flexion during amb as speed increased, no complaints of pain.

Plan

Daily Plan:

- Continue w/ Current Rehabilitation Program.

Brandi Greene PTA

Brandi Greene, PTA(SC Lic: 1914)

Brandi Greene PTA

Laura D. Pruette, PT, PT(SC Lic: 5511)

Under the direct supervision of the primary therapist.

Corvel Capture 8/19/2009

Select Physical Therapy
7 South Alliance Drive
Ste 102A
Goose Creek, SC USA 29445
Phone: (843) 569-2303
Fax: (843) 569-2304

Patient:	Thomas Karabees	Visit Date:	Jul 10, 2009
Acct #:	013-610238068	FSC:	Workers Compensation
DOB:	Oct 13, 1948	Payor:	Not Specified
Clinician:	Laura D. Pruette, PT	Pol/Claim#:	385-52-8253
Prim Phy:	William Wilson	Insured:	Not Specified
Phy. Phone:	(843) 572-2663	Employer:	Trident Tech College
Phy. Fax:	(843) 377-0858	Case Mgr:	Not Specified
Sec Phy:	Not Specified	Visits:	15
Inj. Date:	10/31/2008	Cxl/Ns:	0
Surg. Date:	Not Specified		

Daily Note

Diagnoses Spine 7242 LUMBAGO
7231 CERVICALGIA

General Information

Pt was diagnosed with Recurring MS in 1998, is on Interferon treatment that is keeping symptoms under control

History of Injury:

- 10/31/08: Pt was carrying projector and computer and fell 6-8 steps, unsure if landed on left or right side.

Subjective Examination

ADL / Functional Status:

- Premorbid status:
  - Basic care: Independent without difficulty. Work status: prior to injury pt was teaching mechanical/vocational studies which required manual labor until 4/11/09 when he retired Recreation/Athletics: 06/26/09 pt states performing daily HEP
- Current status:
  - Work status: Retired. Recreation / Athletics: Unable to perform.

ADL / Functional Status: ADL's: Activities:

Bathing	Independent without difficulty
Dressing	Independent without difficulty
Bending/Traveling(06/10/09 not attempted >40 min)	pain within 40 min
Lifting(06/26/09 states unable to lift granddaughter)	F-W 40# good mech, pain 5/10
Walking(06/26/09 demos 15 min treadmill UPP 6/10)	unable to state tolerance

ADL / Functional Status:

- Occupation: Retired

Chief Complaint: Pain:

- Current Severity: 5/10. (07/6/09 central mid and low back). Severity at Best: 0/10. (06/26/09). Severity at Worst: 9/10. (06/26/09 sustained bending over).

Daily Comments:

- Report of outcome from Doctors visit: Pt states he went to MD last week but didn't know about the appt until the day before. Pt reports MD didn't tell him anything about his progress, and gave him a new script because he asked for it. Pt is unable to clearly state his sitting/standing/walking tolerance 2* "I don't keep track of that stuff."

Functional Capability:

- Overall Improvement: 40% (06/26/09).

Mechanism of Injury:

- Primary Episode: 10/31/08

Rehabilitation Expectations/Goals:

- Return to ADL Performance: Unrestricted/Symptom Free. Return to Recreational Activities: Unrestricted/Symptom Free. Return to Athletic Activities: Restricted/Symptom Free. (pt would like to develop an exercise routine).

Objective Examination

Functional Tests: Occupational Tests: Non-Material Handling:

Repetitive Squatting(06/26/09 reported 3/5/10 & knee pain)	10

Functional Tests: Functional Profile: Balance Test:	Left	Right
Eyes Open(06/26/09)	HA 36 UBP 4/10	HA 70 UBP 4/10

Gait/Locomotion: General Gait Pattern:	Left	Right
Heel Strike	no heel strike (foot flat)	solid heel strike
Base Width	Moderately Increased	Moderately Increased
Cadence	Severely Decreased	Severely Decreased
Stride	Decreased	Decreased

Integument:

- Intact and without abnormality.

Patient: Thomas Karabees
Acct #: 013-610238058 Visit Date: Jul 10, 2009

	Left	Right
Muscle Testing: Upper Extremity MMT:		
• Shoulder Abduction	5/5	5/5
• Shoulder Flexion	5/5	5/5
• Shoulder External Rotation	5/5	5/5
• Shoulder Internal Rotation	5/5	5/5
• Elbow Extension	5/5	5/5
• Elbow Flexion	5/5	5/5
Muscle Testing: Lower Extremity MMT:	**Left**	**Right**
• Hip Abduction	4/5	4/5
• Hip Flexion	+4/5	-4/5
• Knee Extension	5/5	4/5
• Knee Flexion	+4/5	4/5
• Ankle Dorsiflexion	5/5	5/5
• Ankle Plantarflexion	5/5	5/5
Palpation: Cervical Region: Musculature, Posterior:	**Left**	**Right**
Tenderness:		
• Levator Scapula	1=Complaint of pain	1=Complaint of pain
• Rhomboids	1=Complaint of pain	1=Complaint of pain
• Trapezius, Upper	1=Complaint of pain	1=Complaint of pain
Palpation: Thoracic Region: Musculature, Posterior:	**Left**	**Right**
Tenderness:		
• Latissimus Dorsi	0=No tenderness noted	1=Complaint of pain
• Trapezius, Lower	0=No tenderness noted	1=Complaint of pain
Palpation: Lumbosacral Region: Bony Structures, Posterior:	**Left**	**Right**
Tenderness:		
• Spinous Process, L04	1=Complaint of pain	1=Complaint of pain
• Spinous Process, L05	1=Complaint of pain	1=Complaint of pain
Posture:		
• Forward Head/Rounded Shoulders: Mild. (06/26/09 no change)		
Range of Motion: Cervical Degrees:		
• Active Extension (06/26/09 all ROM)	28 Degrees	
• Active Flexion	70 Degrees	
• Active Rotation Left	78 Degrees	
• Active Rotation Right	73 Degrees	
• Active Side Bend Left	35 Degrees	
• Active Side Bend Right	20 Degrees	
Range of Motion: Lumbar Degrees:		
• Active Extension (06/26/09 all ROM)	18 Degrees	
• Active Flexion	70 Degrees	
• Active Rotation Left (T/L rot)	56 Degrees	
• Active Rotation Right (T/L rot)	60 Degrees	
• Active Side Bend Left	25 Degrees	
• Active Side Bend Right	22 Degrees	
Range of Motion:		
• 06/26/09 AKE right: -43, Left: -43		
Special Tests: Cervical:	**Left**	**Right**
• Alar Ligament	Negative	Negative
• Foraminal Compression	Negative	Negative
• Slump	Negative	Negative
• Traction	Aggravates Symptoms	Aggravates Symptoms
• Vertebral Artery Test	Negative	Negative
Special Tests: Lumbar:	**Left**	**Right**
• Lasegue	Aggravates Symptoms	Aggravates Symptoms
• Slump	Negative	Negative
• Thomas	Tight Iliopsoas	Tight Iliopsoas
Special Tests: Sacroiliac Complex:	**Left**	**Right**

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Corlas A. Ross, PTA,PTA(SC Lic 1836); Laura D. Pruette, PT,PT(SC Lic 5511)

Patient: Thomas Karabees
Acct #: 013-610238068 Visit Date: Jul 10, 2009

• Compression	Negative	Negative
• FABER	Negative	Negative
• Gaenslen	Negative	Negative

Treatments

Exercise Activities: Flexibility(U. Quarter):

• Latissimus Dorsi Muscle	Time Elapsed: 3 Minutes, Repetitions: 2, Side: Bilateral, Technique: Active-Assistive, Body Position: Standing, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Levator Scapulae Musculature	Time Elapsed: 2 Minutes, Repetitions: 2, Technique: Active, Body Position: Seated, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Sternocleidomastoid Muscle(Performed at home today)	Did Not Perform:, Charge As: Therapeutic Exercise Performed at home today
• Upper Trapezius Muscle	Time Elapsed: 3 Minutes, Repetitions: 2, Side: Bilateral, Technique: Passive, Body Position: Seated, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Flexibility Activity 1(This visit)	Did Not Perform:, Charge As: Therapeutic Exercise This visit

Exercise Activities: Flexibility(L. Quarter):

• Hamstring Muscle(with strap)	Time Elapsed: 3 Minutes, Repetitions: 2, Technique: Active, Body Position: Supine, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Iliotibial Band.	Time Elapsed: 3 Minutes, Repetitions: 2, Body Position: Supine, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Piriformis Muscle	Time Elapsed: 3 Minutes, Repetitions: 2, Side: Bilateral, Technique: Active-Assistive, Body Position: Supine, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Flexibility Activity 2	Time Elapsed: 3 Minutes, Repetitions: 2, Technique: Active, Body Position: forward and sides, seated, Hold.: 30 Seconds, Description: Beggar Stretch, Charge As: Therapeutic Exercise

Exercise Activities: Stabilization Training: Supine Position:

• Bridging	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Charge As: Therapeutic Activities
• Curl Ups-Oblique Plane	Time Elapsed: 1 Minutes, Repetitions: 15, Sets: 1, Side: Bilateral, Technique: Hands on Thighs, Charge As: Therapeutic Activities
• Curl Ups-Straight Plane	Time Elapsed: 2 Minutes, Repetitions: 20, Sets: 2, Technique: Hands on Thighs, Charge As: Therapeutic Activities
• Pelvic Tilts-Knees Flexed	Time Elapsed: 2 Minutes, Repetitions: 30, Hold.: 5 Seconds, Charge As: Therapeutic Activities

Exercise Activities: Aerobic Conditioning:

• Recumbent Bicycle	Time Elapsed: 15 Minutes, Level: 5, Charge As: Therapeutic Activities
• Treadmill(This visit)	Did Not Perform:, Charge As: Therapeutic Activities This visit

Exercise Activities: Tubing/Bands(L. Quarter):

• Hip Abduction (Tubing)	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 5, Charge As: Therapeutic Activities
• Hip Adduction	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: yellow ball, Time: 2-3 sec holds Seconds, Additional Detail: supine, Charge As: Therapeutic Activities
• Hip Flexion (Tubing)	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 2 Weights, Additional Detail: SLR and ext, Charge As: Therapeutic Activities
• Knee Extension, Full Arc	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 3, Tubing/Band Color: 20#, Additional Detail: DL, Charge As: Therapeutic Activities

Exercise Activities: Dynamic Training: C-K-C Activity (L. Quarter):

• Squatting	Time Elapsed: 2 Minutes, Weight: Pounds: Body Weight Pounds, Repetitions: 10, Sets: 3, Tubing/Band Color: small yellow ball, Additional Detail: with ball on wall, Depth: mini squats, Charge As: Therapeutic Activities

Document ID: 1A700229.018 Status: Signed off (secure electronic signature)
Corlas A. Ross, PTA,PTA(SC Lic 1836); Laura D. Pruette, PT,PT(SC Lic 5511)

Patient: Thomas Karabees
Acct #: 013-510238068 Visit Date: Jul 10, 2009

- Step Ups: Forward(stairwell) — Did Not Perform:, Charge As: Therapeutic Activities stairwell
- Closed Kinetic Chain(s) — Time Elapsed: 2 Minutes, Weight: Pounds, Body Weight: pounds, Sets: Stairs/Hills: 0 Sets: Side: B/L, Description: SLS, Charge As: Therapeutic Activities

Exercise Activities: Tubing/Bands(U. Quarter):

- Pull Downs(sitting on ball) — Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 40, Resistance: Concentric/Eccentric, Charge As: Therapeutic Activities
- Rows(sitting on ball) — Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 40#, Resistance: Concentric/Eccentric, Charge As: Therapeutic Activities

Functional/ADL Activities: Functional Task Training:

- Lift: Floor to Waist — Time Elapsed: 2 Minutes, Weight: Pounds: 30 Pounds, Repetitions: 10, Sets: 1, Charge As: Therapeutic Activities

Manual Interventions: Upper Quarter Soft Tissue:

- Cervicothoracic PVM(feeling better) — Did Not Perform:, Charge As: Manual Therapy Techniques feeling better
- Thoracolumbar PVM(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 — 08:00 AM
- Therapy Session Stop Time — 09:00 AM

Documented Procedural Code Summary:

Description	Code	Units	Minutes
Therapeutic Activities	97530	3	40
Therapeutic Procedure	97110	2	20

Assessment

Tolerance:

- Pt had no c/o pain with treatment today stated felt really good today refused ESU 2* to no pain.

Plan

Daily Plan:

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

Corlas Ross PTA

Corlas A. Ross, PTA, PTA(SC Lic: 1836)

Corlas Ross PTA

Laura D. Pruette, PT, PT(SC Lic: 5511)

Signed in the absence of the primary therapist.

Corvel Capture 8/6/2009

Select Physical Therapy
7 South Alliance Drive
Ste 102A
Goose Creek, SC USA 29445
Phone: (843) 569-2303
Fax: (843) 569-2304

Patient:	Thomas Karabees
Acct #:	013-610238068
DOB:	Oct 13, 1948
Clinician:	Laura D. Pruette, PT
Prim Phy:	William Wilson
Phy Phone:	(843) 572-2663
Phy Fax:	(843) 377-0858
Sec Phy:	Not Specified
Inj. Date:	10/31/2008
Surg. Date:	Not Specified

Visit Date:	Jul 06, 2009
FSC:	Workers Compensation
Payor:	Not Specified
Pol/Claim#:	385-52-8253
Insured:	Not Specified
Employer:	Trident Tech College
Case Mgr:	Not Specified
Visits:	14
Cd/Ns:	0

Daily Note

Diagnoses Spine 7242 LUMBAGO
7231 CERVICALGIA

General Information

Pt was diagnosed with Recurring MS in 1998, is on Interferon treatment that is keeping symptoms under control

History of Injury:

- 10/31/08: Pt was carrying projector and computer and fell 6-8 steps, unsure if landed on left or right side.

Subjective Examination

Pt reports swinging an 8# sledge hammer to drill a 6 ft copper rod into the ground, which caused increase pain in the LB.

ADL / Functional Status:

- Premorbid status:
  - Basic care: Independent without difficulty. Work status: prior to injury pt was teaching mechanical/vocational studies which required manual labor until 4/11/09 when he retired Recreation/Athletics: 06/26/09 pt states performing daily HEP
- Current status:
  - Work status: Retired. Recreation / Athletics: Unable to perform.

ADL / Functional Status: ADL's: Activities:

• Bathing	Independent without difficulty
• Dressing	Independent without difficulty
• Driving/Traveling(06/10/09 not attempted > 40 min)	pain with >40 min
• Lifting(06/26/09 states unable to lift granddaughter)	F-W 40# good mech, pain 5/10
• Walking(06/26/09 tends 15 min TM with BP 6/10)	Unable to state to min

ADL / Functional Status:

- Occupation: Retired

Chief Complaint: Pain:

- Current Severity: 5/10. (07/6/09 central mid and low back). Severity at Best: 0/10. (06/26/09). Severity at Worst: 9/10. (06/26/09 sustained bending over).

Daily Comments:

- Report of outcome from Doctors visit: Pt states he went to MD last week but didn't know about the appt until the day before. Pt reports MD didn't tell him anything about his progress, and gave him a new script because he asked for it. Pt is unable to clearly state his sitting/standing/walking tolerance 2* "I don't keep track of that stuff."

Functional Capability:

- Overall Improvement: 40% (06/26/09).

Mechanism of Injury:

- Primary Episode: 10/31/08

Rehabilitation Expectations/Goals:

- Return to ADL Performance: Unrestricted/Symptom Free. Return to Recreational Activities: Unrestricted/Symptom Free. Return to Athletic Activities: Restricted/Symptom Free. (pt would like to develop an exercise routine).

Objective Examination

Functional Tests: Occupational Tests: Non-Material Handling:

• Repetitive Squatting(06/26/09) 7x/ea	HIP 5/10 & R Knee pain

Functional Tests: Functional Profile: Balance Test:	**Left**	**Right**
• Eyes Open(06/26/09)	WNL	HIP 7/10

Gait/Locomotion: General Gait Pattern:	**Left**	**Right**
• Foot Contact/Technique	Initial heel strike (pt lab)	mild slap like
• Base Width	Moderately Increased	Moderately Increased
• Cadence	Severely Decreased	Severely Decreased
• Stride	Decreased	Decreased

Integument:

Document ID: 1A700229.017 Status: Signed off (secure electronic signature)
Kristina M. Cordle, PTA,PTA(SC Lic: 1825); Laura D. Pruette, PT,PT(SC Lic: 5511)

Patient: Thomas Karabees
Acct #: 013-610238068
Visit Date: Jul 06, 2009

- Intact and without abnormality.

Muscle Testing: Upper Extremity MMT:	Left	Right
• Shoulder Abduction	5/5	5/5
• Shoulder Flexion	5/5	5/5
• Shoulder External Rotation	5/5	5/5
• Shoulder Internal Rotation	5/5	5/5
• Elbow Extension	5/5	5/5
• Elbow Flexion	5/5	5/5

Muscle Testing: Lower Extremity MMT:	Left	Right
• Hip Abduction	4/5	4/5
• Hip Flexion	+4/5	+4/5
• Knee Extension	5/5	5/5
• Knee Flexion	+4/5	4/5
• Ankle Dorsiflexion	4/5	4/5
• Ankle Plantarflexion	5/5	5/5

Palpation: Cervical Region: Musculature, Posterior:	Left	Right
Tenderness:		
• Levator Scapula	1=Complaint of pain	1=Complaint of pain
• Rhomboids	1=Complaint of pain	1=Complaint of pain
• Trapezius, Upper	1=Complaint of pain	1=Complaint of pain

Palpation: Thoracic Region: Musculature, Posterior:	Left	Right
Tenderness:		
• Latissimus Dorsi	0=No tenderness noted	1=Complaint of pain
• Trapezius, Lower	0=No tenderness noted	1=Complaint of pain

Palpation: Lumbosacral Region: Bony Structures, Posterior:	Left	Right
Tenderness:		
• Spinous Process,L04	1=Complaint of pain	1=Complaint of pain
• Spinous Process,L05	1=Complaint of pain	1=Complaint of pain

Posture:
- Forward Head/Rounded Shoulders: Mild. (06/26/09 no change)

Range of Motion: Cervical Degrees:	
• Active Extension(06/26/09 all ROM)	20 Degrees
• Active Flexion	70 Degrees
• Active Rotation Left	70 Degrees
• Active Rotation Right	73 Degrees
• Active Side Bend Left	35 Degrees
• Active Side Bend Right	20 Degrees

Range of Motion: Lumbar Degrees:	
• Active Extension(06/26/09 all ROM)	18 Degrees
• Active Flexion	70 Degrees
• Active Rotation Left(T/L rot)	56 Degrees
• Active Rotation Right(T/L rot)	60 Degrees
• Active Side Bend Left	26 Degrees
• Active Side Bend Right	22 Degrees

Range of Motion:	Left	Right
• 06/26/09 AKE right: -43, Left: -43		

Special Tests: Cervical:	Left	Right
• Alar Ligament	Negative	Negative
• Foraminal Compression	Negative	Negative
• Slump	Negative	Negative
• Traction	Aggravates Symptoms	Aggravates Symptoms
• Vertebral Artery Test	Negative	Negative

Special Tests: Lumbar:	Left	Right
• Cascade	Aggravates Symptoms	Aggravates Symptoms
• Slump	Negative	Negative
• Thomas	tight illiopsoas	tight illiopsoas

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Kristina M. Cordle, PTA,PTA(SC Lic. 1825); Laura D. Pruette, PT,PT(SC Lic. 5511)

Patient: Thomas Karabees
Acct #: 013-610238068
Visit Date: Jul 06, 2009

Special Tests: Sacroiliac Complex:	Left	Right
• Compression	Negative	Negative
• FABER	Negative	Negative
• Gap	Negative	Negative

Treatments

Exercise Activities: Flexibility(U. Quarter):

• Latissimus Dorsi Muscle	Time Elapsed: 3 Minutes, Repetitions: 2, Side: Bilateral, Technique: Active Assistive, Body Position: Standing, Hold: 30 Seconds, Charge As: Therapeutic Exercise
• Levator Scapulae Musculature	Time Elapsed: 2 Minutes, Repetitions: 2, Technique: Active, Body Position: Seated, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Sternocleidomastoid Muscle(Performed at home today)	Did Not Perform:, Charge As: Therapeutic Exercise Performed at home today
• Upper Trapezius Muscle	Time Elapsed: 3 Minutes, Repetitions: 2, Side: Bilateral, Technique: Passive, Body Position: Seated, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Flexibility Activity 1(This visit)	Did Not Perform:, Charge As: Therapeutic Exercise This visit

Exercise Activities: Flexibility(L. Quarter):

• Hamstring Muscle(with Strap)	Time Elapsed: 3 Minutes, Repetitions: 2, Technique: Active, Body Position: Supine, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Iliotibial Band.	Time Elapsed: 3 Minutes, Repetitions: 2, Body Position: Supine, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Piriformis Muscle	Time Elapsed: 3 Minutes, Repetitions: 2, Side: Bilateral, Technique: Active Assistive, Body Position: Supine, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Flexibility Activity 2	Time Elapsed: 3 Minutes, Repetitions: 2, Technique: Active, Body Position: forward and sides, seated, Hold.: 30 Seconds, Description: Beggar Stretch, Charge As: Therapeutic Exercise

Exercise Activities: Stabilization Training: Supine Position:

• Bridging	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Charge As: Therapeutic Activities
• Curl Ups-Oblique Plane	Time Elapsed: 3 Minutes, Repetitions: 15, Sets: 1, Side: Bilateral, Technique 1: Hands on Thighs, Charge As: Therapeutic Activities
• Curl Ups-Straight Plane	Time Elapsed: 2 Minutes, Repetitions: 20, Sets: 2, Technique 1: Hands on Thighs, Charge As: Therapeutic Activities
• Pelvic Tilts-Knees Flexed	Time Elapsed: 2 Minutes, Repetitions: 30, Hold.: 5 Seconds, Charge As: Therapeutic Activities

Exercise Activities: Aerobic Conditioning:

• Recumbent Bicycle	Time Elapsed: 15 Minutes, Level: 3, Charge As: Therapeutic Activities
• Treadmill(This visit)	Did Not Perform:, Charge As: Therapeutic Activities This visit

Exercise Activities: Tubing/Bands(L. Quarter):

• Hip Abduction(Tubing)	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 15, Charge As: Therapeutic Activities
• Hip Adduction	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: yellow ball, Time: 2-3 sec holds Seconds, Additional Detail: supine, Charge As: Therapeutic Activities
• Hip Flexion (Tubing)	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 2 - Weight to Leg, Bilateral, Additional Detail: SLR and ext, Charge As: Therapeutic Activities
• Knee Extension, Full Arc	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 3, Tubing/Band Color: 20#, Additional Detail: DL, Charge As: Therapeutic Activities

Exercise Activities: Dynamic Training: C-K-C Activity (L. Quarter):

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Kristina M. Conde, PTA,PTA(SC Lic: 1825); Laura D. Pruette, PT,PT(SC Lic: 5511)

Patient: Thomas Karabees
Acct #: 013-610238068
Visit Date: Jul 06, 2009

- Squatting
- Step Ups: Forward(stairwell)
- Closed Kinetic Chain

Time Elapsed: 2 Minutes, Weight: Pounds, Body Weight Pounds, Repetitions: 10, Sets: 2, Tubing/Band Color: Small yellow ball, Additional Detail: with ball on wall, Depth: mini squats, Charge As: Therapeutic Activities
Did Not Perform:, Charge As: Therapeutic Activities stairwell
Time Elapsed: 2 Minutes, Weight: Pounds, Body Weight Pounds, Sets: 3 attempts of 5 secs, Side: B LE, Description: STS, Charge As: Therapeutic Activities

Exercise Activities: Tubing/Bands(U. Quarter):

- Pull Downs (sitting on ball)
- Rows(sitting on ball)

Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 40, Resistance: Concentric/Eccentric, Charge As: Therapeutic Activities
Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 40#, Resistance: Concentric/Eccentric, Charge As: Therapeutic Activities

Functional/ADL Activities: Functional Task Training:

- Lift: Floor to Waist

Time Elapsed: 2 Minutes, Weight: Pounds: 30 Pounds, Repetitions: 10, Sets: 2, Charge As: Therapeutic Activities

Manual Interventions: Upper Quarter Soft Tissue:

- Cervicothoracic PVM(feeling better)
- Thoracolumbar PVM(This visit)

Did Not Perform:, Charge As: Manual Therapy Techniques feeling better
Did Not Perform:, Charge As: Manual Therapy Techniques This visit

Modalities:

- Electric Stim, Unattended(for decr pain end of session)

Time Elapsed: 15 Minutes, Location: thoracic, Performed With: cryotherapy, Mode: Continuous, Type: TENS, Additional Detail: supine, Clinical Use: Post Activity, Charge As: E-Stim, Unattended

Therapy Session Time

- Therapy Session Start Time: 08:00 AM
- Therapy Session Stop Time: 09:18 AM

Documented Procedural Code Summary:

Description	Code	Units	Minutes
Electrical Stimulation (unattended)	97014	1	N/A
Therapeutic Activities	97530	3	43
Therapeutic Procedure	97110	2	20

Assessment

Pt lift 30# f-w with good mech. Performed all exs with no c/o pain during exs, when asked at end of exs, pain 6/10 which decreased after modality. Informed pt that his weekend activities probably caused the pain in his back.

Plan

Daily Plan:

- Continue w/ Current Rehabilitation Program.

Kristina M. Cordle, PTA, PTA(SC Lic: 1825)

Laura D. Pruette, PT, PT(SC Lic: 5511)

Signed in the absence of the primary therapist.

Document ID: 1A700229.017 Status: Signed off (secure electronic signature)
Kristina M. Cordle, PTA,PTA(SC Lic: 1825); Laura D. Pruette, PT,PT(SC Lic: 5511)

Select Physical Therapy
7 South Alliance Drive
Ste 102A
Goose Creek, SC USA 29445
Phone: (843) 569-2303
Fax: (843) 569-2304

Patient:	Thomas Karabees	Visit Date:	Jul 01, 2009
Acct #:	013-610238068	FSC:	Workers Compensation
DOB:	Oct 13, 1948	Payor:	Not Specified
Clinician:	Laura D. Pruette, PT	Pol/Claim#:	385-52-8253
Prim Phy:	William Wilson	Insured:	Not Specified
Phy Phone:	(843) 572-2663	Employer:	Trident Tech College
Phy Fax:	(843) 377-0858	Case Mgr:	Not Specified
Sec Phy:	Not Specified	Visits:	13
Inj. Date:	10/31/2008	Cxl/Ns:	0
Surg. Date:	Not Specified		

Daily Note

Diagnoses Spine — 7242 LUMBAGO; 7231 CERVICALGIA

General Information

Pt was diagnosed with Recurring MS in 1998, is on Interferon treatment that is keeping symptoms under control

History of Injury:

- 10/31/08: Pt was carrying projector and computer and fell 6-8 steps, unsure if landed on left or right side.

Subjective Examination

Pt stated that his legs were not moving real well on sunday but today is better. 7/01/09

ADL / Functional Status:

- Premorbid status:
  - Basic care: Independent without difficulty. Work status: prior to injury pt was teaching mechanical/vocational studies which required manual labor until 4/11/09 when he retired Recreation/Athletics: 06/26/09 pt states performing daily HEP
- Current status:
  - Work status: Retired. Recreation / Athletics: Unable to perform.

ADL / Functional Status: ADL's: Activities:

- Bathing — Independent without difficulty
- Dressing — Independent without difficulty
- Driving/Traveling(06/10/09 not attempted < 40 min) — pain with >40 min
- Lifting(06/26/09 states unable to lift granddaughter) — F-W 40#, good mech, pain 5/10
- Walking(06/26/09 demos 5 min N with TBP 6/10) — pt unable to state to N min

ADL / Functional Status:

- Occupation: Retired

Chief Complaint: Pain:

- Current Severity: 6/10. (06/26/09 central mid and low back). Severity at Best: 0/10. (06/26/09). Severity at Worst: 9/10. (06/26/09 sustained bending over).

Daily Comments:

- Report of outcome from Doctors visit: Pt states he went to MD last week but didn't know about the appt until the day before. Pt reports MD didn't tell him anything about his progress, and gave him a new script because he asked for it. Pt is unable to clearly state his sitting/standing/walking tolerance 2* "I don't keep track of that stuff."

Functional Capability:

- Overall Improvement: 40%. (06/26/09).

Mechanism of Injury:

- Primary Episode: 10/31/08

Rehabilitation Expectations/Goals:

- Return to ADL Performance: Unrestricted/Symptom Free. Return to Recreational Activities: Unrestricted/Symptom Free. Return to Athletic Activities: Restricted/Symptom Free. (pt would like to develop an exercise routine).

Objective Examination

Functional Tests: Occupational Tests: Non-Material Handling:

- Repetitive Squatting(06/26/09 6-8x TBP 5/10, A: R knee pain 7/10)

Functional Tests: Functional Profile: Balance Test:

	Left	Right
• Eyes Open(06/26/09)	SHA 70" TBP 5/10	SHA 70" TBP 9/10

Gait/Locomotion: General Gait Pattern:

	Left	Right
• Technique	Heel Strike (Good)	Mild Heel Strike
• Base Width	Moderately Increased	Moderately Increased
• Cadence	Severely Decreased	Severely Decreased
• Stride	Decreased	Decreased

Integument:

Document ID: 1A700229.016 Status: Signed off (secure electronic signature)
Corlas A. Ross, PTA,PTA(SC Lic. 1836); Laura D. Pruette, PT,PT(SC Lic. 5511)

Patient: Thomas Karabees
Acct #: 013-610238068
Visit Date: Jul 01, 2009

	Left	Right
• Intact and without abnormality.		
Muscle Testing: Upper Extremity MMT:		
• Shoulder Abduction	5/5	5/5
• Shoulder Flexion	5/5	5/5
• Shoulder External Rotation	5/5	5/5
• Shoulder Internal Rotation	5/5	5/5
• Elbow Extension	5/5	5/5
• Elbow Flexion	Left	Right
Muscle Testing: Lower Extremity MMT:		
• Hip Abduction	4/5	4/5
• Hip Flexion	+4/5	-4/5
• Knee Extension	5/5	5/5
• Knee Flexion	+4/5	4/5
• Ankle Dorsiflexion	+4/5	4/5
• Ankle Plantarflexion	5/5	5/5
Palpation: Cervical Region: Musculature, Posterior:	Left	Right
Tenderness:		
• Levator Scapula	1=Complaint of pain	1=Complaint of pain
• Rhomboids	1=Complaint of pain	1=Complaint of pain
• Trapezius, Upper	1=Complaint of pain	1=Complaint of pain
Palpation: Thoracic Region: Musculature, Posterior:	Left	Right
Tenderness:		
• Latissimus Dorsi	0=No tenderness noted	1=Complaint of pain
• Trapezius, Lower	0=No tenderness noted	1=Complaint of pain
Palpation: Lumbosacral Region: Bony Structures, Posterior:	Left	Right
Tenderness:		
• Spinous Process,L04	1=Complaint of pain	1=Complaint of pain
• Spinous Process,L05	1=Complaint of pain	1=Complaint of pain

Posture:
- Forward Head/Rounded Shoulders: Mild. (06/26/09 no change).

Range of Motion: Cervical Degrees:	
• Active Extension (06/26/09 all ROM)	20 Degrees
• Active Flexion	70 Degrees
• Active Rotation Left	73 Degrees
• Active Rotation Right	73 Degrees
• Active Side Bend Left	35 Degrees
• Active Side Bend Right	20 Degrees
Range of Motion: Lumbar Degrees:	
• Active Extension (06/26/09 all ROM)	10 Degrees
• Active Flexion	70 Degrees
• Active Rotation Left(T/L rot)	36 Degrees
• Active Rotation Right(T/L rot)	60 Degrees
• Active Side Bend Left	25 Degrees
• Active Side Bend Right	22 Degrees

Range of Motion:
- 06/26/09 AKE right: -43, Left: -43

	Left	Right
Special Tests: Cervical:		
• Adv Compression	Negative	Negative
• Foraminal Compression	Negative	Negative
• Slump	Negative	Negative
• Traction	Aggravates Symptoms	Aggravates Symptoms
• Vertebral Artery Test	Negative	Negative
	Left	Right
Special Tests: Lumbar:		
• Lasegue	Aggravates Symptoms	Aggravates Symptoms
• Slump	Negative	Negative
• Thomas	Tight Illopsoas	Tight Illopsoas

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Corlas A. Ross, PTA,PTA(SC Lic 1836); Laura D. Pruette, PT,PT(SC Lic: 5511)

Patient: Thomas Karabees
Acct #: 013-610238068
Visit Date: Jul 01, 2009

Special Tests: Sacroiliac Complex:	Left	Right
• Compression	Negative	Negative
• FABER	Negative	Negative
• Gap	Negative	Negative

Treatments

Exercise Activities: Flexibility(U. Quarter):

- Sternocleidomastoid Muscle (Performed at home today)
- Upper Trapezius Muscle
- Levator Scapulae Musculature
- Flexibility Activity 1 (This visit)

Time Elapsed: 3 Minutes, Repetitions: 2, Side: Bilateral, Technique: Active Assistive, Body Position: Standing, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
Time Elapsed: 2 Minutes, Repetitions: 2, Technique: Active, Body Position: Seated, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
Did Not Perform:, Charge As: Therapeutic Exercise Performed at home today
Time Elapsed: 3 Minutes, Repetitions: 2, Side: Bilateral, Technique: Passive, Body Position: Seated, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
Did Not Perform:, Charge As: Therapeutic Exercise This visit

Exercise Activities: Flexibility(L. Quarter):

- Hamstring Muscle (With Strap)
- Iliotibial Band
- Piriformis Muscle
- Flexibility Activity 2

Time Elapsed: 3 Minutes, Repetitions: 2, Technique: Active, Body Position: Supine, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
Time Elapsed: 3 Minutes, Repetitions: 2, Body Position: Supine, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
Time Elapsed: 3 Minutes, Repetitions: 2, Side: Bilateral, Technique: Active Assistive, Body Position: Supine, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
Time Elapsed: 3 Minutes, Repetitions: 2, Technique: Active, Body Position: forward and sides, seated, Hold.: 30 Seconds, Description: Beggar Stretch, Charge As: Therapeutic Exercise

Exercise Activities: Stabilization Training: Supine Position:

- Bridging
- Curl Ups-Oblique Plane
- Curl Ups-Straight Plane
- Pelvic Tilts-Knees Flexed

Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Charge As: Therapeutic Activities
Time Elapsed: 3 Minutes, Repetitions: 15, Sets: 1, Side: Bilateral, Technique 1: Hands on Thighs, Charge As: Therapeutic Activities
Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Technique 1: Hands on Thighs, Charge As: Therapeutic Activities
Time Elapsed: 2 Minutes, Repetitions: 30, Hold.: 5 Seconds, Charge As: Therapeutic Activities

Exercise Activities: Aerobic Conditioning:

- Recumbent Bicycle
- Treadmill(This visit)

Time Elapsed: 15 Minutes, Level: 3, Charge As: Therapeutic Activities
Did Not Perform:, Charge As: Therapeutic Activities This visit

Exercise Activities: Tubing/Bands(L. Quarter):

- Hip Abduction (Tubing)
- Hip Adduction
- Hip Flexion (Tubing)
- Knee Extension, Full Arc

Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 5, Charge As: Therapeutic Activities
Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: yellow ball, Time: 2-3 sec holds Seconds, Additional Detail: supine, Charge As: Therapeutic Activities
Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 1, Tubing/Band Color: 5, Weightbearing Leg: bilateral, Additional Detail: SLR and ext, Charge As: Therapeutic Activities
Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 3, Tubing/Band Color: 20#, Additional Detail: DL, Charge As: Therapeutic Activities

Exercise Activities: Dynamic Training: C-K-C Activity (L. Quarter):

Document ID: 1A700229.016 Status: Signed off (secure electronic signature)
Corlas A. Ross, PTA,PTA(SC Lic: 1836); Laura D. Prudte, PT,PT(SC Lic: 5511)

Patient: Thomas Karabees
Acct #: 013-610238068
Visit Date: Jul 01, 2009

- Squatting — Time Elapsed: 2 Minutes, Weight: Pounds, Body Weight Pounds, Repetitions: 10, Sets: 3, Tubing/Band Color: Small/Yellow ball, Additional Details: w/ball on wall, depth, min squats, Charge As: Therapeutic Activities
- Step Ups: Forward(stairwell) — Did Not Perform:, Charge As: Therapeutic Activities stairwell
- Closed Kinetic Chain (... — Time Elapsed: 2 Minutes, Weight: Pounds, Body Weight Pounds, Sets: 3, Attempts: 5/Sides, Side: B/L, Description: SLS, Charge As: Therapeutic Activities

Exercise Activities: Tubing/Bands(U. Quarter):

- Pull Downs — Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 40#,Resistance: Concentric/Eccentric, Charge As: Therapeutic Activities
- Rows — Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 40#, Resistance: Concentric/Eccentric, Charge As: Therapeutic Activities

Functional/ADL Activities: Functional Task Training:

- Lift: Floor to Waist(This Visit) — Did Not Perform:, Charge As: Therapeutic Activities This visit

Manual Interventions: Upper Quarter Soft Tissue:

- Cervicothoracic PVM((feeling better) — Did Not Perform:, Charge As: Manual Therapy Techniques feeling better
- Thoracolumbar PVM(This visit) — Did Not Perform:, Charge As: Manual Therapy Techniques This visit

Modalities:

- Electric Stim Unattended(for decr pain end of session) — Time Elapsed: 15 Minutes, location: thorac, Performed With: Cryotherapy, Mode: Continuous, Type: TENS, Additional Detail: supine, Clinical Use: Post Activity, Charge As: E-Stim, Unattended

Therapy Session Time

- Therapy Session Start Time: 08:00 AM
- Therapy Session Stop Time: 09:15 AM

Documented Procedural Code Summary:

Description	Code	Units	Minutes
Electrical Stimulation (unattended)	97014	1	n/a
Therapeutic Activities	97530	3	40
Therapeutic Procedure	97110	2	20

Assessment

Pt able to tolerate all exercises without c/o pain today.

Tolerance:

- Pt tolerated steps with 1.5# on ankle with c/o fatigue but no LOB or back pain.

Plan

Daily Plan:

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

Corlas Ross PTA

Corlas A. Ross, PTA, PTA(SC Lic. 1836)

Corlas Ross PTA

Laura D. Pruette, PT, PT(SC Lic 5511)

Signed in the absence of the primary therapist

Document ID: LA700229.016 Status: Signed off (secure electronic signature)
Corlas A. Ross, PTA,PTA(SC Lic. 1836); Laura D. Pruette, PT,PT(SC Lic: 5511)

Corvel Capture 7/23/2009

Select Physical Therapy
7 South Alliance Drive
Ste 102A
Goose Creek, SC USA 29445
Phone: (843) 569-2303
Fax: (843) 569-2304

Patient:	Thomas Karabees
Acct #:	013-610238068
DOB:	Oct 13, 1948
Clinician:	Laura D. Pruette, PT
Prim Phy:	William Wilson
Phy Phone:	(843) 572-2663
Phy Fax:	(843) 377-0858
Sec Phy:	Not Specified
Inj. Date:	10/31/2008
Surg. Date:	Not Specified

Visit Date:	Jun 26, 2009
FSC:	Workers Compensation
Payor:	Not Specified
Pol/Claim#:	385-52-8253
Insured:	Not Specified
Employer:	Trident Tech College
Case Mgr:	Not Specified
Visits:	12
Cxl/Ns:	0

Re-Evaluation

Diagnoses Spine
7242 LUMBAGO
7231 CERVICALGIA

General Information

Pt was diagnosed with Recurring MS in 1998, is on Interferon treatment that is keeping symptoms under control

History of Injury:
- 10/31/08: Pt was carrying projector and computer and fell 6-8 steps, unsure if landed on left or right side.

Subjective Examination

ADL / Functional Status:
- Premorbid status:
  - Basic care: Independent without difficulty. Work status: prior to injury pt was teaching mechanical/vocational studies which required manual labor until 4/11/09 when he retired Recreation/Athletics: 06/26/09 pt states performing daily HEP
- Current status:
  - Work status: Retired. Recreation / Athletics: Unable to perform.

ADL / Functional Status: ADL's: Activities:

• Bathing	Independent without difficulty
• Dressing	Independent without difficulty
• Driving/Traveling(06/30/09 not attempted, pt to)	pain with 40 min
• Lifting(06/26/09 states unable to lift granddaughter)	F-W 40# good mech, pain 5/10
• Walking(06/26/09 demos 15 min hx with LBP 6/10)	pt unable to state hx in min

ADL / Functional Status:
- Occupation: Retired

Chief Complaint: Pain:
- Current Severity: 6/10. (06/26/09 central mid and low back). Severity at Best: 0/10. (06/26/09). Severity at Worst: 9/10. (06/26/09 sustained bending over).

Daily Comments:
- Report of outcome from Doctors visit: Pt states he went to MD last week but didn't know about the appt until the day before. Pt reports MD didn't tell him anything about his progress, and gave him a new script because he asked for it. Pt is unable to clearly state his sitting/standing/walking tolerance 2* "I don't keep track of that stuff."

Functional Capability:
- Overall Improvement: 40% (06/26/09).

Mechanism of Injury:
- Primary Episode: 10/31/08

Rehabilitation Expectations/Goals:
- Return to ADL Performance: Unrestricted/Symptom Free. Return to Recreational Activities: Unrestricted/Symptom Free. Return to Athletic Activities: Restricted/Symptom Free. (pt would like to develop an exercise routine).

Objective Examination

Functional Tests: Occupational Tests: Non-Material Handling:

Repetitive Squat(06/26/09) 7/dec LBP 5/10, R knee pain	

Functional Tests: Functional Profile: Balance Test:

Left	Right
HA 7/10 LBP 5/10	HA 7/10 LBP 4/10

Gait/Locomotion: General Gait Pattern:

Left	Right
• Heel Strike (foot flat)	mid to toe strike
• Technique	Moderately Increased	Moderately Increased
• Base Width		
• Cadence	Severely Decreased	Severely Decreased
• Stride	Decreased	Decreased

Integument:
- Intact and without abnormality.

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Status: Signed off (secure electronic signature)

Patient: Thomas Karabees
Acct #: 013-610238068
Visit Date: Jun 26, 2009

	Jun 10, 2009		Jun 26, 2009	
Muscle Testing: Upper Extremity MMT:	**Left**	**Right**	**Left**	**Right**
• Shoulder Abduction	5/5	5/5	5/5	5/5
• Shoulder Flexion	5/5	5/5	5/5	5/5
• Shoulder External Rotation	5/5	5/5	5/5	5/5
• Shoulder Internal Rotation	5/5	5/5	5/5	5/5
• Elbow Extension	5/5	5/5	5/5	5/5
• Elbow Flexion	5/5	5/5	5/5	5/5
	Jun 10, 2009		**Jun 26, 2009**	
Muscle Testing: Lower Extremity MMT:	**Left**	**Right**	**Left**	**Right**
• Hip Abduction	4/5	-4/5	+4/5	-4/5
• Hip Flexion	4/5	4/5	+4/5	4/5
• Knee Extension	+4/5	4/5	+4/5	4/5
• Knee Flexion	5/5	+4/5	5/5	5/5
• Ankle Dorsiflexion	5/5	+4/5	5/5	5/5
• Ankle Plantarflexion				
Palpation: Cervical Region: Musculature, Posterior:	**Left**		**Right**	
Tenderness:				
• Levator Scapulae	1=Complaint of pain		1=Complaint of pain	
• Rhomboids	1=Complaint of pain		1=Complaint of pain	
• Trapezius, Upper	1=Complaint of pain		1=Complaint of pain	
Palpation: Thoracic Region: Musculature, Posterior:	**Left**		**Right**	
Tenderness:				
• Latissimus Dorsi	0=No tenderness noted		1=Complaint of pain	
• Trapezius, Lower	0=No tenderness noted		1=Complaint of pain	
Palpation: Lumbosacral Region: Bony Structures, Posterior:	**Left**		**Right**	
Tenderness:				
• Supple Isogess L4	1=Complaint of pain		1=Complaint of pain	
• Spinous Process,L05	1=Complaint of pain		1=Complaint of pain	
Posture:				
• Forward Head/Rounded Shoulders: Mild. (06/26/09 no change).				
Range of Motion: Cervical Degrees:	**Jun 10, 2009**		**Jun 26, 2009**	
• Active Extension (06/26/09 all ROM)	65 Degrees		70 Degrees	
• Active Flexion	60 Degrees		73 Degrees	
• Active Rotation Left	60 Degrees		73 Degrees	
• Active Rotation Right	60 Degrees		75 Degrees	
• Active Side Bend Left	25 Degrees		20 Degrees	
• Active Side Bend Right				
Range of Motion: Lumbar Degrees:	**Jun 10, 2009**		**Jun 26, 2009**	
• Active Extension (06/26/09 all ROM)	50 Degrees		70 Degrees	
• Active Flexion	45 Degrees		60 Degrees	
• Active Rotation Right(T/L rot)	20 Degrees		22 Degrees	
• Active Side Bend Left	20 Degrees			
• Active Side Bend Right				
Range of Motion:				
• 06/26/09 AKE right: -43, Left: -43				
Special Tests: Cervical:	**Left**		**Right**	
• Axial Compression	Negative		Negative	
• Foraminal Compression	Negative		Negative	
• Traction	Aggravates Symptoms		Aggravates Symptoms	
• Vertebral Artery Test	Negative		Negative	
Special Tests: Lumbar:	**Left**		**Right**	
• Lasegue	Aggravates Symptoms		Aggravates Symptoms	

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Patient: Thomas Karabees
Acct #: 013-610238068
Visit Date: Jun 26, 2009

• Slump	Negative	Negative
• Thomas	Positive	Right Hopsoes
Special Tests: Sacroiliac Complex:	**Left**	**Right**
• Compression	Negative	Negative
• FABER	Negative	Negative
• Gaenslen	Negative	Negative

Treatments

Exercise Activities: Flexibility(U. Quarter):

• Latissimus Dorsi Muscle	Time Elapsed: 3 Minutes, Repetitions: 2, Side: Bilateral, Technique: Active-Assistive, Body Position: Standing, Hold: 30 Seconds, Charge As: Therapeutic Exercise
• Levator Scapulae Musculature	Time Elapsed: 2 Minutes, Repetitions: 2, Technique: Active, Body Position: Seated, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Sternocleidomastoid Muscle(Performed at home today)	Did Not Perform:, Charge As: Therapeutic Exercise, Performed at home today
• Upper Trapezius Muscle	Time Elapsed: 3 Minutes, Repetitions: 2, Side: Bilateral, Technique: Passive, Body Position: Seated, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Flexibility Activity 1(This visit)	Did Not Perform:, Charge As: Therapeutic Exercise This visit

Exercise Activities: Flexibility(L. Quarter):

• Hamstring (w/ & w/o strap)	Time Elapsed: 3 Minutes, Repetitions: 2, Technique: Active, Body Position: Supine, Hold: 30 Seconds, Charge As: Therapeutic Exercise
• Iliotibial Band.	Time Elapsed: 3 Minutes, Repetitions: 2, Body Position: Supine, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Piriformis Muscle	Time Elapsed: 3 Minutes, Repetitions: 2, Side: Bilateral, Technique: Active, Body Position: Supine, Hold: 30 Seconds, Charge As: Therapeutic Exercise
• Flexibility Activity 2	Time Elapsed: 3 Minutes, Repetitions: 2, Technique: Active, Body Position: forward and sides, seated, Hold.: 30 Seconds, Description: Beggar Stretch, Charge As: Therapeutic Exercise

Exercise Activities: Stabilization Training: Supine Position:

• Bridging(This visit)	Did Not Perform:, Charge As: Therapeutic Activities This visit
• Curl Ups-Oblique Plane(This visit)	Did Not Perform:, Charge As: Therapeutic Activities This visit
• Curl Ups-Straight Plane(This visit)	Did Not Perform:, Charge As: Therapeutic Activities This visit
• Pelvic Tilts-Knees Flexed(This visit)	Did Not Perform:, Charge As: Therapeutic Activities This visit

Exercise Activities: Aerobic Conditioning:

• Recumbent Bicycle(This visit)	Did Not Perform:, Charge As: Therapeutic Activities This visit
• Treadmill	Time Elapsed: 15 Minutes, Speed (mph): 1.1, Elevation: 0 %, Charge As: Therapeutic Activities

Exercise Activities: Tubing/Bands(L. Quarter):

• Hip Adduction(This visit)	Did Not Perform:, Charge As: Therapeutic Activities This visit
• Knee Extension, Full Arc(This visit)	Did Not Perform:, Charge As: Therapeutic Activities This visit

Exercise Activities: Dynamic Training: C-K-C Activity (L. Quarter):

• Squatting(This visit)	Did Not Perform:, Charge As: Therapeutic Activities This visit
• Step Ups: Forward(This visit)	Did Not Perform:, Charge As: Therapeutic Activities This visit
• Closed Kinetic Chain (05/26/09 for eval testing)	Time Elapsed: 2 Minutes, Weight: 0 lbs, Body Weight Rounds: 2, Repetitions: 30secs, Side: BLE, Description: SLS, Charge As: Therapeutic Activities

Exercise Activities: Tubing/Bands(U. Quarter):

• Pull Downs(This visit)	Did Not Perform:, Charge As: Therapeutic Activities This visit
• Rows(This visit)	Did Not Perform:, Charge As: Therapeutic Activities This visit

Functional/ADL Activities: Functional Task Training:

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Patient: Thomas Karabees
Acct #: 013-610238068 Visit Date: Jun 26, 2009

- Lift: Floor to Waist — Time Elapsed: 3 Minutes, Weight: Pounds: 20 pounds, Repetitions: 10, Sets: , Charge As: Therapeutic Activities

Manual Interventions: Upper Quarter Soft Tissue:

- Cervicothoracic PVM (feeling better) — Did Not Perform:, Charge As: Manual Therapy Techniques, feeling better
- Thoracolumbar PVM (This visit) — Did Not Perform:, Charge As: Manual Therapy Techniques This visit

Modalities:

- Electr (Stim, Unattended (for decr pain and/or session) — Time Elapsed: 15 Minutes, Location: thoracic, Performed With: , Cryotherapy / Modality Continuous Type: , TENS: Additional Detail: , Lumbar Spine, Clinical Use: Post Activity, Charge As: E-Stim, Unattended

Therapy Session Time

- Therapy Session Start Time — 08:00 AM
- Therapy Session Stop Time — 09:20 AM
- Total Therapy Session Time — 70 Minutes

Documented Procedural Code Summary:

Description	Code	Units	Minutes
Electrical Stimulation (unattended)	97014	1	n/a
Physical Therapy Reevaluation	97002	1	n/a
Therapeutic Activities	97530	2	20
Therapeutic Procedure	97110	2	20

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 fair. The patient was educated regarding their diagnosis, prognosis, related pathology & plan of care. The patient demonstrates a fair understanding of the risks, benefits, precautions/contraindications, & prognosis of their skilled rehabilitation program.

Assessment of Improvement:

- Pt demos varied progress towards goals. Pt demos excellent progress towards cervical and lumbar ROM. Pt has met goals for cervical flex and nearly met for B rot, but slight decr in flex and R SB. Pt has met goals for lumbar flex and R rot but slight decr in ext. Pt demos limited progress in LE strength, possibly due to MS. Pt demos somewhat worse squat. SLS L increased with decr report of pain but R decreased with incr reports of pain. Pt demos incr lifting ability with good mech, still stating 5/10 pain with 40# lift but demos F-W 30# no pain and 20# x10 reps no pain. Difficulty in assessing pt subj reports of activity tol as he is unable to state sit/stand/walk tol 2* "I don't keep track of that stuff." Pt has reported over past recent visits that he went fishing, climbed in and out of boats, worked on his jeep, done yardwork with tractor, polished furniture, seemingly indicating incr function at home, somewhat inconsistent with subj/obj findings during session.

Recommendations: Skilled Intervention: Required To:

- Decrease Pain. Improve Function. Increase Range of Motion. Increase Strength. Return to Premorbid State. Attempt 4 more wks of PT to address remaining deficits as able, with limited potential for progress 2* strength deficits and altered gait 2* co-morbidity of MS.

Tolerance:

- Varying c/o pain during session. Reports 6/10 LBP at rest on arrival and unchanged with 15 min amb, but pain levels less than that (0-5/10) with all other activities and obj testing. No reports of incr pain at end of session or post ESU/CP.

Problems & Goals

Problem #1 **Chief Complaint: Pain: Current Severity: 6/10. (06/26/09 central mid and low back).**

LTG Achieve by Jul 24, 2009. Progress: Good progress. no pain at rest for sitting/sleeping tol

Symptomatic Improvements:

- Decreasing Pain: to 0/10.

Problem #2 **Chief Complaint: Pain: Severity at Worst: 9/10. (06/26/09 sustained bending over).**

LTG Achieve by Jul 24, 2009. Progress: No change. for incr activity tol/QOL

Symptomatic Improvements:

- Decreasing Pain: to 5/10.

Problem #3 **ADL / Functional Status: Premorbid status: Recreation/Athletics: 06/26/09 pt states performing daily HEP**

LTG Achieve by Jul 24, 2009. Progress: Good progress. for independent exercise program

Client Education:

- Independent Home Exercise/Self Care Program.

Problem #4 **ADL / Functional Status: ADL's: Activities.**

LTG Achieve by Jul 24, 2009. Progress: Good progress.

Patient: Thomas Karabees
Acct #: 013-610238068
Visit Date: Jun 26, 2009

ADL Improvements In: Activities:

- Driving/Traveling
- Lifting(for lifting granddaughter) F-W 40# good mech pain <4/10
- Walking(for comm amb to work) R-15-20min pain 2/10

Problem #5 **Range of Motion: Cervical Degrees.**

LTG Achieve by Jul 24, 2009. Progress: Excellent progress. for driving, dressing, overhead reaching

Range of Motion Improvements to: Cervical:

- Active Extension 35 Degrees
- Active Flexion 65 Degrees
- Active Rotation Left 75 Degrees
- Active Rotation Right 75 Degrees
- Active Side Bend Left 40 Degrees
- Active Side Bend Right 30 Degrees

Problem #6 **Range of Motion: Lumbar Degrees.**

LTG Achieve by Jul 24, 2009. Progress: Excellent progress. for forward bending,LE dressing, bathing

Range of Motion Improvements to: Lumbar:

- Active Extension 25 Degrees
- Active Flexion 70 Degrees
- Active Rotation Left(L rot) 60 Degrees
- Active Rotation Right(T/L rot) 60 Degrees
- Active Side Bend Left 30 Degrees
- Active Side Bend Right 30 Degrees

Problem #7 **Muscle Testing: Lower Extremity MMT.**

LTG Achieve by Jul 24, 2009. Progress: No change. for squatting,lifting,transfers

Musculoskeletal Improvements In: Lower Extremity Strength to:	**Left**	**Right**
Hip Abduction	+4/5	4/5
Hip Flexion	5/5	+4/5
Knee Extension	5/5	+4/5
Knee Flexion	5/5	5/5
Ankle Dorsiflexion	5/5	
Ankle Plantarflexion		

Problem #8 **Functional Tests: Occupational Tests: Non-Material Handling.**

LTG Achieve by Jul 24, 2009. Progress: Significantly worse. for functional squatting,lifting

Functional Improvements In: Non-Material Handling:

- Repetitive Squatting 50# eg; pallet 2/10

Problem #9 **Functional Tests: Functional Profile: Balance Test.**

LTG Achieve by Jul 24, 2009. Progress: No change. for standing tol, with LBP <3/10

Functional Improvements In:

- Balance from: Fair to Average. (SLS Left:60 sec HHA; Right:60 sec HHA).

Problem #10 **Range of Motion: 06/26/09 AKE right: -43, Left: -43**

LTG Achieve by Jul 24, 2009. Progress: No change. for dressing LE's, forward bending, lifting

Range of Motion Improvements to:

- AKE Right: -30 deg, Left: -40 deg

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.

Daily Plan:

- Continue w/ Current Rehabilitation Program.

Therapeutic Contents:

- Client Education. Home Exercise Program. Passive Range of Motion Activities. Manual Range of Motion Activities. Active Assistive Range of Motion Activities. Active Range of Motion Activities. Stretching/Flexibility Activities. Proprioceptive/Closed Kinetic Chain Activities. Postural Stabilization Training: Neutral Principle Training. Joint Mobilization Techniques. Soft Tissue Mobilization Techniques. Neural Mobilization Techniques. Neuromuscular Re-education. Gait Training.

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- Resistive Activities:
  - Isokinetic. Isometric. Isotonic. Machines/Free Weights. Tubing/Bands.
- Modalities:
  - Cryotherapy. Interferential Stimulation. Moist Hot Pack. T.E.N. Stimulation. TENS Placement/Application. Ultrasound. US/HVPGS Combo.
- Functional Activities: ADL's:
  - Forward Bending. Lifting. Sitting. Squatting. Standing. Walking.

Laura D. Pruette, PT, PT(SC Lic 5511)

Corvel Capture 7/23/2009

Select Physical Therapy
7 South Alliance Drive
Ste 102A
Goose Creek, SC USA 29445
Phone: (843) 569-2303
Fax: (843) 569-2304

Patient:	Thomas Karabees	Visit Date:	Jun 26, 2009
Acct #:	013-610238068	FSC:	Workers Compensation
DOB:	Oct 13, 1948	Payor:	Not Specified
Clinician:	Laura D. Pruette, PT	Pol/Claim#:	385-52-8253
Prim Phy:	William Wilson	Insured:	Not Specified
Phy Phone:	(843) 572-2663	Employer:	Trident Tech College
Phy Fax:	(843) 377-0858	Case Mgr:	Not Specified
Sec Phy:	Not Specified	Visits:	12
Inj. Date:	10/31/2008	Cxl/Ns:	0
Surg. Date:	Not Specified		

Plan of Care

Diagnoses Spine 7242 LUMBAGO
7231 CERVICALGIA

Subjective Examination

ADL / Functional Status:
- Current status: Work status: Retired.

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 fair. The patient was educated regarding their diagnosis, prognosis, related pathology & plan of care. The patient demonstrates a fair understanding of the risks, benefits, precautions/contraindications, & prognosis of their skilled rehabilitation program.

Assessment of Improvement:
- Pt demos varied progress towards goals. Pt demos excellent progress towards cervical and lumbar ROM. Pt has met goals for cervical flex and nearly met for B rot, but slight decr in flex and R SB. Pt has met goals for lumbar flex and R rot but slight decr in ext. Pt demos limited progress in LE strength, possibly due to MS. Pt demos somewhat worse squat. SLS L increased with decr report of pain but R decreased with incr reports of pain. Pt demos incr lifting ability with good mech, still stating 5/10 pain with 40# lift but demos F-W 30# no pain and 20# x10 reps no pain. Difficulty in assessing pt subj reports of activity tol as he is unable to state sit/stand/walk tol 2* "I don't keep track of that stuff." Pt has reported over past recent visits that he went fishing, climbed in and out of boats, worked on his jeep, done yardwork with tractor, polished furniture, seemingly indicating incr function at home, somewhat inconsistent with subj/obj findings during session.

Recommendations: Skilled Intervention: Required To:
- Decrease Pain. Improve Function. Increase Range of Motion. Increase Strength. Return to Premorbid State. Attempt 4 more wks of PT to address remaining deficits as able, with limited potential for progress 2* strength defidts and altered gait 2* co-morbidity of MS.

Tolerance:
- Varying c/o pain during session, Reports 6/10 LBP at rest on arrival and unchanged with 15 min amb, but pain levels less than that (0-5/10) with all other activities and obj testing. No reports of incr pain at end of session or post ESU/CP.

Problems & Goals

Problem #1 **Chief Complaint: Pain: Current Severity: 6/10. (06/26/09 central mid and low back).**
LTG Achieve by Jul 24, 2009. Progress: Good progress. no pain at rest for sitting/sleeping tol
Symptomatic Improvements:
- Decreasing Pain: to 0/10.

Problem #2 **Chief Complaint: Pain: Severity at Worst: 9/10. (06/26/09 sustained bending over).**
LTG Achieve by Jul 24, 2009. Progress: No change. for incr activity tol/QOL
Symptomatic Improvements:
- Decreasing Pain: to 5/10.

Problem #3 **ADL / Functional Status: Premorbid status: Recreation/Athletics: 06/26/09 pt states performing daily HEP**
LTG Achieve by Jul 24, 2009. Progress: Good progress. for independent exercise program
Client Education:
- Independent Home Exercise/Self Care Program.

Problem #4 **ADL / Functional Status: ADL's: Activities.**
- Bathing: Independent without difficulty
- Dressing: Independent without difficulty
- Driving/Traveling(06/10/09 not attempted >60 min, pain with >40 min)
- Lifting(06/26/09 states unable to lift granddaughter): F-W 40# good mech, pain 5/10
- Walking(06/26/09 demos 15 min, pain with R LE, pt unable to state tol, min 0/10): pain

Patient: Thomas Karabees
Acct #: 013-610238068
Visit Date: Jun 26, 2009

LTG Achieve by Jul 24, 2009. Progress: Good progress.

ADL Improvements In: Activities:

- Driving/Travel 70 Miles
- Lifting(for lifting granddaughter) F-W 40# good mech pain <4/10
- Walking (for errands) 15 Min 5/10 pain <4/10

***Problem #5* Range of Motion: Cervical Degrees.**

- Active Extension (06/26/09 al ROM) 28 Degrees
- Active Flexion 70 Degrees
- Active Rotation Left 78 Degrees
- Active Rotation Right 73 Degrees
- Active Side Bend Left 25 Degrees
- Active Side Bend Right 20 Degrees

LTG Achieve by Jul 24, 2009. Progress: Excellent progress. for driving, dressing, overhead reaching

Range of Motion Improvements to: Cervical:

- Active Extension 35 Degrees
- Active Flexion 65 Degrees
- Active Rotation Left 75 Degrees
- Active Rotation Right 75 Degrees
- Active Side Bend Left 40 Degrees
- Active Side Bend Right 30 Degrees

***Problem #6* Range of Motion: Lumbar Degrees.**

- Active Extension (06/26/09 al ROM) 18 Degrees
- Active Flexion 70 Degrees
- Active Rotation Left(T/L rot) 55 Degrees
- Active Rotation Right(T/L rot) 60 Degrees
- Active Side Bend Left 25 Degrees
- Active Side Bend Right 22 Degrees

LTG Achieve by Jul 24, 2009. Progress: Excellent progress. for forward bending,LE dressing, bathing

Range of Motion Improvements to: Lumbar:

- Active Extension 25 Degrees
- Active Flexion 70 Degrees
- Active Rotation Left(T/L rot) 60 Degrees
- Active Rotation Right(T/L rot) 60 Degrees
- Active Side Bend Left 30 Degrees
- Active Side Bend Right 30 Degrees

***Problem #7* Muscle Testing: Lower Extremity MMT.**	**Left**	**Right**
Ankle Dorsiflexion	5/5	5/5
Ankle Plantarflexion	5/5	5/5
Hip Abduction	4/5	4/5
Hip Flexion	+4/5	+4/5
Knee Extension	5/5	5/5
Knee Flexion	+4/5	4/5

LTG Achieve by Jul 24, 2009. Progress: No change. for squatting,lifting,transfers

Musculoskeletal Improvements In: Lower Extremity Strength to:	**Left**	**Right**
Hip Abduction	4/5	4/5
Hip Flexion	+4/5	+4/5
Knee Extension	5/5	5/5
Knee Flexion	5/5	+4/5
Ankle Dorsiflexion	5/5	5/5
Ankle Plantarflexion	5/5	5/5

***Problem #8* Functional Tests: Occupational Tests: Non-Material Handling.**

- Repetitive Squatting (06/26/09 Tol 5/10 R Knee pain)

LTG Achieve by Jul 24, 2009. Progress: Significantly worse. for functional squatting,lifting

Functional Improvements In: Non-Material Handling:

Document ID: 1A700229.015
Laura D. Pruette, PT,PT(SC Lic 5511)
Status: Signed off (secure electronic signature)

Patient: Thomas Karabees
Acct #: 013-610238068
Visit Date: Jun 26, 2009

Repetitive Squatting 90 deg Ap 10 x 7 (II)

Left Right

Problem #9 **Functional Tests: Functional Profile: Balance Test.**

Eyes Open 06/26/09 SLS HHA R: 60 L: 60 HHA R: 60 L: 60

LTG Achieve by Jul 24, 2009. Progress: No change. for standing tol, with LBP <3/10

Functional Improvements In:

- Balance from: Fair to Average. (SLS Left:60 sec HHA, Right:60 sec HHA).

Problem #10 **Range of Motion: 06/26/09 AKE right: -43, Left: -43**

LTG Achieve by Jul 24, 2009. Progress: No change. for dressing LE's, forward bending, lifting

Range of Motion Improvements to:

- AKE Right: -30 deg, Left: -40 deg

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.

Daily Plan:

- Continue w/ Current Rehabilitation Program.

Therapeutic Contents:

- Client Education. Home Exercise Program. Passive Range of Motion Activities. Manual Range of Motion Activities. Active Assistive Range of Motion Activities. Active Range of Motion Activities. Stretching/Flexibility Activities. Proprioceptive/Closed Kinetic Chain Activities. Postural Stabilization Training: Neutral Principle Training. Joint Mobilization Techniques. Soft Tissue Mobilization Techniques. Neural Mobilization Techniques. Neuromuscular Re-education. Gait Training.
- Resistive Activities:
  - Isokinetic. Isometric. Isotonic. Machines/Free Weights. Tubing/Bands.
- Modalities:
  - Cryotherapy. Interferential Stimulation. Moist Hot Pack. T.E.N. Stimulation. TENS Placement/Application. Ultrasound. US/HVPGS Combo.
- Functional Activities: ADL's:
  - Forward Bending. Lifting. Sitting. Squatting. Standing. Walking.

LDP PT 005

Laura D. Pruette, PT, PT(SC Lic 5511)

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
7 South Alliance Drive
Ste 102A
Goose Creek, SC USA 29445
Phone: (843) 569-2303
Fax: (843) 569-2304

Patient:	Thomas Karabees	Visit Date:	Jun 24, 2009
Acct #:	013-610238068	FSC:	Workers Compensation
DOB:	Oct 13, 1948	Payor:	Not Specified
Clinician:	Laura D. Pruette, PT	Pol/Claim#:	385-52-8253
Prim Phy:	William Wilson	Insured:	Not Specified
Phy Phone:	(843) 572-2663	Employer:	Trident Tech College
Phy Fax:	(843) 377-0858	Case Mgr:	Not Specified
Sec Phy:	Not Specified	Visits:	11
Inj. Date:	10/31/2008	Cd/Ns:	0
Surg. Date:	Not Specified		

Daily Note

Diagnoses Spine 7242 LUMBAGO
7231 CERVICALGIA

General Information

Pt was diagnosed with Recurring MS in 1998, is on Interferon treatment that is keeping symptoms under control

History of Injury:
- 10/31/08: Pt was carrying projector and computer and fell 6-8 steps, unsure if landed on left or right side.

Subjective Examination

ADL / Functional Status:
- Premorbid status:
  - Basic care: Independent without difficulty. Work status: prior to injury pt was teaching mechanical/vocational studies which required manual labor until 4/11/09 when he retired Recreation/Athletics: 06/10/09 performing daily HEP
- Current status:
  - Work status: Retired. Recreation / Athletics: Unable to perform.

ADL / Functional Status: ADL's: Activities:

• Bathing	Independent without difficulty
• Dressing	Independent without difficulty
• Driving/Traveling(06/10/09 not attempted)	pain w/ >40 min
• Lifting(06/10/09 good mech, LBP 5/10)	F-W 20# x10
• Walking	pain> 1hr

ADL / Functional Status:
- Occupation: Retired

Chief Complaint: Pain:
- Current Severity: 0/10. (6/10/09 sitting tol 20-60 min). Severity at Best: 2/10. (6/17/09). Severity at Worst: 8/10. (06/10/09 bending forward. stand/walk tol 15-20min).

Functional Capability:
- Overall Improvement: 40%

Mechanism of Injury:
- Primary Episode: 10/31/08

Rehabilitation Expectations/Goals:
- Return to ADL Performance: Unrestricted/Symptom Free. Return to Recreational Activities: Unrestricted/Symptom Free. Return to Athletic Activities: Restricted/Symptom Free. (pt would like to develop an exercise routine).

Objective Examination

Functional Tests: Occupational Tests: Non-Material Handling:

• Repetitive Squatting (6/24/09) 100 #'s	LBP 0/10

Functional Tests: Functional Profile: Balance Test:	**Left**	**Right**
• Eyes Open (06/10/09)	HHA 50" LBP 5/10	HHA 39" LBP 6/10

Gait/Locomotion:
- Pt has wide BOS and decreased stance right. Pt has decreased step length bilaterally and decreased cadence.

Integument:
- Intact and without abnormality.

Muscle Testing: Upper Extremity MMT:	**Left**	**Right**
• Shoulder Adduction	5/5	5/5
• Shoulder Flexion	5/5	5/5
• Shoulder External Rotation	5/5	5/5
• Shoulder Internal Rotation	5/5	5/5
• Elbow Extension	5/5	5/5
• Elbow Flexion	5/5	5/5

Patient: Thomas Karabees
Acct #: 013-610238068
Visit Date: Jun 24, 2009

Muscle Testing: Lower Extremity MMT:	Left	Right
• Hip Abduction	4/5	4/5
• Hip Flexion	4/5	4/5
• Knee Extension	+4/5	4/5
• Knee Flexion	+4/5	+4/5
• Ankle Dorsiflexion	5/5	+4/5
• Ankle Plantarflexion		

Palpation: Cervical Region: Musculature, Posterior:	Left	Right
Tenderness:		
• Elevator Scapulae	1=Complaint of pain	1=Complaint of pain
• Rhomboids	1=Complaint of pain	1=Complaint of pain
• Trapezius, Upper	1=Complaint of pain	1=Complaint of pain

Palpation: Thoracic Region: Musculature, Posterior:	Left	Right
Tenderness:		
• Latissimus Dorsi	0=No tenderness noted	1=Complaint of pain
• Trapezius, Lower	0=No tenderness noted	1=Complaint of pain

Palpation: Lumbosacral Region: Bony Structures, Posterior:	Left	Right
Tenderness:		
• Spinous Process,L04	1=Complaint of pain	1=Complaint of pain
• Spinous Process,L05	1=Complaint of pain	1=Complaint of pain

Posture:
- Forward Head/Rounded Shoulders: Mild. (06/10/09).

Range of Motion: Cervical Degrees:		
• Active Extension (06/10/09 all ROM)	65 Degrees	
• Active Flexion	60 Degrees	
• Active Rotation Left	80 Degrees	
• Active Rotation Right	80 Degrees	
• Active Side Bend Left	25 Degrees	
• Active Side Bend Right	25 Degrees	

Range of Motion: Lumbar Degrees:		
• Active Extension (06/10/09 all ROM with pain)	25 Degrees	
• Active Flexion	50 Degrees	
• Active Rotation Left(T/L rot)	45 Degrees	
• Active Rotation Right(T/L rot)	45 Degrees	
• Active Side Bend Left	20 Degrees	
• Active Side Bend Right	20 Degrees	

Range of Motion:
- 06/10/09 AKE right: -44, Left: -43

Special Tests: Cervical:	Left	Right
• Valsalva	Negative	Negative
• Foraminal Compression	Negative	Negative
• Slump	Negative	Negative
• Traction	Aggravates Symptoms	Aggravates Symptoms
• Vertebral Artery Test	Negative	Negative

Special Tests: Lumbar:	Left	Right
• Lasegue	Aggravates Symptoms	Aggravates Symptoms
• Slump	Negative	Negative
• Thomas	Positive	Positive

Special Tests: Sacroiliac Complex:	Left	Right
• Compression	Negative	Negative
• FABER	Negative	Negative

Treatments

Exercise Activities: Flexibility(U. Quarter):

Document ID: LA700229.013 Status: Signed off (secure electronic signature)
Carlas A. Ross, PTA,PTA(SC Lic 1836); Laura D. Pruette, PT,PT(SC Lic 5511)

Patient: Thomas Karabees
Acct #: 013-610238068
Visit Date: Jun 24, 2009

• Latissimus Dorsi Muscle	Time Elapsed: 2 Minutes, Repetitions: 2, Side: Bilateral, Technique: Active Assistive, Body Position: Standing, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Levator Scapulae Musculature(Performed at home today)	Did Not Perform:, Charge As: Therapeutic Exercise Performed at home today
• Midback Stretch (Seated Beggar Stretch)	Time Elapsed: 2 Minutes, Repetitions: 2, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Sternodeidomastoid Muscle(Performed at home today)	Did Not Perform:, Charge As: Therapeutic Exercise Performed at home today
• Upper Trapezius Muscle(Performed at home today)	Did Not Perform:, Charge As: Therapeutic Exercise Performed at home today
• Flexibility Activity 1(POE)	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Technique: Active Assistive, Description: POE, Charge As: Therapeutic Exercise

Exercise Activities: Flexibility(L. Quarter):

• Hamstring Muscle(with Strap)	Time Elapsed: 2 Minutes, Repetitions: 2, Technique: Active, Body Position: Supine, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Iliotibial Band.	Time Elapsed: 2 Minutes, Repetitions: 2, Body Position: Supine, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Piriformis Muscle	Time Elapsed: 2 Minutes, Repetitions: 2, Side: Bilateral, Technique: Active Assistive, Body Position: Supine, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Flexibility Activity 2	Time Elapsed: 3 Minutes, Repetitions: 2, Technique: Active, Body Position: forward and sides, Hold.: 30 Seconds, Description: Beggar Stretch, Charge As: Therapeutic Exercise

Exercise Activities: Stabilization Training: Supine Position:

• Bridging	Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Charge As: Therapeutic Activities
• Curl Ups-Oblique Plane	Time Elapsed: 3 Minutes, Repetitions: 15, Sets: 1, Side: Bilateral, Technique 1: Hands on Thighs, Charge As: Therapeutic Activities
• Curl Ups-Straight Plane	Time Elapsed: 3 Minutes, Repetitions: 20, Sets: 2, Technique 1: Hands on Thighs, Charge As: Therapeutic Activities
• Pelvic Tilts-Knees Flexed(HS curl ball pull in)	Time Elapsed: 3 Minutes, Repetitions: 30, Hold.: 5 Seconds, Charge As: Therapeutic Activities

Exercise Activities: Aerobic Conditioning:

• Recumbent Bicycle	Time Elapsed: 15 Minutes, Level: 3, Charge As: Therapeutic Activities

Exercise Activities: Tubing/Bands(L. Quarter):

• Hip Abduction(Tubing)	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 15, Charge As: Therapeutic Activities
• Hip Adduction(This visit)	Did Not Perform:, Charge As: Therapeutic Activities This visit
• Hip Flexion(Tubing)	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 7, Weightbearing: Yes, Bilateral, Additional Detail: Standing, Charge As: Therapeutic Activities
• Knee Extension, Full Arc	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 3, Tubing/Band Color: 20#, Additional Detail: DL, Charge As: Therapeutic Activities

Exercise Activities: Dynamic Training: C-K-C Activity (L. Quarter):

• Squatting	Time Elapsed: 2 Minutes, Weight: Pounds, Body Weight: Pounds, Repetitions: 10, Sets: 3, Tubing/Band Color: Small Yellow ball, Additional Detail: with ball on wall, Depth: mini squats, Charge As: Therapeutic Activities
• Step Ups: Forward	Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 3, Step Height: 8inch Inches, Charge As: Therapeutic Activities
• Closed Kinetic Chain(SLS)	Time Elapsed: 2 Minutes, Weight: Pounds, Body Weight: Pounds, Sets: 2, Attempts: 30secs, Side: R/L, Description: SLS, Charge As: Therapeutic Activities

Exercise Activities: Tubing/Bands(U. Quarter):

Document ID: 1A700229.013 Status: Signed off (secure electronic signature)
Corlas A. Ross, PTA,PTA(SC Lic 1836); Laura D. Pruette, PT,PT(SC Lic 5511)

Patient: Thomas Karabees
Acct #: 013-610238068 Visit Date: Jun 24, 2009

• Pull Downs (seated on green ball)	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 40#, Resistance: Concentric/Eccentric, Charge As: Therapeutic Activities
• Rows(seated on green ball)	Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 40#, Resistance: Concentric/Eccentric, Charge As: Therapeutic Activities

Functional/ADL Activities: Functional Task Training:

• Lift Floor to Waist(This visit)	Did Not Perform:, Charge As: Therapeutic Activities: This visit

Manual Interventions: Upper Quarter Soft Tissue:

• Cervicothoracic PVM(feeling better)	Did Not Perform:, Charge As: Manual Therapy Techniques feeling better
• Thoracolumbar PVM(This visit)	Did Not Perform:, Charge As: Manual Therapy Techniques This visit

Modalities:

• Electric Stim - Unattended (for decr pain end of session)	Time Elapsed: 15 Minutes, Location: thoracic, Performed With: Moist Heat, Mode: Conventional, Type: TENS Additional Details: Supine for Clinical Use: Post Activity, Charge As: E-Stim Unattended
• US/HVPGS Combo(Patient refused treatment)	Did Not Perform:, Charge As: E-Stim, Manual Patient refused treatment

Pt./Family Education:

• Patient Education 1(This visit)	Did Not Perform:, Charge As: Self Care / Home Mgt training: This visit

Therapy Session Time

• Therapy Session Start Time	08:00 AM
• Therapy Session Stop Time	09:15 AM

Documented Procedural Code Summary:

Description	Code	Units	Minutes
• Electrical Stimulation (unattended)	97014	1	0
• Therapeutic Activities	97530	3	45
• Therapeutic Procedure	97110	1	15

Assessment

Ended with ESU and MHP to decrease c/o tightness post treatment today, pt c/o no pain when leaving today.

Tolerance:

- Pt tolerated all exercises without c/o back pain only fatigue. Progress towards squatting goal without c/o back pain.

Plan

Daily Plan:

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

Corlas Ross PTA

Corlas A. Ross, PTA, PTA(SC Lic. 1836)

Corlas Ross PTA

Laura D. Pruette, PT, PT(SC Lic. 5511)

Signed in the absence of the primary therapist.

Select Physical Therapy
7 South Alliance Drive
Ste 102A
Goose Creek, SC USA 29445
Phone: (843) 569-2303
Fax: (843) 569-2304

Patient:	Thomas Karabees
Acct #:	013-610238068
DOB:	Oct 13, 1948
Clinician:	Laura D. Pruette, PT
Prim Phy:	William Wilson
Phy Phone:	(843) 572-2663
Phy Fax:	(843) 377-0858
Sec Phy:	Not Specified
Inj. Date:	10/31/2008
Surg. Date:	Not Specified

Visit Date:	Jun 22, 2009
FSC:	Workers Compensation
Payor:	Not Specified
Pol/Claim#:	385-52-8253
Insured:	Not Specified
Employer:	Trident Tech College
Case Mgr:	Not Specified
Visits:	10
Cxl/Ns:	0

Daily Note

Diagnoses Spine 7242 LUMBAGO
7231 CERVICALGIA

General Information

Pt was diagnosed with Recurring MS in 1998, is on Interferon treatment that is keeping symptoms under control

History of Injury:

- 10/31/08: Pt was carrying projector and computer and fell 6-8 steps, unsure if landed on left or right side.

Subjective Examination

Pt stated just feel tightness today in thoracic area but feel like my legs are getting a little stronger. 6/22/09

ADL / Functional Status:

- Premorbid status:
  - Basic care: Independent without difficulty. Work status: prior to injury pt was teaching mechanical/vocational studies which required manual labor until 4/11/09 when he retired Recreation/Athletics: 06/10/09 performing daily HEP
- Current status:
  - Work status: Retired. Recreation / Athletics: Unable to perform.

ADL / Functional Status: ADL's: Activities:

Bathing	Independent without difficulty
Dressing	Independent without difficulty
Driving/Traveling(06/10/09 rotate/uptd<30 min)	Pain with >20 min
Lifting(06/10/09 good mech, LBP 5/10)	F-W 20# x10
Walking	Pain 5/10

ADL / Functional Status:

- Occupation: Retired

Chief Complaint: Pain:

- Current Severity: 0/10. (6/10/09 sitting tol 20-60 min). Severity at Best: 2/10. (6/17/09). Severity at Worst: 8/10. (06/10/09 bending forward. stand/walk tol 15-20min).

Functional Capability:

- Overall Improvement: 40%

Mechanism of Injury:

- Primary Episode: 10/31/08

Rehabilitation Expectations/Goals:

- Return to ADL Performance: Unrestricted/Symptom Free. Return to Recreational Activities: Unrestricted/Symptom Free. Return to Athletic Activities: Restricted/Symptom Free. (pt would like to develop an exercise routine).

Objective Examination

Functional Tests: Occupational Tests: Non-Material Handling:

Repetitive Squatting(06/10/09 10x/leg c LBP 6/10	

Functional Tests: Functional Profile: Balance Test:	Left	Right
Overall(06/10/09)	FLA 60; LBP 5/10	FLA 39; LBP 6/10

Gait/Locomotion:

- Pt has wide BOS and decreased stance right. Pt has decreased step length bilaterally and decreased cadence.

Integument:

- Intact and without abnormality.

Muscle Testing: Upper Extremity MMT:	Left	Right
Shoulder Abduction	5/5	5/5
Shoulder Flexion	5/5	5/5
Shoulder External Rotation	5/5	5/5
Shoulder Internal Rotation	5/5	5/5
Elbow Extension	5/5	5/5

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Corlas A. Ross, PTA,PTA(SC Lic 1836); Laura D. Pruette, PT,PT(SC Lic 5511)

Patient: Thomas Karaboes
Acct #: 013-610238068
Visit Date: Jun 22, 2009

• Elbow Flexion	5/5	5/5
Muscle Testing: Lower Extremity MMT:	**Left**	**Right**
• Hip Abduction	4/5	4/5
• Hip Flexion	4/5	4/5
• Knee Extension	+4/5	4/5
• Knee Flexion	4/5	4/5
• Ankle Dorsiflexion	5/5	+4/5
• Ankle Plantarflexion	**Left**	**Right**
Palpation: Cervical Region: Musculature, Posterior:		
Tenderness:		
• Levator Scapulae	1=Complaint of pain	1=Complaint of pain
• Rhomboids	1=Complaint of pain	1=Complaint of pain
• Trapezius, Upper	1=Complaint of pain	1=Complaint of pain
Palpation: Thoracic Region: Musculature, Posterior:	**Left**	**Right**
Tenderness:		
• Latissimus Dorsi	0=No tenderness noted	1=Complaint of pain
• Trapezius, Lower	0=No tenderness noted	1=Complaint of pain
Palpation: Lumbosacral Region: Bony Structures, Posterior:	**Left**	**Right**
Tenderness:		
• Spinous Process,L01	1=Complaint of pain	1=Complaint of pain
• Spinous Process,L05	1=Complaint of pain	1=Complaint of pain
Posture:		
• Forward Head/Rounded Shoulders: Mild. (06/10/09).		
Range of Motion: Cervical Degrees:		
• Active Extension(06/10/09 all ROM)	55 Degrees	
• Active Flexion	65 Degrees	
• Active Rotation Left	53 Degrees	
• Active Rotation Right	60 Degrees	
• Active Side Bend Left	30 Degrees	
• Active Side Bend Right	25 Degrees	
Range of Motion: Lumbar Degrees:		
• Active Extension(06/10/09 all ROM w/pain)	25 Degrees	
• Active Flexion	50 Degrees	
• Active Rotation Left(T/L rot)	45 Degrees	
• Active Rotation Right(T/L rot)	45 Degrees	
• Active Side Bend Left	20 Degrees	
• Active Side Bend Right	20 Degrees	
Range of Motion:		
• 06/10/09 AKE right: -44, Left: -43		
Special Tests: Cervical:	**Left**	**Right**
• Alar Ligament	Negative	Negative
• Foraminal Compression	Negative	Negative
• Slump Test	Negative	Negative
• Traction	Aggravates Symptoms	Aggravates Symptoms
• Vertebral Artery Test	Negative	Negative
Special Tests: Lumbar:	**Left**	**Right**
• Lasegue	Aggravates Symptoms	Aggravates Symptoms
• Slump	Negative	Negative
• Thomas	Tight Hip Flexors	Tight Hip Flexors
Special Tests: Sacroiliac Complex:	**Left**	**Right**
• Compression	Negative	Negative
• FABER	Negative	Negative
• Gaenslen	Negative	Negative

Treatments

Exercise Activities: Flexibility(U. Quarter):

Document ID: 1A700229.012 Status: Signed off (secure electronic signature)
Corlas A. Ross, PTA,PTA(SC Lic 1836); Laura D. Pruette, PT,PT(SC Lic 5511)

Patient: Thomas Karabees
Acct #: 013-610238068 Visit Date: Jun 22, 2009

• Latissimus Dorsi Muscle	Time Elapsed: 2 Minutes, Repetitions: 2, Side: Bilateral, Technique: Active Assistive, Body Position: Standing, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Levator Scapulae Musculature(Performed at home today)	Did Not Perform:, Charge As: Therapeutic Exercise Performed at home today
• Midback Stretch(seated beggar stretch)	Time Elapsed: 2 Minutes, Repetitions: 2, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Sternodeidomastoid Muscle(Performed at home today)	Did Not Perform:, Charge As: Therapeutic Exercise Performed at home today
• Upper Trapezius Muscle(performed at home today)	Did Not Perform:, Charge As: Therapeutic Exercise Performed at home today
• Flexibility Activity 1(POE)	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Technique: Active Assistive, Description: POE, Charge As: Therapeutic Exercise

Exercise Activities: Flexibility(L. Quarter):

• Hamstring Muscle(with strap)	Time Elapsed: 2 Minutes, Repetitions: 2, Technique: Active, Body Position: Supine, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Iliotibial Band.	Time Elapsed: 2 Minutes, Repetitions: 2, Body Position: Supine, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Piriformis Muscle	Time Elapsed: 2 Minutes, Repetitions: 2, Side: Bilateral, Technique: Active Assistive, Body Position: Supine, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Flexibility Activity 2	Time Elapsed: 3 Minutes, Repetitions: 2, Technique: Active, Body Position: forward and sides, Hold.: 30 Seconds, Description: Beggar Stretch, Charge As: Therapeutic Exercise

Exercise Activities: Stabilization Training: Supine Position:

• Bridging	Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Charge As: Therapeutic Activities
• Curl Ups-Oblique Plane	Time Elapsed: 3 Minutes, Repetitions: 15, Sets: 1, Side: Bilateral, Technique 1: Hands on Thighs, Charge As: Therapeutic Activities
• Curl Ups-Straight Plane	Time Elapsed: 3 Minutes, Repetitions: 20, Sets: 2, Technique 1: Hands on Thighs, Charge As: Therapeutic Activities
• Pelvic Tilts-Knees Flexed(HS curl ball pull in)	Time Elapsed: 3 Minutes, Repetitions: 30, Hold.: 5 Seconds, Charge As: Therapeutic Activities

Exercise Activities: Aerobic Conditioning:

• Recumbent Bicycle	Time Elapsed: 15 Minutes, Level: , Charge As: Therapeutic Activities

Exercise Activities: Tubing/Bands(L. Quarter):

• Hip Abduction(Tubing)	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 15, Charge As: Therapeutic Activities
• Hip Adduction(This visit)	Did Not Perform:, Charge As: Therapeutic Activities This visit
• Hip Flexion(Tubing)	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 3, Tubing/Band Color: 2, Weightbearing: Leg: Bilateral, Additional Detail: SLR and Ex, Charge As: Therapeutic Activities
• Knee Extension, Full Arc	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 3, Tubing/Band Color: 20#, Additional Detail: DL, Charge As: Therapeutic Activities

Exercise Activities: Dynamic Training: C-K-C Activity (L. Quarter):

• Squatting	Time Elapsed: 2 Minutes, Weight: Pounds, Body Weight Pounds, Repetitions: 10, Sets: 3, Tubing/Band Color: small yellow ball, Additional Detail: with ball on wall, Depth: mini squats, Charge As: Therapeutic Activities
• Step Ups: Forward	Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 3, Step Height: 8inch Inches, Charge As: Therapeutic Activities
• Closed Kinetic chain (CKC)	Time Elapsed: 2 Minutes, Weight: Pounds, Body Weight Pounds, Sets: 3, Attempts: 10, Side: BLE, Description: CKC, Charge As: Therapeutic Activities

Exercise Activities: Tubing/Bands(U. Quarter):

Patient: Thomas Karabees
Acct #: 013-610238068 Visit Date: Jun 22, 2009

- Pull Downs(seated on green ball) — Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 40, Resistance: Concentric/Eccentric, Charge As: Therapeutic Activities
- Rows(seated on green ball) — Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 40#, Resistance: Concentric/Eccentric, Charge As: Therapeutic Activities

Functional/ADL Activities: Functional Task Training:

- Lift: Floor to Waist (this visit) — Did Not Perform:, Charge As: Therapeutic Activities This visit

Manual Interventions: Upper Quarter Soft Tissue:

- Cervicothoracic PVM (feeling better) — Did Not Perform:, Charge As: Manual Therapy Techniques, Feeling better
- Thoracolumbar PVM(This visit) — Did Not Perform:, Charge As: Manual Therapy Techniques This visit

Modalities:

- Electric Stim, Unattended (for decr pain and or spasm) — Time Elapsed: 15 Minutes, Location: thoracic, Performed With: Moist Heat, Mode: Continuous, Type: TENS, Clinical Use: Post Activity, Charge As: E-Stim, Unattended
- US/HVPGS Combo(Patient refused treatment) — Did Not Perform:, Charge As: E-Stim, Manual Patient refused treatment

Pt./Family Education:

- Patient Education (this visit) — Did Not Perform:, Charge As: Self Care / Home Mgt Training, This visit

Therapy Session Time

- Therapy Session Start Time: 08:00 AM
- Therapy Session Stop Time: 09:15 AM

Documented Procedural Code Summary:

Description	Code	Units	Minutes
Electrical Stimulation (unattended)	97014	1	n/a
Therapeutic Activities	97530	3	45
Therapeutic Procedure	97110	3	15

Assessment

Tolerance:

- Pt c/o decreased tightness and pain thoracic region post treatment today. Pt able to SLS with PTA min assist 30 sec B LE without c/o pain only fatigue.

Plan

Daily Plan:

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

Corlas Ross PTA

Corlas A. Ross, PTA, PTA(SC Lic: 1836)

Corlas Ross PTA

Laura D. Pruette, PT, PT(SC Lic: 5511)

Signed in the absence of the primary therapist.

Select Physical Therapy
7 South Alliance Drive
Ste 102A
Goose Creek, SC USA 29445
Phone: (843) 569-2303
Fax: (843) 569-2304

Patient:	Thomas Karabees	Visit Date:	Jun 19, 2009
Acct #:	013-610238068	FSC:	Workers Compensation
DOB:	Oct 13, 1948	Payor:	Not Specified
Clinician:	Laura D. Pruette, PT	Pol/Claim#:	385-52-8253
Prim Phy:	William Wilson	Insured:	Not Specified
Phy Phone:	(843) 572-2663	Employer:	Trident Tech College
Phy Fax	(843) 377-0858	Case Mgr:	Not Specified
Sec Phy:	Not Specified	Visits:	9
Inj. Date:	10/31/2008	Cx/Ns:	0
Surg. Date:	Not Specified		

Daily Note

Diagnoses Spine 7242 LUMBAGO
7231 CERVICALGIA

General Information

Pt was diagnosed with Recurring MS in 1998, is on Interferon treatment that is keeping symptoms under control

History of Injury:

- 10/31/08: Pt was carrying projector and computer and fell 6-8 steps, unsure if landed on left or right side.

Subjective Examination

ADL / Functional Status:

- Premorbid status:
  - Basic care: Independent without difficulty. Work status:..... prior to injury pt was teaching mechanical/vocational studies which required manual labor until 4/11/09 when he retired. Recreation/Athletics:..... 06/10/09 performing daily HEP.
- Current status:
  - Work status: Retired. Recreation / Athletics: Unable to perform.

ADL / Functional Status: ADL's: Activities:

- Bathing: Independent without difficulty
- Dressing: Independent without difficulty
- Driving/Traveling(06/10/09 not attempted >40min): Pain with >40min
- Lifting(06/10/09 good mech, LBP 5/10): F-W 20# x10
- Walking: pain with >60min

ADL / Functional Status:

- Occupation: Retired

Chief Complaint: Pain:

- Current Severity: 0/10. (6/10/09 sitting tol 20-60 min). Severity at Best: 2/10. (6/17/09). Severity at Worst: 8/10. (06/10/09 bending forward, stand/walk tol 15-20min).

Functional Capability:

- Overall Improvement: 40%

Mechanism of Injury:

- Primary Episode: 10/31/08

Rehabilitation Expectations/Goals:

- Return to ADL Performance: Unrestricted/Symptom Free. Return to Recreational Activities: Unrestricted/Symptom Free. Return to Athletic Activities: Restricted/Symptom Free. (pt would like to develop an exercise routine).

Objective Examination

Functional Tests: Occupational Tests: Non-Material Handling:

- Repetitive Carrying(06/10/09) 100 lbs LBP 6/10: HHA 60 lbs 6/10

Functional Tests: Functional Profile: Balance Test: Left / Right

- Eyes Open(06/10/09): WNL / WNL

Gait/Locomotion:

- Pt has wide BOS and decreased stance right. Pt has decreased step length bilaterally and decreased cadence.

Integument:

- Intact and without abnormality.

Muscle Testing: Upper Extremity MMT:	Left	Right
Shoulder Abduction	5/5	5/5
Shoulder Flexion	5/5	5/5
Shoulder External Rotation	5/5	5/5
Shoulder Internal Rotation	5/5	5/5
Elbow Extension	5/5	5/5
Elbow Flexion		

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Corlas A. Ross, PTA,PTA(SC Lic 1836); Laura D. Pruette, PT,PT(SC Lic 5511)

Patient: Thomas Karabees
Acct #: 013-610238068
Visit Date: Jun 19, 2009

Muscle Testing: Lower Extremity MMT:	Left	Right
• Hip Abduction	4/5	-4/5
• Hip Flexion	4/5	4/5
• Knee Extension	+4/5	4/5
• Knee Flexion	4/5	4/5
• Ankle Dorsiflexion	5/5	+4/5
• Ankle Plantarflexion	Left	Right

Palpation: Cervical Region: Musculature, Posterior: Tenderness:		
• Levator Scapula	1=Complaint of pain	1=Complaint of pain
• Rhomboids	1=Complaint of pain	1=Complaint of pain
• Trapezius, Upper	1=Complaint of pain	1=Complaint of pain
	Left	Right

Palpation: Thoracic Region: Musculature, Posterior: Tenderness:		
• Latissimus Dorsi	0=No tenderness noted	1=Complaint of pain
• Trapezius, Lower	0=No tenderness noted	1=Complaint of pain
	Left	Right

Palpation: Lumbosacral Region: Bony Structures, Posterior: Tenderness:		
• Spinous Process,L04	1=Complaint of pain	1=Complaint of pain
• Spinous Process,L05	1=Complaint of pain	1=Complaint of pain

Posture:
- Forward Head/Rounded Shoulders: Mild. (06/10/09).

Range of Motion: Cervical Degrees:	
• Active Extension (06/10/09 all ROM)	65 Degrees
• Active Flexion	60 Degrees
• Active Rotation Right	60 Degrees
• Active Side Bend Left	25 Degrees
• Active Side Bend Right	25 Degrees

Range of Motion: Lumbar Degrees:	
• Active Extension (06/10/09 all ROM with pain)	50 Degrees
• Active Flexion	45 Degrees
• Active Rotation Right (T/L rot)	20 Degrees
• Active Side Bend Left (Lrot)	20 Degrees
• Active Side Bend Right	

Range of Motion:
- 06/10/09 AKE right: -44, Left: -43

Special Tests: Cervical:	Left	Right
• Adson's	Negative	Negative
• Foraminal Compression	Negative	Negative
• Slump	Negative	Negative
• Traction	Aggravates Symptoms	Aggravates Symptoms
• Vertebral Artery Test	Negative	Negative
Special Tests: Lumbar:	**Left**	**Right**
• Pasque	Aggravates Symptoms	Aggravates Symptoms
• Slump	Negative	Negative
• Thomas	Tight Iliopsoas	Tight Iliopsoas
Special Tests: Sacroiliac Complex:	**Left**	**Right**
• Compression	Negative	Negative
• FABER	Negative	Negative
• Gaenslen's	Negative	Negative

Treatments

Exercise Activities: Flexibility(U. Quarter):

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Corlas A. Ross, PTA,PTA(SC Lic 1836); Laura D. Pruette, PT,PT(SC Lic: 5511)

Patient: Thomas Karabees
Acct #: 013-610238068
Visit Date: Jun 19, 2009

- Latissimus Dorsi Muscle(Performed at home today)
- Levator Scapulae Musculature(Performed at home today)

Time Elapsed: 2 Minutes, Repetitions: 2, Side: Bilateral, Technique: Active Assistive, Body Position: Standing, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
Did Not Perform:, Charge As: Therapeutic Exercise Performed at home today

- Midback Stretch (Seated Beggar Stretch)
- Sternocleidomastoid Muscle(Performed at home today)

Time Elapsed: 2 Minutes, Repetitions: 2, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
Did Not Perform:, Charge As: Therapeutic Exercise Performed at home today

- Upper Trapezius Muscle(Performed at home today)
- Flexibility Activity 1(POE)

Did Not Perform:, Charge As: Therapeutic Exercise Performed at home today
Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Technique: Active Assistive, Description: POE, Charge As: Therapeutic Exercise

Exercise Activities: Flexibility(L. Quarter):

- Hamstring Muscle(with strap)
- Iliotibial Band.

Time Elapsed: 2 Minutes, Repetitions: 2, Technique: Active, Body Position: Supine, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
Time Elapsed: 2 Minutes, Repetitions: 2, Body Position: Supine, Hold.: 30 Seconds, Charge As: Therapeutic Exercise

- Piriformis Muscle
- Flexibility Activity 2

Time Elapsed: 2 Minutes, Repetitions: 2, Side: Bilateral, Technique: Active Assistive, Body Position: Supine, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
Time Elapsed: 3 Minutes, Repetitions: 2, Technique: Active, Body Position: forward and sides, Hold.: 30 Seconds, Description: Beggar Stretch, Charge As: Therapeutic Exercise

Exercise Activities: Stabilization Training: Supine Position:

- Bridging
- Curl Ups-Oblique Plane

Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Charge As: Therapeutic Activities
Time Elapsed: 3 Minutes, Repetitions: 15, Sets: 1, Side: Bilateral, Technique 1: Hands on Thighs, Charge As: Therapeutic Activities

- Curl Ups-Straight Plane
- Pelvic Tilts-Knees Flexed(HS curl ball pull in)

Time Elapsed: 3 Minutes, Repetitions: 20, Sets: 2, Technique: Hands on Thighs, Charge As: Therapeutic Activities
Time Elapsed: 3 Minutes, Repetitions: 30, Hold.: 5 Seconds, Charge As: Therapeutic Activities

Exercise Activities: Aerobic Conditioning:

- Recumbent Bicycle

Time Elapsed: 45 Minutes, Level: 3, Charge As: Therapeutic Activities

Exercise Activities: Tubing/Bands(L. Quarter):

- Hip Abduction(Tubing)(as of KS 06/10/09)
- Hip Adduction(This visit)

Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 3, Tubing/Band Color: 2, Charge As: Therapeutic Activities
Did Not Perform:, Charge As: Therapeutic Activities This visit

- Hip Flexion(Tubing)(as of KS 06/10/09)
- Knee Extension, Full Arc

Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 3, Tubing/Band Color: 2, Weightbearing: Leg: Bilateral, Additional Detail: Standing Next, Charge As: Therapeutic Activities
Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 3, Tubing/Band Color: 20#, Additional Detail: DL, Charge As: Therapeutic Activities

Exercise Activities: Dynamic Training: C-K-C Activity (L. Quarter):

- Squating
- Step Ups: Forward

Time Elapsed: 2 Minutes, Weight: Pounds: Body Weight Pounds, Repetitions: 10, Sets: 3, Tubing/Band Color: Small Yellow ball, Additional Detail: With ball on wall, Depth: mini squats, Charge As: Therapeutic Activities
Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 3, Step Height: 8inch Inches, Charge As: Therapeutic Activities

- Closed Kinetic Chain (CLS)

Time Elapsed: 2 Minutes, Weight: Pounds: Body Weight Pounds, Sets: 3, Time: 30secs, Side: BLE, Description: SLS, Charge As: Therapeutic Activities

Exercise Activities: Tubing/Bands(U. Quarter):

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Patient: Thomas Karabees
Acct #: 013-610238068 Visit Date: Jun 19, 2009

• Pull Downs(seated on green ball)	Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 40, Resistance: Concentric/Eccentric, Charge As: Therapeutic Activities
• Rows(seated on green ball)	Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 40#, Resistance: Concentric/Eccentric, Charge As: Therapeutic Activities

Functional/ADL Activities: Functional Task Training:

• Lift Floor to Waist(This visit)	Did Not Perform:, Charge As: Therapeutic Activities This visit

Manual Interventions: Upper Quarter Soft Tissue:

• Cervicothoracic PVM (feeling better)	Did Not Perform:, Charge As: Manual Therapy Techniques feeling better,
• Thoracolumbar PVM(This visit)	Did Not Perform:, Charge As: Manual Therapy Techniques This visit

Modalities:

• Electric Stim, Unattended (for decr pain end of session)	Time Elapsed: 15 Minutes, Location: thoracic, Performed With: Moist Heat, Mode: Continuous, Type: TENS, Clinical Use: Post Activity, Charge As: E-Stim Unattended
• US/HVPGS Combo(Patient refused treatment)	Did Not Perform:, Charge As: E-Stim, Manual Patient refused treatment

Pt./Family Education:

• Patient Education (This visit)	Did Not Perform:, Charge As: Self Care/Home Mgt Training This visit

Therapy Session Time

• Therapy Session Start Time	08:00 AM
• Therapy Session Stop Time	09:15 AM

Documented Procedural Code Summary:

Description	Code	Units	Minutes
• Electrical Stimulation (unattended)	97014	1	n/a
• Therapeutic Activities	97530	3	45
• Therapeutic Procedure	97110	1	15

Assessment

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

Plan

Daily Plan:

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

Corlas A. Ross, PTA, PTA(SC Lic 1836)

Laura D. Pruette, PT, PT(SC Lic 5511)

Signed in the absence of the primary therapist.

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Corlas A. Ross, PTA,PTA(SC Lic 1836); Laura D. Pruette, PT,PT(SC Lic 5511)

Corvel Capture 7/23/2009

Select Physical Therapy
7 South Alliance Drive
Ste 102A
Goose Creek, SC USA 29445
Phone: (843) 569-2303
Fax: (843) 569-2304

Patient:	Thomas Karabees		
Acct #:	013-610238068	Visit Date:	Jun 17, 2009
DOB:	Oct 13, 1948	PSC:	Workers Compensation
Clinician:	Laura D. Pruette, PT	Payor:	Not Specified
Prim Phy:	William Wilson	Pol/Claim#:	385-52-8253
Phy Phone:	(843) 572-2663	Insured:	Not Specified
Phy Fax:	(843) 377-0858	Employer:	Trident Tech College
Sec Phy:	Not Specified	Case Mgr:	Not Specified
Inj. Date:	10/31/2008	Visits:	8
Surg. Date:	Not Specified	Cd/Ns:	0

Daily Note

Diagnoses Spine 7242 LUMBAGO
7231 CERVICALGIA

Subjective Examination

ADL / Functional Status: Current status:
- Work status: Retired. Recreation / Athletics: Unable to perform.

ADL / Functional Status: ADL's: Activities:
- Bathing: Independent without difficulty
- Dressing: Independent without difficulty
- Driving/Traveling(06/10/09 not attempted >40 min): pain with >40 min
- Lifting(06/10/09 good mech, LBP 5/10): F-W 20# x10
- Walking: pain > 1hr

ADL / Functional Status:
- Occupation: Retired

Chief Complaint: Pain:
- Current Severity: 0/10. (6/10/09 sitting tol 20-60 min). Severity at Best: 2/10. (6/17/09). Severity at Worst: 8/10. (06/10/09 bending forward, stand/walk tol 15-20min).

Functional Capability:
- Overall Improvement: 40%

Mechanism of Injury:
- Primary Episode: 10/31/08

Rehabilitation Expectations/Goals:
- Return to ADL Performance: Unrestricted/Symptom Free. Return to Recreational Activities: Unrestricted/Symptom Free. Return to Athletic Activities: Restricted/Symptom Free. (pt would like to develop an exercise routine).

Objective Examination

Functional Tests: Occupational Tests: Non-Material Handling:
- Repetitive Squatting(06/10/09) 100 deg LBP 6/10

Functional Tests: Functional Profile: Balance Test:	Left	Right
Eyes Open(06/10/09)	HA 60 LBP 5/10	HA 90 LBP 6/10

Gait/Locomotion:
- Pt has wide BOS and decreased stance right. Pt has decreased step length bilaterally and decreased cadence.

Integument:
- Intact and without abnormality.

Muscle Testing: Upper Extremity MMT:	Left	Right
Shoulder Abduction	5/5	5/5
Shoulder Flexion	5/5	5/5
Shoulder External Rotation	5/5	5/5
Shoulder Internal Rotation	5/5	5/5
Elbow Extension	5/5	5/5
Elbow Flexion	5/5	5/5

Muscle Testing: Lower Extremity MMT:	Left	Right
Hip Abduction	4/5	4/5
Hip Flexion	4/5	-4/5
Knee Extension	+4/5	4/5
Knee Flexion	+4/5	+4/5
Ankle Dorsiflexion	5/5	+4/5
Ankle Plantarflexion		

Palpation: Cervical Region: Musculature, Posterior: Tenderness:	Left	Right

Patient: Thomas Karabees
Acct #: 013-610238068
Visit Date: Jun 17, 2009

• Levator Scapula	1=Complaint of pain	1=Complaint of pain
• Rhomboids	1=Complaint of pain	1=Complaint of pain
• Trapezius, Upper	1=Complaint of pain	1=Complaint of pain
Palpation: Thoracic Region: Musculature, Posterior:	**Left**	**Right**
Tenderness:		
• Latissimus Dorsi	0=No tenderness noted	1=Complaint of pain
• Trapezius, Lower	0=No tenderness noted	1=Complaint of pain
Palpation: Lumbosacral Region: Bony Structures, Posterior:	**Left**	**Right**
Tenderness:		
• Spinous Process,L04	1=Complaint of pain	1=Complaint of pain
• Spinous Process,L05	1=Complaint of pain	1=Complaint of pain

Posture:
- Forward Head/Rounded Shoulders: Mild. (06/10/09).

Range of Motion: Cervical Degrees:

• Active Extension(06/10/09 all ROM)	35 Degrees
• Active Flexion	65 Degrees
• Active Rotation Left	33 Degrees
• Active Rotation Right	60 Degrees
• Active Side Bend Left	30 Degrees
• Active Side Bend Right	25 Degrees

Range of Motion: Lumbar Degrees:

• Active Extension(06/10/09 all ROM with pain)	25 Degrees
• Active Flexion	50 Degrees
• Active Rotation Left(T/L rot)	45 Degrees
• Active Rotation Right(T/L rot)	45 Degrees
• Active Side Bend Left	20 Degrees
• Active Side Bend Right	20 Degrees

Range of Motion:
- 06/10/09 AKE right: -44, Left: -43

Special Tests: Cervical:	**Left**	**Right**
• Jackson's Compression	Negative	Negative
• Foraminal Compression	Negative	Negative
• Slump	Aggravates Symptoms	Aggravates Symptoms
• Traction	Negative	Negative
• Vertebral Artery Test	Negative	Negative
Special Tests: Lumbar:	**Left**	**Right**
• Lasegue's	Aggravates Symptoms	Aggravates Symptoms
• Slump	Negative	Negative
• Thomas Test	Unable to perform	right hip flexor tightness
Special Tests: Sacroiliac Complex:	**Left**	**Right**
• Compression	Negative	Negative
• FABER	Negative	Negative
• Gap	Negative	Negative

Treatments

Exercise Activities: Flexibility(U. Quarter):

• Latissimus Dorsi Muscle	Time Elapsed: 2 Minutes, Repetitions: 2 Side: Bilateral Technique: Active-Assistive Body Position: Standing Hold: 30 Seconds Charge As: Therapeutic Exercise
• Levator Scapulae Musculature(Performed at home today)	Did Not Perform:, Charge As: Therapeutic Exercise Performed at home today
• Midback Stretch(Seated beggar stretch)	Time Elapsed: 2 Minutes, Repetitions: 2 Hold: 30 Seconds Charge As: Therapeutic Exercise
• Sternocleidomastoid Muscle(Performed at home today)	Did Not Perform:, Charge As: Therapeutic Exercise Performed at home today
• Upper Trapezius Muscle(performed at home today)	Did Not Perform:, Charge As: Therapeutic Exercise Performed at home today

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Corlas A. Ross, PTA,PTA(SC Lic 1836); Laura D. Pruette, PT,PT(SC Lic: 5511)

Patient: Thomas Karabees
Acct #: 013-610238068
Visit Date: Jun 17, 2009

• Flexibility Activity 1(POE)	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Technique: Active Assistive, Description: POE, Charge As: Therapeutic Exercise
Exercise Activities: Flexibility(L Quarter):	
• Hamstring Muscle(with strap)	Time Elapsed: 2 Minutes, Repetitions: 2, Technique: Active, Body Position: Supine, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Iliotibial Band.	Time Elapsed: 2 Minutes, Repetitions: 2, Body Position: Supine, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Piriformis Muscle	Time Elapsed: 2 Minutes, Repetitions: 2, Side: Bilateral, Technique: Active Assistive, Body Position: Supine, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Flexibility Activity 2	Time Elapsed: 3 Minutes, Repetitions: 2, Technique: Active, Body Position: forward and sides, Hold.: 30 Seconds, Description: Beggar Stretch, Charge As: Therapeutic Exercise
Exercise Activities: Stabilization Training: Supine Position:	
• Bridging	Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Charge As: Therapeutic Activities
• Curl Ups-Oblique Plane	Time Elapsed: 3 Minutes, Repetitions: 15, Sets: 1, Side: Bilateral, Technique 1: Hands on Thighs, Charge As: Therapeutic Activities
• Curl Ups-Straight Plane	Time Elapsed: 3 Minutes, Repetitions: 20, Sets: 2, Technique 1: Hands on Thighs, Charge As: Therapeutic Activities
• Pelvic Tilts-Knees Flexed(HS curl ball pull in)	Time Elapsed: 3 Minutes, Repetitions: 30, Hold.: 5 Seconds, Charge As: Therapeutic Activities
Exercise Activities: Aerobic Conditioning:	
• Recumbent Bicycle	Time Elapsed: 15 Minutes, Level: 3, Charge As: Therapeutic Activities
Exercise Activities: Tubing/Bands(L Quarter):	
• Hip Adduction (tubing)(as storks 06/10/09)	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 1, Tubing/Band Color: 2, Charge As: Therapeutic Activities
• Hip Adduction(This visit)	Did Not Perform:, Charge As: Therapeutic Activities This visit
• Hip Flexion (Tubing)(as storks 06/10/09)	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 1, Tubing/Band Color: 2, Weightbearing Leg: Right, Additional Detail: SLR and ext, Charge As: Therapeutic Activities
• Knee Extension, Full Arc	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 3, Tubing/Band Color: 20#, Additional Detail: DL, Charge As: Therapeutic Activities
Exercise Activities: Dynamic Training: C-K-C Activity (L Quarter):	
• Squatting	Time Elapsed: 2 Minutes, Weight - Pounds: Body Weight Pounds, Repetitions: 10, Sets: 3, Tubing/Band Color: Small yellow ball, Additional Detail: with ball on wall, Depth: mini squats, Charge As: Therapeutic Activities
• Step Ups: Forward	Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 3, Step Height: 8inch Inches, Charge As: Therapeutic Activities
• Closed Kinetic Chain (SLS)	Time Elapsed: 2 Minutes, Weight - Pounds: Body Weight Pounds, Sets: 3 attempts of 30secs, Side: B LE, Description: SLS, Charge As: Therapeutic Activities
Exercise Activities: Tubing/Bands(U. Quarter):	
• Pull Downs(seated on green ball)	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 15#, Resistance: Concentric/Eccentric, Charge As: Therapeutic Activities
• Rows(seated on green ball)	Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 15#, Resistance: Concentric/Eccentric, Charge As: Therapeutic Activities
Functional/ADL Activities: Functional Task Training:	
• Ice Pack and Waist(this visit)	Did Not Perform:, Charge As: Therapeutic Activities This visit
Manual Interventions: Upper Quarter Soft Tissue:	
• Cervicothoracic PVM(feeling better)	Did Not Perform:, Charge As: Manual Therapy Techniques feeling better
• Thoracolumbar PVM(This visit)	Did Not Perform:, Charge As: Manual Therapy Techniques This visit
Modalities:	

Document ID: 1A700229.010 Status: Signed off (secure electronic signature)
Corlas A. Ross, PTA,PTA(SC Lic 1836); Laura D. Pruette, PT,PT(SC Lic 5511)

Patient: Thomas Karaboes
Acct #: 013-610238068 Visit Date: Jun 17, 2009

- Electric Stim, Unattended (for decreased pain end of session) Time Elapsed:15 Minutes, Location: thorax, Performed With: Moist, Est. Mode: Continuous, Type: TENS, Clinical Use: Pain Activity
- US/HVPGS Combo(Patient refused treatment) Charge As: E-Stim, Unattended Did Not Perform:, Charge As: E-Stim, Manual Patient refused treatment

Subjective Examination

ADL / Functional Status: Premorbid status:

- Basic care: Independent without difficulty. Work status: prior to injury pt was teaching mechanical/vocational studies which required manual labor until 4/11/09 when he retired Recreation/Athletics: 06/10/09 performing daily HEP

General Information

History of Injury:

- 10/31/08: Pt was carrying projector and computer and fell 6-8 steps, unsure if landed on left or right side.

Pt was diagnosed with Recurring MS in 1998, is on Interferon treatment that is keeping symptoms under control

Treatments

Pt./Family Education:

- Patient education:1 (this visit) Did Not Perform:, Charge As: Self Care / Home Mgt Training This Visit

Therapy Session Time

- Therapy Session Start Time 02:00 PM
- Therapy Session Stop Time 03:15 PM

Documented Procedural Code Summary:

Description	Code	Units	Minutes
Electrical Stimulation (unattended)	97014	1	n/a
Therapeutic Activities	97530	3	45
Therapeutic Procedure	97110	1	15

Assessment

Tolerance:

- Pt able to perform all exercises without c/o back pain today. Added Rows/lat pull down seated on large ball to increase core stabilization, Pt needed CGA while sitting on ball 2* to decrease balance from MS. Ended with ESU and MHP thoracic region to decrease tightness and pain.

Plan

Daily Plan:

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

Corlas A. Ross, PTA, PTA(SC Lic 1836)

Laura D. Pruette, PT, PT(SC Lic 5511)

Signed in the absence of the primary therapist.

Corvel Capture 7/23/2009

Select Physical Therapy
7 South Alliance Drive
Ste 102A
Goose Creek, SC USA 29445
Phone: (843) 569-2303
Fax: (843) 569-2304

Patient:	Thomas Karabees
Acct #:	013-610238068
DOB:	Oct 13, 1948
Clinician:	Laura D. Pruette, PT
Prim Phy:	William Wilson
Phy Phone:	(843) 572-2663
Phy Fax:	(843) 377-0858
Sec Phy:	Not Specified
Inj. Date:	10/31/2008
Surg. Date:	Not Specified

Visit Date:	Jun 15, 2009
FSC:	Workers Compensation
Payor:	Not Specified
Pol/Claim#:	Not Specified
Insured:	Not Specified
Employer:	Trident Tech College
Case Mgr:	Not Specified
Visits:	7
Cxl/Ns:	0

Daily Note

Diagnoses Spine 7242 LUMBAGO
7231 CERVICALGIA

General Information

Pt was diagnosed with Recurring MS in 1998, is on Interferon treatment that is keeping symptoms under control

History of Injury:
- 10/31/08: Pt was carrying projector and computer and fell 6-8 steps, unsure if landed on left or right side.

Subjective Examination

Pt reports increase LBP from working on the tractor, folding laundry and polishing the furniture this weekend. Pt reports non compliant with HEP.

ADL / Functional Status:
- Premorbid status:
  - Basic care: Independent without difficulty. Work status: prior to injury pt was teaching mechanical/vocational studies which required manual labor until 4/11/09 when he retired Recreation/Athletics: 06/10/09 performing daily HEP
- Current status:
  - Work status: Retired. Recreation / Athletics: Unable to perform.

ADL / Functional Status: ADL's: Activities:

Bathing	Independent without difficulty
Dressing	Independent without difficulty
Sitting/Traveling(06/10/09 not attempted >40min)	pain with >20 min
Lifting(06/10/09 good mech, LBP 5/10)	F-W 20# x10
Walking	Pain with >20 min

ADL / Functional Status:
- Occupation: Retired

Chief Complaint: Pain:
- Current Severity: 0/10. (6/10/09 sitting tol 20-60 min). Severity at Best: 6/10. Severity at Worst: 8/10. (06/10/09 bending forward. stand/walk tol 15-20min).

Functional Capability:
- Overall Improvement: 40%

Mechanism of Injury:
- Primary Episode: 10/31/08

Rehabilitation Expectations/Goals:
- Return to ADL Performance: Unrestricted/Symptom Free. Return to Recreational Activities: Unrestricted/Symptom Free. Return to Athletic Activities: Restricted/Symptom Free. (pt would like to develop an exercise routine).

Objective Examination

Functional Tests: Occupational Tests: Non-Material Handling:

Repetitive Squatting(06/10/09) x10 c mild LBP 5/10	

Functional Tests: Functional Profile: Balance Test:

	Left	Right
Eyes Open(06/10/09)	HA60 LBP 5/10	HA39 LBP 5/10

Gait/Locomotion:
- Pt has wide BOS and decreased stance right. Pt has decreased step length bilaterally and decreased cadence.

Integument:
- Intact and without abnormality.

Muscle Testing: Upper Extremity MMT:

	Left	Right
Shoulder Abduction	5/5	5/5
Shoulder Flexion	5/5	5/5
Shoulder External Rotation	5/5	5/5
Shoulder Internal Rotation	5/5	5/5

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Kristina M. Cordle, PTA,PTA(SC Lic: 1825); Laura D. Pruette, PT,PT(SC Lic 5511)

Corvel Capture 7/23/2009

Patient: Thomas Karabees
Acct #: 013-610238068
Visit Date: Jun 15, 2009

• Elbow Extension	5/5	5/5
• Elbow Flexion	5/5	5/5
Muscle Testing: Lower Extremity MMT:	**Left**	**Right**
• Hip Abduction	4/5	4/5
• Hip Flexion	4/5	4/5
• Knee Extension	+4/5	+4/5
• Knee Flexion	+4/5	4/5
• Ankle Dorsiflexion	+4/5	+4/5
• Ankle Plantarflexion	5/5	5/5
Palpation: Cervical Region: Musculature, Posterior:	**Left**	**Right**
Tenderness:		
• Elevator Scapula	1=Complaint of pain	1=Complaint of pain
• Rhomboids	1=Complaint of pain	1=Complaint of pain
• Trapezius, Upper	1=Complaint of pain	1=Complaint of pain
Palpation: Thoracic Region: Musculature, Posterior:	**Left**	**Right**
Tenderness:		
• Latissimus Dorsi	0=No tenderness noted	0=No tenderness noted
• Trapezius, Lower	0=No tenderness noted	1=Complaint of pain
Palpation: Lumbosacral Region: Bony Structures, Posterior:	**Left**	**Right**
Tenderness:		
• Spinous Process, L04	1=Complaint of pain	1=Complaint of pain
• Spinous Process, L05	1=Complaint of pain	1=Complaint of pain
Posture:		
• Forward Head/Rounded Shoulders: Mild. (06/10/09).		
Range of Motion: Cervical Degrees:		
• Active Extension (06/10/09 all ROM)	65 Degrees	
• Active Flexion	60 Degrees	
• Active Rotation Left	80 Degrees	
• Active Rotation Right	80 Degrees	
• Active Side Bend Left	25 Degrees	
• Active Side Bend Right	25 Degrees	
Range of Motion: Lumbar Degrees:		
• Active Extension (06/10/09 all ROM with pain)	25 Degrees	
• Active Flexion	50 Degrees	
• Active Rotation Left (T/L rot)	45 Degrees	
• Active Rotation Right (T/L rot)	45 Degrees	
• Active Side Bend Left	20 Degrees	
• Active Side Bend Right	20 Degrees	
Range of Motion:		
• 06/10/09 AKE right: -44, Left: -43		
Special Tests: Cervical:	**Left**	**Right**
• Alar Ligament	Negative	Negative
• Foraminal Compression	Negative	Negative
• Slump	Negative	Negative
• Traction	Aggravates Symptoms	Aggravates Symptoms
• Vertebral Artery Test	Negative	Negative
Special Tests: Lumbar:	**Left**	**Right**
• Lasegue	Aggravates Symptoms	Aggravates Symptoms
• Slump	Negative	Negative
• Thomas	Tight Iliopsoas	Tight Iliopsoas
Special Tests: Sacroiliac Complex:	**Left**	**Right**
• Compression	Negative	Negative
• FABER	Negative	Negative
• Gaenslen	Negative	Negative

Treatments

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Kristina M. Cordle, PTA,PTA(SC Lic: 1825); Laura D. Pruette, PT,PT(SC Lic: 5511)

Corvel Capture 7/23/2009

Patient: Thomas Karabees
Acct #: 013-610238068
Visit Date: Jun 15, 2009

Exercise Activities: Flexibility(U. Quarter):

- Latissimus Dorsi Muscle
- Levator Scapulae Musculature

Time Elapsed: 2 Minutes, Repetitions: 2, Side: Bilateral, Technique: Active-Assistive, Body Position: Standing, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
Time Elapsed: 2 Minutes, Repetitions: 2, Technique: Active, Body Position: Seated, Hold.: 30 Seconds, Charge As: Therapeutic Exercise

- Midback Stretch (Seated Beggar Stretch)
- Sternocleidomastoid Muscle

Time Elapsed: 3 Minutes, Repetitions: 2, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
Time Elapsed: 2 Minutes, Repetitions: 2, Side: Bilateral, Technique: Active, Body Position: Sitting, Hold.: 30 Seconds, Charge As: Therapeutic Exercise

- Upper Trapezius Muscle
- Flexibility Activity 1(POE)

Time Elapsed: 2 Minutes, Repetitions: 2, Side: Bilateral, Technique: Passive, Body Position: Seated, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Technique: Active Assistive, Description: POE, Charge As: Therapeutic Exercise

Exercise Activities: Flexibility(L. Quarter):

- Hamstring Muscle (with strap)
- Iliotibial Band.

Time Elapsed: 3 Minutes, Repetitions: 2, Technique: Active, Body Position: Supine, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
Time Elapsed: 2 Minutes, Repetitions: 2, Body Position: Supine, Hold.: 30 Seconds, Charge As: Therapeutic Exercise

- Piriformis Muscle
- Flexibility Activity 2

Time Elapsed: 3 Minutes, Repetitions: 2, Side: Bilateral, Technique: Active-Assistive, Body Position: Supine, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
Time Elapsed: 3 Minutes, Repetitions: 2, Technique: Active, Body Position: forward and sides, Hold.: 30 Seconds, Description: Beggar Stretch, Charge As: Therapeutic Exercise

Exercise Activities: Stabilization Training: Supine Position:

- Bridging
- Curl Ups-Oblique Plane

Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Charge As: Therapeutic Activities
Time Elapsed: 3 Minutes, Repetitions: 15, Sets: 1, Side: Bilateral, Technique 1: Hands on Thighs, Charge As: Therapeutic Activities

- Curl Ups-Straight Plane
- Pelvic Tilts-Knees Flexed(HS curl ball pull in)

Time Elapsed: 3 Minutes, Repetitions: 20, Sets: 2, Technique 1: Hands on Thighs, Charge As: Therapeutic Activities
Time Elapsed: 5 Minutes, Repetitions: 30, Hold.: 5 Seconds, Charge As: Therapeutic Activities

Exercise Activities: Aerobic Conditioning:

- Recumbent Bicycle

Time Elapsed: 15 Minutes, Level: 3, Charge As: Therapeutic Activities

Exercise Activities: Tubing/Bands(L. Quarter):

- Hip Abduction (Tubing)(ex storks 06/10/09)
- Hip Abduction(This visit)
- Hip Extension (Tubing)(ex storks 06/10/09)
- Knee Extension, Full Arc

Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 1, Tubing/Band Color: 2, Charge As: Therapeutic Activities
Did Not Perform:, Charge As: Therapeutic Activities This visit
Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 1, Tubing/Band Color: 2, Weightbearing: Bilateral, Additional Detail: SLR and ext, Charge As: Therapeutic Activities
Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 3, Tubing/Band Color: 30#, Additional Detail: DL, Charge As: Therapeutic Activities

Exercise Activities: Dynamic Training: C-K-C Activity (L. Quarter):

- Squats

Time Elapsed: 2 Minutes, Weight: Pounds, Body Weight Pounds, Repetition: 10, Sets: 2, Tubing/Band Color: medball, Additional Detail: with ball on wall, Performed: Isometric squats, Charge As: Therapeutic Activities

Exercise Activities: Tubing/Bands(U. Quarter):

- Pull Downs

Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: green, Resistive: Concentric/Eccentric, Charge As: Therapeutic Activities

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Kristina M. Cordle, PTA,PTA(SC Lic: 1825); Laura D. Pruette, PT,PT(SC Lic: 5511)

Patient: Thomas Karabees
Acct #: 013-610238068
Visit Date: Jun 15, 2009

Functional/ADL Activities: Functional Task Training:
- Lift Floor to Waist — Time Elapsed: 3 Minutes, Weight - Pounds: 20 Pounds, Repetitions: 10, Charge As: Therapeutic Activities

Manual Interventions: Upper Quarter Soft Tissue:
- Cervicothoracic PVM(feeling better) — Did Not Perform:, Charge As: Manual Therapy Techniques feeling better
- Thoracolumbar PVM(This visit) — Did Not Perform:, Charge As: Manual Therapy Techniques This visit

Modalities:
- Electric Stim, Unattended(for elec pain end of session) — Time Elapsed: 15 Minutes, Location: BOTT lower cervical, Performed With: Moist Heat, Mode: Continuous, Type: TENS, Clinical Use: Post Activity, Charge As: E-Stim, Unattended
- US/HVPGS Combo(Patient refused treatment) — Did Not Perform:, Charge As: E-Stim, Manual Patient refused treatment

Pt./Family Education:
- Patient Education (This visit) — Did Not Perform:, Charge As: Self Care / Home Mgt Training This visit

Therapy Session Time
- Therapy Session Start Time: 08:00 AM
- Therapy Session Stop Time: 09:23 AM

Documented Procedural Code Summary:

Description	Code	Units	Minutes
Electrical Stimulation (unattended)	97014	1	N/A
Therapeutic Activities	97530	3	43
Therapeutic Procedure	97110	2	25

Assessment

Pt with decrease soreness and stiffness after treatment session. Pt with fair understanding of doing HEP to help with s/s.

Initiated:
- Lat pull down, seated beggar, POE

Plan

Daily Plan:
- Continue w/ Current Rehabilitation Program.

Kristina M. Cordle, PTA, PTA(SC Lic: 1825)

Laura D. Pruette, PT, PT(SC Lic: 5511)

Signed in the absence of the primary therapist.

Corvel Capture 7/14/2009

Select Physical Therapy
7 South Alliance Drive
Ste 102A
Goose Creek, SC USA 29445
Phone: (843) 569-2303
Fax: (843) 569-2304

Patient:	Thomas Karabees	Visit Date:	Jun 10, 2009
Acct #:	013-610238068	FSC:	Workers Compensation
DOB:	Oct 13, 1948	Payor:	Not Specified
Clinician:	Laura D. Pruette, PT	Pol/Claim#:	Not Specified
Prim Phy:	William Wilson	Insured:	Not Specified
Phy. Phone:	(843) 572-2663	Employer:	Trident Tech College
Phy. Fax:	(843) 377-0858	Case Mgr:	Not Specified
Sec Phy:	Not Specified	Visits:	6
Inj. Date:	10/31/2008	Cd/Ns:	0
Surg. Date:	Not Specified		

Re-Evaluation

Diagnoses Spine 7242 LUMBAGO
7231 CERVICALGIA

General Information

Pt was diagnosed with Recurring MS in 1998, is on Interferon treatment that is keeping symptoms under control

History of Injury:
- 10/31/08: Pt was carrying projector and computer and fell 6-8 steps, unsure if landed on left or right side.

Subjective Examination

ADL / Functional Status:
- Premorbid status:
  - Basic care: Independent without difficulty. Work status: prior to injury pt was teaching mechanical/vocational studies which required manual labor until 4/11/09 when he retired Recreation/Athletics: 06/10/09 performing daily HEP
- Current status:
  - Work status: Retired. Recreation / Athletics: Unable to perform.

ADL / Functional Status: ADL's: Activities:
- Bathing: Independent without difficulty
- Dressing: Independent without difficulty
- Driving/Traveling(06/10/09 not attempted >30 min): pain with driving
- Lifting(06/10/09 good mech, LBP 5/10): F-W 20# x10
- Walking: pain>10

ADL / Functional Status:
- Occupation: Retired

Chief Complaint: Pain:
- Current Severity: 0/10. (6/10/09 sitting tol 20-60 min). Severity at Best: 6/10. Severity at Worst: 8/10. (06/10/09 bending forward. stand/walk tol 15-20min).

Daily Comments:
- Pt reports he attempted yard work yesterday, had to rest after 8 reps of shoveling dirt.

Functional Capability:
- Overall Improvement: 40%

Mechanism of Injury:
- Primary Episode: 10/31/08

Rehabilitation Expectations/Goals:
- Return to ADL Performance: Unrestricted/Symptom Free. Return to Recreational Activities: Unrestricted/Symptom Free. Return to Athletic Activities: Restricted/Symptom Free. (pt would like to develop an exercise routine).

Objective Examination

Functional Tests: Occupational Tests: Non-Material Handling:
- Repetitive Squatting(06/10/09)10 reps LBP 6/10

Functional Tests: Functional Profile: Balance Test:	Left	Right
Eyes Open(06/10/09)	FR-10" LBP 7/10	FR-9" LBP 8/10

Gait/Locomotion:
- Pt has wide BOS and decreased stance right. Pt has decreased step length bilaterally and decreased cadence.

Integument:
- Intact and without abnormality.

Muscle Testing: Upper Extremity MMT:	May 28, 2009 Left	May 28, 2009 Right	Jun 10, 2009 Left	Jun 10, 2009 Right
Shoulder Abduction	5/5	5/5	5/5	5/5
Shoulder Flexion	5/5	5/5	5/5	5/5
Shoulder External Rotation	5/5	5/5	5/5	5/5

Document ID: 1A700229.007
Laura D. Pruette, PT,PT(SC Lic 5511)

Status: Signed off (secure electronic signature)

Patient: Thomas Karabees
Acct #: 013-610238068
Visit Date: Jun 10, 2009

• Shoulder Internal Rotation	5/5	5/5	5/5	5/5
• Elbow Extension	5/5	5/5	5/5	5/5
• Elbow Flexion				
Muscle Testing: Lower Extremity MMT:	**May 28, 2009**		**Jun 10, 2009**	
	Left	**Right**	**Left**	**Right**
• Hip Abduction	4/5	-4/5	4/5	-4/5
• Hip Flexion	4/5	4/5	+4/5	4/5
• Knee Extension	+4/5	4/5	+4/5	4/5
• Knee Flexion	5/5	+4/5	5/5	+4/5
• Ankle Dorsiflexion				
• Ankle Plantarflexion				
Palpation: Cervical Region: Musculature, Posterior:	**Left**		**Right**	
Tenderness:				
• Levator Scapula	1=Complaint of pain		1=Complaint of pain	
• Rhomboids	1=Complaint of pain		1=Complaint of pain	
• Trapezius, Upper				
Palpation: Thoracic Region: Musculature, Posterior:	**Left**		**Right**	
Tenderness:				
• Latissimus Dorsi	0=No tenderness noted		1=Complaint of pain	
• Trapezius, Lower	0=No tenderness noted		1=Complaint of pain	
Palpation: Lumbosacral Region: Bony Structures, Posterior:	**Left**		**Right**	
Tenderness:				
• Spinous Process,L04	1=Complaint of pain		1=Complaint of pain	
• Spinous Process,L05	1=Complaint of pain		1=Complaint of pain	
Posture:				
• Forward Head/Rounded Shoulders: Mild. (06/10/09).				
Range of Motion: Cervical Degrees:	**May 28, 2009**		**Jun 10, 2009**	
• Active Extension (06/10/09 all ROM)	55 Degrees		65 Degrees	
• Active Flexion	55 Degrees		65 Degrees	
• Active Rotation Left	45 Degrees		60 Degrees	
• Active Rotation Right	45 Degrees		60 Degrees	
• Active Side Bend Left	20 Degrees		25 Degrees	
• Active Side Bend Right	20 Degrees		25 Degrees	
Range of Motion: Lumbar Degrees:	**May 28, 2009**		**Jun 10, 2009**	
• Active Extension (06/10/09 all ROM with pain)	30 Degrees		50 Degrees	
• Active Flexion	30 Degrees		50 Degrees	
• Active Rotation Left(T/L rot)	15 Degrees		45 Degrees	
• Active Rotation Right(T/L rot)	15 Degrees		45 Degrees	
• Active Side Bend Left	15 Degrees		20 Degrees	
• Active Side Bend Right	15 Degrees		20 Degrees	
Range of Motion:				
• 06/10/09 AKE right: -44, Left: -43				
Special Tests: Cervical:	**Left**		**Right**	
• Alar Ligament	Negative		Negative	
• Foraminal Compression	Negative		Negative	
• Slump	Negative		Negative	
• Traction	Aggravates Symptoms		Aggravates Symptoms	
• Vertebral Artery Test	Negative		Negative	
Special Tests: Lumbar:	**Left**		**Right**	
• Lasegue	Aggravates Symptoms		Aggravates Symptoms	
• Slump	Negative		Negative	
• Thomas	Negative		Negative	
Special Tests: Sacroiliac Complex:	**Left**		**Right**	
• Compression	Negative		Negative	
• FABER	Negative		Negative	

Patient: Thomas Karabees
Acct #: 013-610238068
Visit Date: Jun 10, 2009

Gap: Negative; Negative

Treatments

Exercise Activities: Flexibility(U. Quarter):

- Latissimus Dorsi Muscle
- Levator Scapulae Musculature

Time Elapsed: 2 Minutes, Repetitions: 2, Side: Bilateral, Technique: Active-Assistive, Body Position: Standing, Hold: 30 Seconds, Charge As: Therapeutic Exercise

Time Elapsed: 2 Minutes, Repetitions: 2, Technique: Active, Body Position: Seated, Hold.: 30 Seconds, Charge As: Therapeutic Exercise

- Sternocleidomastoid Muscle
- Upper Trapezius Muscle

Time Elapsed: 2 Minutes, Repetitions: 2, Side: Bilateral, Technique: Active, Body Position: Sitting, Hold: 30 Seconds, Charge As: Therapeutic Exercise

Time Elapsed: 2 Minutes, Repetitions: 2, Side: Bilateral, Technique: Passive, Body Position: Seated, Hold.: 30 Seconds, Charge As: Therapeutic Exercise

Exercise Activities: Flexibility(L. Quarter):

- Hamstring Muscle (with strap)
- Iliotibial Band.

Time Elapsed: 3 Minutes, Repetitions: 2, Technique: Active, Body Position: Supine, Hold.: 30 Seconds, Charge As: Therapeutic Exercise

Time Elapsed: 2 Minutes, Repetitions: 2, Body Position: Supine, Hold.: 30 Seconds, Charge As: Therapeutic Exercise

- Piriformis Muscle
- Flexibility Activity 2

Time Elapsed: 4 Minutes, Repetitions: 2, Side: Bilateral, Technique: Active-Assistive, Body Position: Supine, Hold: 30 Seconds, Charge As: Therapeutic Exercise

Time Elapsed: 4 Minutes, Repetitions: 2, Technique: Active, Body Position: forward and sides, Hold.: 30 Seconds, Description: Beggar Stretch, Charge As: Therapeutic Exercise

Exercise Activities: Stabilization Training: Supine Position:

- Bridging
- Curl Ups-Oblique Plane

Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Charge As: Therapeutic Activities

Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 1, Side: Bilateral, Technique 1: Hands on Thighs, Charge As: Therapeutic Activities

- Curl Ups-Straight Plane
- Pelvic Tilts-Knees Flexed(HS curl ball pull in)

Time Elapsed: 3 Minutes, Repetitions: 20, Sets: 2, Technique 1: Hands on Thighs, Charge As: Therapeutic Activities

Time Elapsed: 5 Minutes, Repetitions: 20, Hold.: 5 Seconds, Charge As: Therapeutic Activities

Exercise Activities: Aerobic Conditioning:

- Recumbent Bicycle

Time Elapsed: 15 Minutes, Level: 2, Charge As: Therapeutic Activities

Exercise Activities: Tubing/Bands(L. Quarter):

- Hip Abduction (Tubing) (as storks 06/10/09
- Hip Adduction(This visit)

Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 1, Tubing/Band Color: 3, Charge As: Therapeutic Activities

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

- Hip Flexion (Tubing) (as storks 06/10/09
- Knee Extension, Full Arc

Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 1, Tubing/Band Color: 7, Weight bearing: Leg: Bilateral, Additional Detail: SLR and ext, Charge As: Therapeutic Activities

Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 3, Tubing/Band Color: 30#, Additional Detail: DL, Charge As: Therapeutic Activities

Exercise Activities: Dynamic Training: C-K-C Activity (L. Quarter):

- Squats

Time Elapsed: 2 Minutes, Weight: Pounds: Body Weight: Pounds: Repetitions: 10, Sets: 3, Tubing/Band Color: red ball, Additional Detail: Ball on wall, Depth: mini squats, Charge As: Therapeutic Activities

Functional/ADL Activities: Functional Task Training:

- Lift: Floor to Waist

Time Elapsed: 3 Minutes, Weight: Pounds: 20 Pounds: Repetitions: 10, Charge As: Therapeutic Activities

Manual Interventions: Upper Quarter Soft Tissue:

Patient: Thomas Karaboes
Acct #: 013-610238088
Visit Date: Jun 10, 2009

• Cervicothoracic PVM(feeling better) — Did Not Perform:, Charge As: Manual Therapy Techniques feeling better
• Thoracolumbar PVM(This visit) — Did Not Perform:, Charge As: Manual Therapy Techniques This visit

Modalities:

• Electric Stim Unattended(reader pain/end of session) — Time Elapsed: 15 Minutes, Location: B UT/lower cervical, Performed With: Moist Heat, Mode: continuous, Type: TENS/ Clinical Use Post Activity, Charge As: E-Stim, Unattended
• US/HVPGS Combo(Patient refused treatment) — Did Not Perform:, Charge As: E-Stim, Manual Patient refused treatment

Pt./Family Education:

• Patient Education(This visit) — Did Not Perform:, Charge As: Self Care/ Home Mgt Training This Visit

Therapy Session Time

• Therapy Session Start Time: 08:00 AM
• Therapy Session Stop Time: 09:25 AM
• Total Therapy Session Time: 85 Minutes

Documented Procedural Code Summary:

Description	Code	Units	Minutes
• Electrical (Stimulation (unattended))	97014	1	n/a
• Physical Therapy Reevaluation	97002	1	n/a
• Therapeutic Activities	97530	2	40
• Therapeutic Procedure	97110	2	20

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 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.

Assessment of Improvement:

• Pt demos good overall progress towards goals. Pt demos incr cervical and lumbar ROM, incr squat, incr lifting ability, incr SLS and incr sit/stand/walk tol per report. Pt c/o LBP 5-6/10 with all ROM, all standing and SL activity.

Impairments Identified:

• ADL Function. Balance. Body Mechanics. Endurance. Flexibility. Functional Activities. Gait/Locomotion. Joint Integrity/Mobility. Motor Function. Muscle Performance. Pain. Posture. Range of Motion. Recreational Activities. Transfers. Weakness.

Recommendations: Skilled Intervention: Required To:

• Decrease Pain. Improve Function. Increase Range of Motion. Increase Strength. Return to Premorbid State.

Problems & Goals

Problem #1 **Chief Complaint: Pain: Current Severity: 0/10. (6/10/09 sitting tol 20-60 min).**

LTG Achieve by Jun 25, 2009. Progress: Good progress. able to sit >30 min for driving,housework

Symptomatic Improvements:

• Decreasing Pain: to 3/10.

Problem #2 **Chief Complaint: Pain: Severity at Worst: 8/10. (06/10/09 bending forward. stand/walk tol 15-20min).**

LTG Achieve by Jun 25, 2009. Progress: Some progress. sit/stand/walk>1 hr,

Symptomatic Improvements:

• Decreasing Pain: to 5/10.

Problem #3 **ADL / Functional Status: Premorbid status: Recreation/Athletics: 06/10/09 performing daily HEP**

LTG Achieve by Jun 25, 2009. Progress: Good progress. for independent exercise program

Client Education:

• Independent Home Exercise/Self Care Program.

Problem #4 **ADL / Functional Status: ADL's: Activities.**

LTG Achieve by Jun 25, 2009.

ADL Improvements In: Activities:

• Driving/traveling: 2hr
• Lifting — F-W 20#
• Walking: 1hr

Problem #5 **Range of Motion: Cervical Degrees.**

LTG Achieve by Jun 25, 2009. Progress: Good progress. for driving, dressing, overhead reaching

Range of Motion Improvements to: Cervical:

• Active Extension	35 Degrees
• Active Flexion	65 Degrees
• Active Rotation Left	55 Degrees
• Active Rotation Right	55 Degrees
• Active Side Bend Left	30 Degrees
• Active Side Bend Right	30 Degrees

Problem #6 **Range of Motion: Lumbar Degrees.**

LTG Achieve by Jun 25, 2009. Progress: Good progress. for forward bending,LE dressing, bathing

Range of Motion Improvements to: Lumbar:

• Active Extension	35 Degrees
• Active Flexion	50 Degrees
• Active Rotation Left(T/L rot)	55 Degrees
• Active Rotation Right(T/L rot)	55 Degrees
• Active Side Bend Left	30 Degrees
• Active Side Bend Right	30 Degrees

Problem #7 **Muscle Testing: Lower Extremity MMT.**

LTG Achieve by Jun 25, 2009. for squatting,lifting,transfers

Musculoskeletal Improvements In: Lower Extremity Strength to:	**Left**	**Right**
• Hip Abduction	+4/5	4/5
• Hip Flexion	+4/5	4/5
• Knee Extension	5/5	+4/5
• Knee Flexion	5/5	+4/5
• Ankle Dorsiflexion	5/5	5/5
• Ankle Plantarflexion	5/5	

Problem #8 **Functional Tests: Occupational Tests: Non-Material Handling.**

LTG Achieve by Jun 25, 2009. Progress: Good progress. for functional squatting,lifting

Functional Improvements In: Non-Material Handling:

- Repetitive Squatting to pick up items.

Problem #9 **Functional Tests: Functional Profile: Balance Test.**

LTG Achieve by Jun 25, 2009. for standing tol, with LBP <3/10

Functional Improvements In:

- Balance from: Fair to Average. (SLS Left:60 sec HHA, Right:60 sec HHA).

Problem #10 **Range of Motion: 06/10/09 AKE right: -44, Left: -43**

LTG Achieve by Jun 25, 2009. Progress: Some progress. for dressing LE's, forward bending, lifting

Range of Motion Improvements to:

- AKE Right: -30 deg, Left: -40 deg

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 2 weeks. The outlined therapeutic procedures and services in the plan of care will address the problems and goals identified.

Therapeutic Contents:

- Client Education. Home Exercise Program. Passive Range of Motion Activities. Manual Range of Motion Activities. Active Assistive Range of Motion Activities. Active Range of Motion Activities. Stretching/Flexibility Activities. Proprioceptive/Closed Kinetic Chain Activities. Postural Stabilization Training: Neutral Principle Training. Joint Mobilization Techniques. Soft Tissue Mobilization Techniques. Neural Mobilization Techniques. Neuromuscular Re-education.
- Resistive Activities:
  - Isokinetic. Isometric. Isotonic. Machines/Free Weights. Tubing/Bands.
- Modalities:
  - Cryotherapy. Interferential Stimulation. Moist Hot Pack. T.E.N. Stimulation. TENS Placement/Application. Ultrasound. US/HVPGS Combo.

Patient: Thomas Karabees
Acct #: 013-610238068 Visit Date: Jun 10, 2009

Laura D. Pruette, PT, PT(SC Lic 5511)

Corvel Capture 7/14/2009

Select Physical Therapy
7 South Alliance Drive
Ste 102A
Goose Creek, SC USA 29445
Phone: (843) 569-2303
Fax: (843) 569-2304

Patient:	Thomas Karabees	Visit Date:	Jun 10, 2009
Acct #:	013-610238059	FSC:	Workers Compensation
DOB:	Oct 13, 1948	Payor:	Not Specified
Clinician:	Laura D. Pruette, PT	Pol/Claim#:	Not Specified
Prim Phy:	William Wilson	Insured:	Not Specified
Phy Phone:	(843) 572-2663	Employer:	Trident Tech College
Phy Fax:	(843) 377-0858	Case Mgr:	Not Specified
Sec Phy:	Not Specified	Visits:	6
Inj. Date:	10/31/2008	Cd/Ns:	0
Surg. Date:	Not Specified		

Plan of Care

Diagnoses Spine 7242 LUMBAGO
7231 CERVICALGIA

Subjective Examination

ADL / Functional Status:
- Current status: Work status: Retired.

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 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.

Assessment of Improvement:
- Pt demos good overall progress towards goals. Pt demos incr cervical and lumbar ROM, incr squat, incr lifting ability, incr SLS and incr sit/stand/walk tol per report. Pt c/o LBP 5-6/10 with all ROM, all standing and SL activity.

Impairments Identified:
- ADL Function. Balance. Body Mechanics. Endurance. Flexibility. Functional Activities. Gait/Locomotion. Joint Integrity/Mobility. Motor Function. Muscle Performance. Pain. Posture. Range of Motion. Recreational Activities. Transfers. Weakness.

Recommendations: Skilled Intervention: Required To:
- Decrease Pain. Improve Function. Increase Range of Motion. Increase Strength. Return to Premorbid State.

Problems & Goals

Problem #1 **Chief Complaint: Pain: Current Severity: 0/10. (6/10/09 sitting tol 20-60 min).**
LTG Achieve by Jun 25, 2009. Progress: Good progress. able to sit >30 min for driving,housework
Symptomatic Improvements:
- Decreasing Pain: to 3/10.

Problem #2 **Chief Complaint: Pain: Severity at Worst: 8/10. (06/10/09 bending forward. stand/walk tol 15-20min).**
LTG Achieve by Jun 25, 2009. Progress: Some progress. sit/stand/walk>1 hr,
Symptomatic Improvements:
- Decreasing Pain: to 5/10.

Problem #3 **ADL / Functional Status: Premorbid status: Recreation/Athletics: 06/10/09 performing daily HEP**
LTG Achieve by Jun 25, 2009. Progress: Good progress. for independent exercise program
Client Education:
- Independent Home Exercise/Self Care Program.

Problem #4 **ADL / Functional Status: ADL's: Activities.**
- Bathing — Independent without difficulty
- Dressing — Independent without difficulty
- Driving/traveling(06/10/09 no attempted >30 min) — Pain with >30 min
- Lifting(06/10/09 good mech, LBP 5/10) — F-W 20# x10
- Walking — Pain>1h

LTG Achieve by Jun 25, 2009.
ADL Improvements In: Activities:
- Driving/traveling — 1hr
- Lifting — F-W 20#
- Walking — 3hrs

Problem #5 **Range of Motion: Cervical Degrees.**
- Active Extension(06/10/09 all ROM) — 55 Degrees
- Active Flexion — 65 Degrees

Patient: Thomas Karabees
Acct #: 013-610238068
Visit Date: Jun 10, 2009

- Active Rotation Left 60 Degrees
- Active Rotation Right 60 Degrees
- Active Side Bend Left 25 Degrees
- Active Side Bend Right 25 Degrees

LTG Achieve by Jun 25, 2009. Progress: Good progress. for driving, dressing, overhead reaching

Range of Motion Improvements to: Cervical:

- Active Extension 65 Degrees
- Active Flexion 65 Degrees
- Active Rotation Left 55 Degrees
- Active Rotation Right 55 Degrees
- Active Side Bend Left 30 Degrees
- Active Side Bend Right 30 Degrees

***Problem #6* Range of Motion: Lumbar Degrees.**

- Active Extension (06/10/09 all ROM with pain) 25 Degrees
- Active Flexion 50 Degrees
- Active Rotation Left(T/L rot) 45 Degrees
- Active Rotation Right(T/L rot) 45 Degrees
- Active Side Bend Left 20 Degrees
- Active Side Bend Right 20 Degrees

LTG Achieve by Jun 25, 2009. Progress: Good progress. for forward bending,LE dressing, bathing

Range of Motion Improvements to: Lumbar:

- Active Extension 35 Degrees
- Active Flexion 50 Degrees
- Active Rotation Left(T/L rot) 55 Degrees
- Active Rotation Right(T/L rot) 55 Degrees
- Active Side Bend Left 30 Degrees
- Active Side Bend Right 30 Degrees

***Problem #7* Muscle Testing: Lower Extremity MMT.**	**Left**	**Right**
Ankle Dorsiflexion	4/5	4/5
Ankle Plantarflexion	5/5	+4/5
Hip Abduction	4/5	4/5
Hip Flexion	4/5	4/5
Knee Extension	+4/5	4/5
Knee Flexion	+4/5	4/5

LTG Achieve by Jun 25, 2009. for squatting,lifting,transfers

Musculoskeletal Improvements In: Lower Extremity Strength to:	**Left**	**Right**
Hip Abduction	4/5	4/5
Hip Flexion	+4/5	4/5
Knee Extension	5/5	+4/5
Knee Flexion	5/5	5/5
Ankle Dorsiflexion	5/5	5/5
Ankle Plantarflexion	5/5	5/5

***Problem #8* Functional Tests: Occupational Tests: Non-Material Handling.**

- Repetitive Squatting (06/10/09 100 reps HHA 6/10

LTG Achieve by Jun 25, 2009. Progress: Good progress. for functional squatting,lifting

Functional Improvements In: Non-Material Handling:

- Repetitive Squatting 100 reps HHA 5/10

***Problem #9* Functional Tests: Functional Profile: Balance Test.**	**Left**	**Right**
Eyes Open (06/10/09)	HHA:60 LBP:5/10	HHA:60 LBP: 6/10

LTG Achieve by Jun 25, 2009. for standing tol, with LBP <3/10

Functional Improvements In:

- Balance from: Fair to Average. (SLS Left:60 sec HHA, Right:60 sec HHA).

***Problem #10* Range of Motion: 06/10/09 AKE right: -44, Left: -43**

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Laura D. Pruette, PT,PT(SC Lic 5511)

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Patient: Thomas Karabees
Acct #: 013-610238068 Visit Date: Jun 10, 2009

LTG Achieve by Jun 25, 2009. Progress: Some progress. for dressing LE's, forward bending, lifting

Range of Motion Improvements to:

- AKE Right: -30 deg, Left: -40 deg

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 2 weeks. The outlined therapeutic procedures and services in the plan of care will address the problems and goals identified.

Therapeutic Contents:

- Client Education. Home Exercise Program. Passive Range of Motion Activities. Manual Range of Motion Activities. Active Assistive Range of Motion Activities. Active Range of Motion Activities. Stretching/Flexibility Activities. Proprioceptive/Closed Kinetic Chain Activities. Postural Stabilization Training: Neutral Principle Training. Joint Mobilization Techniques. Soft Tissue Mobilization Techniques. Neural Mobilization Techniques. Neuromuscular Re-education.
- Resistive Activities:
  - Isokinetic. Isometric. Isotonic. Machines/Free Weights. Tubing/Bands.
- Modalities:
  - Cryotherapy. Interferential Stimulation. Moist Hot Pack. T.E.N. Stimulation. TENS Placement/Application. Ultrasound. US/HVPGS Combo.

Laura D. Pruette, PT, PT(SC Lic 5511)

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
7 South Alliance Drive
Ste 102A
Goose Creek, SC USA 29445
Phone: (843) 569-2303
Fax: (843) 569-2304

Patient:	Thomas Karabees
Acct #:	013-610238068
DOB:	Oct 13, 1948
Clinician:	Laura D. Pruette, PT
Prim Phy:	William Wilson
Phy Phone:	(843) 572-2663
Phy Fax:	(843) 377-0858
Sec Phy:	Not Specified
Inj. Date:	10/31/2008
Surg. Date:	Not Specified

Visit Date:	Jun 08, 2009
FSC:	Workers Compensation
Payor:	Not Specified
Pol/Claim#:	Not Specified
Insured:	Not Specified
Employer:	Trident Tech College
Case Mgr:	Not Specified
Visits:	5
Cd/Ns:	0

Daily Note

Diagnoses Spine 7242 LUMBAGO
7231 CERVICALGIA

General Information

Pt was diagnosed with Recurring MS in 1998, is on Interferon treatment that is keeping symptoms under control

History of Injury:

- 10/31/08: Pt was carrying projector and computer and fell 6-8 steps, unsure if landed on left or right side.

Subjective Examination

"My legs are bothering me, my back was really hurting me this weekend"

ADL / Functional Status:

- Premorbid status:
  - Basic care: Independent without difficulty. Work status: prior to injury pt was teaching mechanical/vocational studies which required manual labor until 4/11/09 when he retired Recreation/Athletics: not performing since injury
- Current status:
  - Work status: Retired. Recreation / Athletics: Unable to perform.

ADL / Functional Status: ADL's Activities:

- Bathing: Independent without difficulty
- Dressing: Independent without difficulty
- Driving/Traveling: Pain with >30 min
- Lifting: Unable to perform
- Walking: Pain >1hr

ADL / Functional Status:

- Occupation: Retired

Chief Complaint: Pain:

- Current Severity: 0/10. (6/8/09). Severity at Best: 6/10. Severity at Worst: 9/10. (walk>40 min,sit >1 hour,stand working on jeep 5 mn).

Mechanism of Injury:

- Primary Episode: 10/31/08

Rehabilitation Expectations/Goals:

- Return to ADL Performance: Unrestricted/Symptom Free. Return to Recreational Activities: Unrestricted/Symptom Free. Return to Athletic Activities: Restricted/Symptom Free. (pt would like to develop an exercise routine).

Objective Examination

Functional Tests: Occupational Tests: Non-Material Handling:

- Corrective Squatting avoids painful lumbar flexion

Functional Tests: Functional Profile: Balance Test: Left: 12 sec (WNL) Right: 15 sec (WNL)

- Eyes Open

Gait/Locomotion:

- Pt has wide BOS and decreased stance right. Pt has decreased step length bilaterally and decreased cadence.

Integument:

- Intact and without abnormality.

Muscle Testing: Upper Extremity MMT:	Left	Right
Shoulder Abduction	5/5	5/5
Shoulder Flexion	5/5	5/5
Shoulder External Rotation	5/5	5/5
Shoulder Internal Rotation	5/5	5/5
Elbow Extension	5/5	5/5
Elbow Flexion	5/5	5/5

Muscle Testing: Lower Extremity MMT:	Left	Right

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Kristina M. Cordle, PTA,PTA(SC Lic: 1825); Laura D. Pruette, PT,PT(SC Lic: 5511)

Patient: Thomas Karabees
Acct #: 013-610238068 Visit Date: Jun 08, 2009

• Hip Abduction	4/5	4/5
• Hip Flexion	4/5	4/5
• Knee Extension	+4/5	4/5
• Knee Flexion	5/5	5/5
• Ankle Dorsiflexion	5/5	+4/5
• Ankle Plantarflexion	5/5	+4/5
Palpation: Cervical Region: Musculature, Posterior:	**Left**	**Right**
Tenderness:		
• Levator Scapulae	1=Complaint of pain	1=Complaint of pain
• Rhomboids	1=Complaint of pain	1=Complaint of pain
• Trapezius, Upper	1=Complaint of pain	1=Complaint of pain
Palpation: Thoracic Region: Musculature, Posterior:	**Left**	**Right**
Tenderness:		
• Latissimus Dorsi	0=No tenderness noted	1=Complaint of pain
• Trapezius, Lower	0=No tenderness noted	1=Complaint of pain
Palpation: Lumbosacral Region: Bony Structures, Posterior:	**Left**	**Right**
Tenderness:		
• Spinous Process,L04	1=Complaint of pain	1=Complaint of pain
• Spinous Process,L05	1=Complaint of pain	1=Complaint of pain
Posture:		
• Forward Head/Rounded Shoulders: Mild.		
Range of Motion: Cervical Degrees:		
• Active Extension	55 Degrees	
• Active Flexion	70 Degrees	
• Active Rotation Left	45 Degrees	
• Active Rotation Right	50 Degrees	
• Active Side Bend Left	20 Degrees	
• Active Side Bend Right	20 Degrees	
Range of Motion: Lumbar Degrees:		
• Active Extension	30 Degrees	
• Active Flexion	15 Degrees	
• Active Rotation Left	15 Degrees	
• Active Rotation Right	15 Degrees	
• Active Side Bend Left	15 Degrees	
• Active Side Bend Right		
Range of Motion:		
• AKE right: -45, Left: -50		
Special Tests: Cervical:	**Left**	**Right**
• Adson's	Negative	Negative
• Foraminal Compression	Negative	Negative
• Slump	Negative	Negative
• Traction	Aggravates Symptoms	Aggravates Symptoms
• Vertebral Artery Test	Negative	Negative
Special Tests: Lumbar:	**Left**	**Right**
• Lasegue	Aggravates Symptoms	Aggravates Symptoms
• Slump	Negative	Negative
• Thomas	Right Iliopsoas	Right Iliopsoas
Special Tests: Sacroiliac Complex:	**Left**	**Right**
• Compression	Negative	Negative
• FABER	Negative	Negative
• Gaenslen's	Negative	Negative

Treatments

Exercise Activities: Flexibility(U. Quarter):

Patient: Thomas Karabees
Acct #: 013-610238068
Visit Date: Jun 08, 2009

• Mid/Sinus Portal Muscle	Time Elapsed: 4 Minutes, Repetitions: 2, Side: Bilateral, Technique: Active Assistive, Body Position: Standing, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Sternocleidomastoid Muscle(This visit)	Did Not Perform:, Charge As: Therapeutic Exercise This visit
• Upper Trapezius Muscle(This visit)	Did Not Perform:, Charge As: Therapeutic Exercise This visit

Exercise Activities: Flexibility(L Quarter):

• Hamstring Muscle (with Strap)	Time Elapsed: 4 Minutes, Repetitions: 2, Technique: Active, Body Position: Supine, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Piriformis Muscle	Time Elapsed: 5 Minutes, Repetitions: 2, Side: bilateral, Technique: Active Assistive, Body Position: Supine, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Flexibility Activity 1 (LTB)	Time Elapsed: 5 Minutes, Repetitions: 3, Side: Bilateral, Technique: Active Assistive, Body Position: TB stretch with strap, Hold.: 30 Seconds, Description: Supine, Charge As: Therapeutic Exercise
• Flexibility Activity 2	Time Elapsed: 4 Minutes, Repetitions: 2, Technique: Active, Body Position: forward and sides, Hold.: 30 Seconds, Description: Beggar Stretch, Charge As: Therapeutic Exercise

Exercise Activities: Stabilization Training: Supine Position:

• Bridging	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Charge As: Therapeutic Activities
• Curl Ups w/ Ball-Oblique Plane	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Additional Detail: Push into red ball, Charge As: Therapeutic Activities
• Pelvic Tilts- Knees Flexed (S, curl ball pull in)	Time Elapsed: 5 Minutes, Repetitions: 20, Hold.: 5 Seconds, Charge As: Therapeutic Exercise

Exercise Activities: Aerobic Conditioning:

• Recumbent Bicycle	Time Elapsed: 15 Minutes, Level: 2, Charge As: Therapeutic Activities

Exercise Activities: Tubing/Bands(L Quarter):

• Hip Abduction(Tubing)	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: , Charge As: Therapeutic Activities
• Hip Adduction	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: yellow ball, Time: 2-3 sec holds Seconds, Additional Detail: supine, Charge As: Therapeutic Activities
• Hip Flexion(Tubing)	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: , Weight/Resist.: Leg: Bilateral, Additional Detail: SLR and ext, Charge As: Therapeutic Activities
• Knee Extension, Full Arc(SL)	Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 10#, Additional Detail: B LE, Charge As: Therapeutic Activities

Exercise Activities: Dynamic Training: C-K-C Activity (L Quarter):

• Squatting	Time Elapsed: 2 Minutes, Weight: Pounds, Hour Weight: Pounds, Repetitions: 10, Sets: 2, Tubing/Band Color: red ball, Additional Detail: Bilateral with ball on wall, Depth: mini squats, Charge As: Therapeutic Activities

Manual Interventions: Upper Quarter Soft Tissue:

• Cervicothoracic PVM(Feeling Better)	Did Not Perform:, Charge As: Manual Therapy Techniques Feeling Better
• Thoracolumbar PVM(This visit)	Did Not Perform:, Charge As: Manual Therapy Techniques This visit

Modalities:

• US/HVPGS Combo(Ratio) (Refused treatment)	Did Not Perform, Charge As: Stim, Manual Patient Refused treatment

Pt./Family Education:

• Patient Education Items(This visit)	Did Not Perform, Charge As: Self Care / Home Mgt. Training This visit

Therapy Session Time

• Therapy Session Start Time	07:55 AM
• Therapy Session Stop Time	09:00 AM

Documented Procedural Code Summary:

Description	Code	Units	Minutes

Document ID: 1A700229.006 Status: Signed off (secure electronic signature)
Kristina M. Cordle, PTA,PTA(SC Lic: 1825); Laura D. Pruette, PT,PT(SC Lic: 5511)

Patient: Thomas Karabees
Acct #: 013-610238068 Visit Date: Jun 08, 2009

• Therapeutic Activities	97530	2	30
• Therapeutic Procedure	97110	2	27

Assessment

SLS 5 sec B no HHA, 1 fingertip assist 30 secs B. Pt with c/o pain with SLS exs decreased with beggar stretch and standing lat stretch.

Plan

Daily Plan:

- Continue w/ Current Rehabilitation Program.

Kristina M. Cordle, PTA, PTA(SC Lic 1825)

Laura D. Pruette, PT, PT(SC Lic 5511)

Select Physical Therapy
7 South Alliance Drive
Ste 102A
Goose Creek, SC USA 29445
Phone: (843) 569-2303
Fax: (843) 569-2304

Patient:	Thomas Karabees	Visit Date:	Jun 05, 2009
Acct #:	013-610238068	FSC:	Workers Compensation
DOB:	Oct 13, 1948	Payor:	Not Specified
Clinician:	Laura D. Pruette, PT	Pol/Claim#:	Not Specified
Prim Phy:	William Wilson	Insured:	Not Specified
Phy Phone:	(843) 572-2663	Employer:	Trident Tech College
Phy Fax:	(843) 377-0858	Case Mgr:	Not Specified
Sec Phy:	Not Specified	Visits:	4
Inj. Date:	10/31/2008	Cd/Ns:	0
Surg. Date:	Not Specified		

Daily Note

Diagnoses Spine 7242 LUMBAGO
7231 CERVICALGIA

General Information

Pt was diagnosed with Recurring MS in 1998, is on Interferon treatment that is keeping symptoms under control

History of Injury:

- 10/31/08: Pt was carrying projector and computer and fell 6-8 steps, unsure if landed on left or right side.

Subjective Examination

ADL / Functional Status:

- Premorbid status:
  - Basic care: Independent without difficulty. Work status: ..... prior to injury pt was teaching mechanical/vocational studies which required manual labor until 4/11/09 when he retired. Recreation/Athletics: ..... not performing since injury
- Current status:
  - Work status: Retired.. Recreation / Athletics: Unable to perform.

ADL / Functional Status: ADL's: Activities:

• Bathing	Independent without difficulty
• Dressing	Independent without difficulty
• Driving/Traveling	pain w/ sit >40 min
• Lifting	Unable to perform
• Walking	pain >1hr

ADL / Functional Status:

- Occupation: Retired

Chief Complaint: Pain:

- Current Severity: 5/10. (sore from exercises 6/05/09). Severity at Best: 6/10.. Severity at Worst: 9/10. (walk>40 min,sit >1 hour,stand working on jeep 5 mn).

Daily Comments:

- No New Complaints.

Mechanism of Injury:

- Primary Episode: 10/31/08

Rehabilitation Expectations/Goals:

- Return to ADL Performance: Unrestricted/Symptom Free.. Return to Recreational Activities: Unrestricted/Symptom Free.. Return to Athletic Activities: Restricted/Symptom Free. (pt would like to develop an exercise routine).

Objective Examination

Functional Tests: Occupational Tests: Non-Material Handling:

• Repetitive Squatting 37 reps and mild lumbar pain	

Functional Tests: Functional Profile: Balance Test:

	Left	Right
• Eyes Open	Sec	Sec

Gait/Locomotion:

- Pt has wide BOS and decreased stance right. Pt has decreased step length bilaterally and decreased cadence.

Integument:

- Intact and without abnormality.

Muscle Testing: Upper Extremity MMT:

	Left	Right
• Shoulder Abduction	5/5	5/5
• Shoulder Flexion	5/5	5/5
• Shoulder External Rotation	5/5	5/5
• Shoulder Internal Rotation	5/5	5/5
• Elbow Extension	5/5	5/5
• Elbow Flexion		

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Corlas A. Ross, PTA,PTA(SC Lic 1836); Laura D. Pruette, PT,PT(SC Lic 5511)

Patient: Thomas Karabees
Acct #: 013-610238068
Visit Date: Jun 05, 2009

	Left	Right
Muscle Testing: Lower Extremity MMT:		
• Hip Abduction	4/5	4/5
• Hip Flexion	4/5	4/5
• Knee Extension	4/5	4/5
• Knee Flexion	4/5	4/5
• Ankle Dorsiflexion	5/5	4/5
• Ankle Plantarflexion		
Palpation: Cervical Region: Musculature, Posterior:	**Left**	**Right**
Tenderness:		
• Levator Scapulae	1=Complaint of pain	1=Complaint of pain
• Rhomboids	1=Complaint of pain	1=Complaint of pain
• Trapezius, Upper	1=Complaint of pain	1=Complaint of pain
Palpation: Thoracic Region: Musculature, Posterior:	**Left**	**Right**
Tenderness:		
• Latissimus Dorsi	0=No tenderness noted	1=Complaint of pain
• Trapezius, Lower	0=No tenderness noted	1=Complaint of pain
Palpation: Lumbosacral Region: Bony Structures, Posterior:	**Left**	**Right**
Tenderness:		
• Spinous Process,L04	1=Complaint of pain	1=Complaint of pain
• Spinous Process,L05	1=Complaint of pain	1=Complaint of pain
Posture:		
• Forward Head/Rounded Shoulders: Mild.		
Range of Motion: Cervical Degrees:		
• Active Extension	25 Degrees	
• Active Flexion	55 Degrees	
• Active Rotation Left	32 Degrees	
• Active Rotation Right	45 Degrees	
• Active Side Bend Left	20 Degrees	
• Active Side Bend Right	20 Degrees	
Range of Motion: Lumbar Degrees:		
• Active Extension	20 Degrees	
• Active Flexion	30 Degrees	
• Active Rotation Left	15 Degrees	
• Active Rotation Right	15 Degrees	
• Active Side Bend Left	15 Degrees	
• Active Side Bend Right	15 Degrees	
Range of Motion:		
• AKE right: -45, Left: -50		
Special Tests: Cervical:	**Left**	**Right**
• Alar Ligament	Negative	Negative
• Foraminal Compression	Negative	Negative
• Slump	Negative	Negative
• Traction	Aggravates Symptoms	Aggravates Symptoms
• Vertebral Artery Test	Negative	Negative
Special Tests: Lumbar:	**Left**	**Right**
• Lasegue	Aggravates Symptoms	Aggravates Symptoms
• Slump	Negative	Negative
• Thomas Test	Iliopsoas	Iliopsoas
Special Tests: Sacroiliac Complex:	**Left**	**Right**
• Compression	Negative	Negative
• FABER	Negative	Negative
• Gaenslen	Negative	Negative

Treatments

Exercise Activities: Flexibility(U. Quarter):

Document ID: 1A700229.005 Status: Signed off (secure electronic signature)
Corlas A. Ross, PTA,PTA(SC Lic. 1836); Laura D. Pruette, PT,PT(SC Lic: 5511)

Patient: Thomas Karabees
Acct #: 013-610238068
Visit Date: Jun 05, 2009

• Sternocleidomastoid Muscle	Time Elapsed: 3 Minutes, Repetitions: 2, Side: Bilateral, Technique: Active, Body Position: Sitting, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Upper Trapezius Muscle	Time Elapsed: 3 Minutes, Repetitions: 2, Side: Bilateral, Technique: Passive, Body Position: Seated, Hold.: 30 Seconds, Charge As: Therapeutic Exercise

Exercise Activities: Flexibility(L Quarter):

• Hamstring Muscle (with Strap)	Time Elapsed: 4 Minutes, Repetitions: 2, Technique: Active, Body Position: Supine, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Piriformis Muscle	Time Elapsed: 5 Minutes, Repetitions: 2, Side: bilateral, Technique: Active Assistive, Body Position: Supine, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Flexibility Activity 1 (QTB)	Time Elapsed: 5 Minutes, Repetitions: 3, Side: bilateral, Technique: Active Assistive, Body Position: Lt Stretch with Strap, Hold.: 30 Seconds, Description: Supine, Charge As: Therapeutic Exercise
• Flexibility Activity 2	Time Elapsed: 4 Minutes, Repetitions: 2, Technique: Active, Body Position: forward and sides, Hold.: 30 Seconds, Description: Beggar Stretch, Charge As: Therapeutic Exercise

Exercise Activities: Stabilization Training: Supine Position:

• Bridging	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Charge As: Therapeutic Activities
• Curl Ups w/ Ball-Oblique Plane	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Additional Detail: Push into red ball, Charge As: Therapeutic Activities
• Pelvic Tilts (Abs) Level	Time Elapsed: 5 Minutes, Repetitions: 20, Hold.: 5 Seconds, Charge As: Therapeutic Exercise

Exercise Activities: Aerobic Conditioning:

• Recumbent Bicycle	Time Elapsed: 6 Minutes, Level: 2, Charge As: Therapeutic Activities

Exercise Activities: Tubing/Bands(L Quarter):

• Hip Abduction (Tubing)	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: yellow, Charge As: Therapeutic Activities
• Hip Adduction	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: yellow ball, Time: 2-3 sec holds Seconds, Additional Detail: supine, Charge As: Therapeutic Activities
• Hip Flexion (Tubing)	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 10#, Additional Detail: B LE, Charge As: Therapeutic Activities
• Knee Extension, Full Arc	Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 10#, Additional Detail: B LE, Charge As: Therapeutic Activities

Exercise Activities: Dynamic Training: C-K-C Activity (L Quarter):

• Squatting	Time Elapsed: 3 Minutes, Weight: Patient Body Weight Pounds, Repetitions: 10, Sets: 2, Tubing/Band Color: red ball, Additional Detail: With Ball Wall Squat, Depth: Mini squats, Charge As: Therapeutic Activities

Manual Interventions: Upper Quarter Soft Tissue:

• Cervicothoracic PVM (feeling better)	Did Not Perform, Charge As: Manual Therapy Techniques, Pt felt better
• Thoracolumbar PVM	Time Elapsed: 10 Minutes, Tx Depth: Moderate, Side: Right T7-T11, Technique: MRR/STT, Assisting Technique: Prone, Additional Detail: Lower Trapezius, Charge As: Manual Therapy Techniques

Modalities:

• US/IFC/ES Combo (Patient refused treatment)	Did Not Perform, Charge As: Unattended Modalities, Manual, Patient refused treatment

Pt./Family Education:

• Patient Education This Visit	Did Not Perform, Charge As: Self Care / Home Mgt Training, This visit

Therapy Session Time

• Therapy Session Start Time	08:00 AM
• Therapy Session Stop Time	09:10 AM

Document ID: 1A700229.005 Status: Signed off (secure electronic signature)
Corlas A. Ross, PTA,PTA(SC Lic 1836); Laura D. Pruette, PT,PT(SC Lic 5511)

Patient: Thomas Karabees
Acct #: 013-610238068
Visit Date: Jun 05, 2009

Documented Procedural Code Summary:

Description	Code	Units	Minutes
• Manual Therapy Techniques	97140	1	30
• Therapeutic Activities	97530	2	30
• Therapeutic Procedure	97110	2	30

Assessment

Tolerance:

- Increased rec bike to 15',Added squats and LAQ all to increase LE strength. All performed without c/o pain back or neck.

Plan

Daily Plan:

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

Corlas Ross PTA

Corlas A. Ross, PTA, PTA(SC Lic 1836)

Corlas Ross PTA

Laura D. Pruette, PT, PT(SC Lic 5511)

Signed in the absence of the primary therapist.

Document ID: 1A700229.005 Status: Signed off (secure electronic signature)
Corlas A. Ross, PTA,PTA(SC Lic 1836); Laura D. Pruette, PT,PT(SC Lic 5511)

Corvel Capture 7/13/2009

Select Physical Therapy
7 South Alliance Drive
Ste 102A
Goose Creek, SC USA 29445
Phone: (843) 569-2303
Fax: (843) 569-2304

Patient:	Thomas Karabees		
Acct #:	013-610238068	Visit Date:	Jun 03, 2009
DOB:	Oct 13, 1948	FSC:	Workers Compensation
Clinician:	Tracey L. Manasco, PT	Payor:	Not Specified
Prim Phy:	William Wilson	Pol/Claim#:	Not Specified
Phy Phone:	(843) 572-2663	Insured:	Not Specified
Phy Fax:	(843) 377-0858	Employer:	Trident Tech College
Sec Phy:	Not Specified	Case Mgr:	Not Specified
Inj. Date:	10/31/2008	Visits:	3
Surg. Date:	Not Specified	Cxl/Ns:	0

Daily Note

Diagnoses Spine 7242 LUMBAGO
7231 CERVICALGIA

General Information

Pt was diagnosed with Recurring MS in 1998, is on Interferon treatment that is keeping symptoms under control

History of Injury:

- 10/31/08: Pt was carrying projector and computer and fell 6-8 steps, unsure if landed on left or right side.

Subjective Examination

ADL / Functional Status:

- Premorbid status:
  - Basic care: Independent without difficulty. Work status: prior to injury pt was teaching mechanical/vocational studies which required manual labor until 4/11/09 when he retired Recreation/Athletics: not performing since injury
- Current status:
  - Work status: Retired. Recreation / Athletics: Unable to perform.

ADL / Functional Status: ADL's: Activities:

• Bathing	Independent without difficulty
• Dressing	Independent without difficulty
• Driving/Traveling	pain with >40 min
• Lifting	Unable to perform
• Walking	pain >1hr

ADL / Functional Status:

- Occupation: Retired

Chief Complaint: Pain:

- Current Severity: 5/10. (sore from exercises 6/03/09). Severity at Best: 6/10. Severity at Worst: 9/10. (walk>40 min,sit >1 hour,stand working on jeep 5 mn).

Mechanism of Injury:

- Primary Episode: 10/31/08

Rehabilitation Expectations/Goals:

- Return to ADL Performance: Unrestricted/Symptom Free. Return to Recreational Activities: Unrestricted/Symptom Free. Return to Athletic Activities: Restricted/Symptom Free. (pt would like to develop an exercise routine).

Objective Examination

Functional Tests: Occupational Tests: Non-Material Handling:

- Repetitive Squatting 87 deg, painful lumbar

Functional Tests: Functional Profile: Balance Test:	**Left**	**Right**
• Eyes Open	12 sec HHA	15 sec HHA

Gait/Locomotion:

- Pt has wide BOS and decreased stance right. Pt has decreased step length bilaterally and decreased cadence.

Integument:

- Intact and without abnormality.

Muscle Testing: Upper Extremity MMT:	**Left**	**Right**
• Shoulder Abduction	5/5	5/5
• Shoulder Flexion	5/5	5/5
• Shoulder External Rotation	5/5	5/5
• Shoulder Internal Rotation	5/5	5/5
• Elbow Extension	5/5	5/5
• Elbow Flexion	5/5	5/5
Muscle Testing: Lower Extremity MMT:	**Left**	**Right**
• Hip Abduction	4/5	4/5

Patient: Thomas Karabees
Acct #: 013-610238068 Visit Date: Jun 03, 2009

• Hip Flexion	4/5	-4/5
• Knee Extension	+4/5	4/5
• Knee Flexion	+4/5	4/5
• Ankle Dorsiflexion	+4/5	+4/5
• Ankle Plantarflexion	5/5	+4/5
Palpation: Cervical Region: Musculature, Posterior:	**Left**	**Right**
Tenderness:		
• Levator Scapula	1=Complaint of pain	1=Complaint of pain
• Rhomboids	1=Complaint of pain	1=Complaint of pain
• Trapezius, Upper	1=Complaint of pain	1=Complaint of pain
Palpation: Thoracic Region: Musculature, Posterior:	**Left**	**Right**
Tenderness:		
• Latissimus Dorsi	0=No tenderness noted	1=Complaint of pain
• Trapezius, Lower	0=No tenderness noted	1=Complaint of pain
Palpation: Lumbosacral Region: Bony Structures, Posterior:	**Left**	**Right**
Tenderness:		
• Spinous Process,L04	1=Complaint of pain	1=Complaint of pain
• Spinous Process,L05	1=Complaint of pain	1=Complaint of pain
Posture:		
• Forward Head/Rounded Shoulders: Mild.		
Range of Motion: Cervical Degrees:		
• Active Extension	25 Degrees	
• Active Flexion	55 Degrees	
• Active Rotation Left	42 Degrees	
• Active Rotation Right	45 Degrees	
• Active Side Bend Left	30 Degrees	
• Active Side Bend Right	20 Degrees	
Range of Motion: Lumbar Degrees:		
• Active Extension	20 Degrees	
• Active Flexion	30 Degrees	
• Active Rotation Left	15 Degrees	
• Active Rotation Right	15 Degrees	
• Active Side Bend Left	15 Degrees	
• Active Side Bend Right	15 Degrees	
Range of Motion:		
• AKE right: -45, Left: -50		
Special Tests: Cervical:	**Left**	**Right**
• Alar Ligament	Negative	Negative
• Foraminal Compression	Negative	Negative
• Slump	Negative	Negative
• Traction	Aggravates Symptoms	Aggravates Symptoms
• Vertebral Artery Test	Negative	Negative
Special Tests: Lumbar:	**Left**	**Right**
• Laseque	Aggravates Symptoms	Aggravates Symptoms
• Slump	Negative	Negative
• Thomas	tight iliopsoas	tight iliopsoas
Special Tests: Sacroiliac Complex:	**Left**	**Right**
• Compression	Negative	Negative
• FABER	Negative	Negative
• Gap	Negative	Negative

Treatments

Exercise Activities: Flexibility(U. Quarter):

- Sternocleidomastoid Muscle — Time Elapsed: 4 Minutes, Repetitions: 2, Side: Bilateral, Technique: Active, Body Position: Sitting, Hold.: 30 Seconds, Charge As: Therapeutic Exercise

• Upper Trapezius Muscle	Time Elapsed: 3 Minutes, Repetitions: 2, Side: Bilateral, Technique: Passive, Body Position: Seated, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
Exercise Activities: Flexibility(L. Quarter):	
• Hamstring Muscle(with strap)	Time Elapsed: 4 Minutes, Repetitions: 2, Technique: Active, Body Position: Supine, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Piriformis Muscle	Time Elapsed: 5 Minutes, Repetitions: 2, Side: bilateral, Technique: Active Assistive, Body Position: Supine, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Flexibility Activity 1(ITB)	Time Elapsed: 5 Minutes, Repetitions: 3, Side: bilateral, Technique: Active Assistive, Body Position: ITB stretch with strap, Hold.: 30 Seconds, Description: Supine, Charge As: Therapeutic Exercise
• Flexibility Activity 2	Time Elapsed: 4 Minutes, Repetitions: 2, Technique: Active, Body Position: forward and sides, Hold.: 30 Seconds, Description: Beggar Stretch, Charge As: Therapeutic Exercise
Exercise Activities: Stabilization Training: Supine Position:	
• Bridging	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Charge As: Therapeutic Activities
• Curl Ups w/ Ball-Oblique Plane	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Additional Detail: Push into red ball, Charge As: Therapeutic Activities
• Pelvic Tilts-Knees Flexed	Time Elapsed: 5 Minutes, Repetitions: 20, Hold.: 5 Seconds, Charge As: Therapeutic Exercise
Exercise Activities: Aerobic Conditioning:	
• Recumbent Bicycle	Time Elapsed: 10 Minutes, Level: 2, Charge As: Therapeutic Activities
Exercise Activities: Tubing/Bands(L. Quarter):	
• Hip Abduction (Tubing)	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 0#, Charge As: Therapeutic Activities
• Hip Adduction	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: yellow ball, Time: 2-3 sec holds Seconds, Additional Detail: supine, Charge As: Therapeutic Activities
• Hip Flexion (Tubing)	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 0#, Additional Detail: SLR, Charge As: Therapeutic Activities
Manual Interventions: Upper Quarter Soft Tissue:	
• Cervicothoracic PVM	Time Elapsed: 10 Minutes, Tx Depth: Moderate, Side: B, Technique: Strumming, Direction: Multidirectional, Additional Detail: supine, Charge As: Manual Therapy Techniques
• Thoracolumbar PVM(This visit)	Did Not Perform:, Charge As: Manual Therapy Techniques This visit
Modalities:	
• US/HVPGS Combo(Patient refused treatment)	Did Not Perform:, Charge As: E-Stim, Manual Patient refused treatment
Pt./Family Education:	
• Patient Education 1(This visit)	Did Not Perform:, Charge As: Self Care / Home Mgt Training This visit
Therapy Session Time	
• Therapy Session Start Time	08:00 AM
• Therapy Session Stop Time	09:05 AM

Documented Procedural Code Summary:

Description	Code	Units	Minutes
• Manual Therapy Techniques	97140	1	10
• Therapeutic Activities	97530	2	20
• Therapeutic Procedure	97110	2	30

Assessment

The patient tolerated today's treatment intervention without complaints of pain or difficulty.

Recommendations:

• Continue with current rehabilitation program. Advance per rehabilitation protocol.

Patient: Thomas Karabees
Acct #: 013-610238068 Visit Date: Jun 03, 2009

Plan

Recommendations:

- Advance per Rehabilitation Protocol. Progress as tolerated with home exercise program.

Tracey L. Manasco, PT, PT(SC Lic: 4479)

Corvel Capture 7/13/2009

Select Physical Therapy
7 South Alliance Drive
Ste 102A
Goose Creek, SCUSA 29445
Phone: (843) 569-2303
Fax: (843) 569-2304

Patient:	Thomas Karabees		
Acct #:	013-610238068	Visit Date:	Jun 01, 2009
DOB:	Oct 13, 1948	FSC:	Workers Compensation
Clinician:	Laura D. Pruette, PT	Payor:	Not Specified
Prim Phy:	William Wilson	Pol/Claim#:	Not Specified
Phy Phone:	(843) 572-2663	Insured:	Not Specified
Phy Fax:	(843) 377-0858	Employer:	Trident Tech College
Sec Phy:	Not Specified	Case Mgr:	Not Specified
Inj. Date:	10/31/2008	Visits:	2
Surg. Date:	Not Specified	Cxl/Ns:	0

Daily Note

Diagnoses Spine 7242 LUMBAGO
7231 CERVICALGIA

General Information

Pt was diagnosed with Recurring MS in 1998, is on Interferon treatment that is keeping symptoms under control

History of Injury:

- 10/31/08: Pt was carrying projector and computer and fell 6-8 steps, unsure if landed on left or right side.

Subjective Examination

Pt reports increase B LE pain. (pointed down B hamstrings).

ADL / Functional Status:

- Premorbid status:
  - Basic care: Independent without difficulty. Work status: prior to injury pt was teaching mechanical/vocational studies which required manual labor until 4/11/09 when he retired Recreation/Athletics: not performing since injury
- Current status:
  - Work status: Retired. Recreation / Athletics: Unable to perform.

ADL / Functional Status: ADL's: Activities:

• Bathing	Independent without difficulty
• Dressing	Independent without difficulty
• Driving/Traveling	pain with >40 min
• Lifting	Unable to perform
• Walking	pain >1hr

ADL / Functional Status:

- Occupation: Retired

Chief Complaint: Pain:

- Current Severity: 6/10. (sitting, in low back and neck). Severity at Best: 6/10. Severity at Worst: 9/10. (walk>40 min,sit >1 hour,stand working on jeep 5 mn).

Mechanism of Injury:

- Primary Episode: 10/31/08

Rehabilitation Expectations/Goals:

- Return to ADL Performance: Unrestricted/Symptom Free. Return to Recreational Activities: Unrestricted/Symptom Free. Return to Athletic Activities: Restricted/Symptom Free. (pt would like to develop an exercise routine).

Objective Examination

Functional Tests: Occupational Tests: Non-Material Handling:

- Repetitive Squatting 87 deg, painful lumbar

Functional Tests: Functional Profile: Balance Test:	**Left**	**Right**
• Eyes Open	12 sec HHA	15 sec HHA

Gait/Locomotion:

- Pt has wide BOS and decreased stance right. Pt has decreased step length bilaterally and decreased cadence.

Integument:

- Intact and without abnormality.

Muscle Testing: Upper Extremity MMT:	**Left**	**Right**
• Shoulder Abduction	5/5	5/5
• Shoulder Flexion	5/5	5/5
• Shoulder External Rotation	5/5	5/5
• Shoulder Internal Rotation	5/5	5/5
• Elbow Extension	5/5	5/5
• Elbow Flexion	5/5	5/5
Muscle Testing: Lower Extremity MMT:	**Left**	**Right**

Patient: Thomas Karabees
Acct #: 013-610238068 Visit Date: Jun 01, 2009

• Hip Abduction	4/5	4/5
• Hip Flexion	4/5	4/5
• Knee Extension	+4/5	4/5
• Knee Flexion	+4/5	4/5
• Ankle Dorsiflexion	+4/5	+4/5
• Ankle Plantarflexion	5/5	+4/5
Palpation: Cervical Region: Musculature, Posterior: Tenderness:	**Left**	**Right**
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• Rhomboids	1=Complaint of pain	1=Complaint of pain
• Trapezius, Upper	1=Complaint of pain	1=Complaint of pain
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Range of Motion:		
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Special Tests: Cervical:	**Left**	**Right**
• Alar Ligament	Negative	Negative
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• Thomas	tight iliopsoas	tight iliopsoas
Special Tests: Sacroiliac Complex:	**Left**	**Right**
• Compression	Negative	Negative
• FABER	Negative	Negative
• Gap	Negative	Negative

Treatments

Exercise Activities: Flexibility(U. Quarter):

Patient: Thomas Karabees
Acct #: 013-610238068 Visit Date: Jun 01, 2009

• Sternocleidomastoid Muscle	Time Elapsed: 4 Minutes, Repetitions: 2, Side: Bilateral, Technique: Active, Body Position: Sitting, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
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Exercise Activities: Stabilization Training: Supine Position:	
• Bridging	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Charge As: Therapeutic Activities
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Exercise Activities: Aerobic Conditioning:	
• Recumbent Bicycle	Time Elapsed: 10 Minutes, Level: 2, Charge As: Therapeutic Activities
Exercise Activities: Tubing/Bands(L. Quarter):	
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Manual Interventions: Upper Quarter Soft Tissue:	
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• Thoracolumbar PVM(This visit)	Did Not Perform:, Charge As: Manual Therapy Techniques This visit
Modalities:	
• US/HVPGS Combo(Patient refused treatment)	Did Not Perform:, Charge As: E-Stim, Manual Patient refused treatment
Pt./Family Education:	
• Patient Education 1(This visit)	Did Not Perform:, Charge As: Self Care / Home Mgt Training This visit
Therapy Session Time	
• Therapy Session Start Time	08:00 AM
• Therapy Session Stop Time	09:00 AM

Documented Procedural Code Summary:

Description	Code	Units	Minutes
• Manual Therapy Techniques	97140	1	10
• Therapeutic Activities	97530	2	20
• Therapeutic Procedure	97110	2	30

Assessment

Tolerance:

Patient: Thomas Karabees
Acct #: 013-610238068 Visit Date: Jun 01, 2009

- Added strengthening exercises to increase strength LE and core. Pt tolerated well without c/o increased back pain or neck pain. Performed soft tissue cervical paraspinal, levator and u/t B to decrease tightness. Pt c/o decreased neck pain post MTT. Refused US on thoracic region stated did not help last time.

Plan

Daily Plan:

- Continue w/ Current Rehabilitation Program.

Corlas A. Ross, PTA, PTA(SC Lic 1836)

Laura D. Pruette, PT, PT(SC Lic 5511)

Signed in the absence of the primary therapist.

Corvel Capture 6/29/2009

Select Physical Therapy
7 South Alliance Drive
Ste 102A
Goose Creek, SC USA 29445
Phone: (843) 569-2303
Fax: (843) 569-2304

Patient:	Thomas Karabees		
Acct #:	013-610238068	Visit Date:	May 28, 2009
DOB:	Oct 13, 1948	FSC:	Workers Compensation
Clinician:	Tracey L. Manasco, PT	Payor:	Not Specified
Prim Phy:		Pol/Claim#:	Not Specified
Phy Phone:	Not Specified	Insured:	Not Specified
Phy Fax:	Not Specified	Employer:	Trident Tech College
Sec Phy:	Not Specified	Case Mgr:	Not Specified
Inj. Date:	10/31/2008	Visits:	1
Surg. Date:	Not Specified	Cxl/Ns:	0

Initial Evaluation

Diagnoses Spine 7242 LUMBAGO
7231 CERVICALGIA

General Information

Pt was diagnosed with Recurring MS in 1998, is on Interferon treatment that is keeping symptoms under control

History of Injury:
- 10/31/08: Pt was carrying projector and computer and fell 6-8 steps, unsure if landed on left or right side.

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:
- Premorbid status:
  - Basic care: Independent without difficulty. Work status: prior to injury pt was teaching mechanical/vocational studies which required manual labor until 4/11/09 when he retired Recreation/Athletics: not performing since injury
- Current status:
  - Work status: Retired. Recreation / Athletics: Unable to perform.

ADL / Functional Status: ADL's: Activities:
- Bathing: Independent without difficulty
- Dressing: Independent without difficulty
- Driving/Traveling: pain with driving
- Lifting: Unable to perform
- Walking: pain > 1hr

ADL / Functional Status:
- Occupation: Retired

Chief Complaint: Pain:
- Current Severity: 6/10. (sitting, in low back and neck). Severity at Best: 6/10. Severity at Worst: 9/10. (walk>40 min,sit >1 hour,stand working on jeep 5 mn).

Denies:
- Abnormal Sensation. Bowel/bladder frequency. Bowel/bladder urgency.

Extremity Dominance:
- Right.

Mechanism of Injury:
- Primary Episode: 10/31/08

Rehabilitation Expectations/Goals:
- Return to ADL Performance: Unrestricted/Symptom Free. Return to Recreational Activities: Unrestricted/Symptom Free. Return to Athletic Activities: Restricted/Symptom Free. (pt would like to develop an exercise routine).

Objective Examination

Functional Tests: Occupational Tests: Non-Material Handling:
- Repetitive Squatting 2 deg painful lumbar

Functional Tests: Functional Profile: Balance Test:	Left	Right
Eyes Open	30 sec WNL	30 sec WNL

Gait/Locomotion:
- Pt has wide BOS and decreased stance right. Pt has decreased step length bilaterally and decreased cadence.

Integument:
- Intact and without abnormality.

Muscle Testing: Upper Extremity MMT:	Left	Right
Shoulder Abduction	5/5	5/5

Patient: Thomas Karabees
Acct #: 013-610238068 Visit Date: May 28, 2009

• Shoulder Flexion	5/5	5/5
• Shoulder External Rotation	5/5	5/5
• Shoulder Internal Rotation	5/5	5/5
• Elbow Extension	5/5	5/5
• Elbow Flexion	5/5	5/5
Muscle Testing: Lower Extremity MMT:	**Left**	**Right**
• Hip Abduction	4/5	4/5
• Hip Flexion	4/5	4/5
• Knee Extension	+4/5	4/5
• Knee Flexion	+4/5	4/5
• Ankle Dorsiflexion	+4/5	+4/5
• Ankle Plantarflexion	5/5	+4/5
Palpation: Cervical Region: Musculature, Posterior:	**Left**	**Right**
Tenderness:		
• Levator Scapula	1=Complaint of pain	1=Complaint of pain
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Palpation: Thoracic Region: Musculature, Posterior:	**Left**	**Right**
Tenderness:		
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Palpation: Lumbosacral Region: Bony Structures, Posterior:	**Left**	**Right**
Tenderness:		
• Spinous Process,L04	1=Complaint of pain	1=Complaint of pain
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Posture:		
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• AKE right: -45, Left: -50		
Special Tests: Cervical:	**Left**	**Right**
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• Foraminal Compression	Negative	Negative
• Slump	Negative	Negative
• Traction	Aggravates Symptoms	Aggravates Symptoms
• Vertebral Artery Test	Negative	Negative
Special Tests: Lumbar:	**Left**	**Right**
• Lasegue	Aggravates Symptoms	Aggravates Symptoms
• Slump	Negative	Negative
• Thomas	Tight Iliopsoas	Tight Iliopsoas
Special Tests: Sacroiliac Complex:	**Left**	**Right**
• Compression	Negative	Negative
• FABER	Negative	Negative

Patient: Thomas Karabees
Acct #: 013-610238068 Visit Date: May 28, 2009

• Sensation	Negative
• Pain	Negative

Treatments

Exercise Activities: Flexibility(U. Quarter):

• Sternocleidomastoid Muscle	Time Elapsed: 4 Minutes, Repetitions: 2, Side: Bilateral, Technique: Active, Body Position: Sitting, Hold: 30 Seconds, Charge As: Therapeutic Exercise
• Upper Trapezius Muscle	Time Elapsed: 4 Minutes, Repetitions: 2, Side: Bilateral, Technique: Passive, Body Position: Seated, Hold.: 30 Seconds, Charge As: Therapeutic Exercise

Exercise Activities: Flexibility(L. Quarter):

• Hamstring Muscle(with strap)	Time Elapsed: 4 Minutes, Repetitions: 2, Technique: Active, Body Position: Supine, Hold: 30 Seconds, Charge As: Therapeutic Exercise
• Piriformis Muscle	Time Elapsed: 5 Minutes, Repetitions: 2, Side: bilateral, Technique: Active Assistive, Body Position: Supine, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Flexibility Activity 1	Time Elapsed: 5 Minutes, Repetitions: 2, Side: bilateral, Technique: Active Assistive, Hold: 30 Seconds, Description: Supine, Charge As: Therapeutic Exercise
• Flexibility Activity 2	Time Elapsed: 4 Minutes, Repetitions: 2, Technique: Active, Hold.: 30 Seconds, Description: Beggar Stretch, Charge As: Therapeutic Exercise

Exercise Activities: Stabilization Training: Supine Position:

• Pelvic Tilts: Knees Flexed	Time Elapsed: 5 Minutes, Repetitions: 20, Hold: 5 Seconds, Charge As: Therapeutic Exercise

Manual Interventions: Upper Quarter Soft Tissue:

• Thoracolumbar PVM	Time Elapsed: 10 Minutes, Depth: Superficial, Side: Right, Technique: MRR/STR, Additional Detail: Lower Trapezius, Charge As: Manual Therapy Techniques

Modalities:

• US/IVRSS Combo	Time Elapsed: 10 Minutes, Location: right thoracic paraspinals, lower trap, Watts/cm²: 1.50, Additional Detail: Left Sidelying, Clinical Use: Activity, Charge As: Unlisted Manual

Pt./Family Education:

• Patient Education	Time Elapsed: 10 Minutes, Additional Detail: Sleeping positions, Ice, HEP, Pain management, Description: Body mechanics, Charge As: Self Care/Home Mgt. Training

Therapy Session Time

• Therapy Session Start Time	10:05 AM
• Therapy Session Stop Time	10:15 AM

Documented Procedural Code Summary:

Description	Code	Units	Minutes
• Electrical Stimulation (manual)	97032	1	10
• Manual Therapy Techniques	97140	1	10
• Physical Therapy Evaluation	97001	n/a	n/a
• Self Care/Home Management Training	97535	1	10
• Therapeutic Procedure	97110	3	30

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 patient was educated regarding their diagnosis, prognosis, related pathology & plan of care. The patient demonstrates a fair understanding of the risks, benefits, precautions/contraindications, & prognosis of their skilled rehabilitation program. The patient tolerated today's treatment intervention with minimal complaints of pain.

Reviewed goals, progress and HEP with client.

Evaluation Components:

Patient: Thomas Karabees
Acct #: 013-610238058 Visit Date: May 28, 2009

• Barriers to Rehab: Multiple Sclerosis-Reccurent since 1998

Initiated:
• Exercise: With no problems. Immediate motion phase activities.

Presentation:
• Symptoms consistent with referring diagnosis.

Recommendations: Skilled Intervention: Required To:
• Decrease Pain. Improve Function. Increase Range of Motion. Increase Strength. Reduce ADL Assistance: To a Premorbid Level.

Problems & Goals

Problem #1 **Chief Complaint: Pain: Current Severity: 6/10. (sitting, in low back and neck).**
LTG Achieve by Jun 25, 2009. able to sit >30 min for driving,housework
Symptomatic Improvements:
• Decreasing Pain: to 3/10.

Problem #2 **Chief Complaint: Pain: Severity at Worst: 9/10. (walk>40 min,sit >1 hour,stand working on jeep 5 mn).**
LTG Achieve by Jun 25, 2009. sit/stand/walk>1 hr,
Symptomatic Improvements:
• Decreasing Pain: to 5/10.

Problem #3 **ADL / Functional Status: Premorbid status: Recreation/Athletics: not performing since injury**
LTG Achieve by Jun 25, 2009. for independent exercise program
Client Education:
• Independent Home Exercise/Self Care Program.

Problem #4 **ADL / Functional Status: ADL's: Activities.**
LTG Achieve by Jun 25, 2009.
ADL Improvements In: Activities:
• Driving/Traveling 1 hour
• Lifting F-W 20#
• Walking 1 hr

Problem #5 **Range of Motion: Cervical Degrees.**
LTG Achieve by Jun 25, 2009. for driving, dressing, overhead reaching
Range of Motion Improvements to: Cervical:
• Active Extension 35 Degrees
• Active Flexion 65 Degrees
• Active Rotation Left 55 Degrees
• Active Rotation Right 55 Degrees
• Active Side Bend Left 40 Degrees
• Active Side Bend Right 30 Degrees

Problem #6 **Range of Motion: Lumbar Degrees.**
LTG Achieve by Jun 25, 2009. for forward bending,LE dressing, bathing
Range of Motion Improvements to: Lumbar:
• Active Extension 25 Degrees
• Active Flexion 50 Degrees
• Active Rotation Left 25 Degrees
• Active Rotation Right 25 Degrees
• Active Side Bend Left 30 Degrees
• Active Side Bend Right 30 Degrees

Problem #7 **Muscle Testing: Lower Extremity MMT.**
LTG Achieve by Jun 25, 2009. for squatting,lifting,transfers

Musculoskeletal Improvements In: Lower Extremity Strength to:	**Left**	**Right**
• Hip Abduction	+4/5	4/5
• Hip Flexion	+4/5	4/5
• Knee Extension	5/5	+4/5
• Knee Flexion	5/5	+4/5
• Ankle Dorsiflexion	5/5	5/5
• Ankle Plantarflexion	5/5	5/5

Patient: Thomas Karabees
Acct #: 013-610238068 Visit Date: May 28, 2009

Problem #8 **Functional Tests: Occupational Tests: Non-Material Handling.**
LTG Achieve by Jun 25, 2009. for functional squatting,lifting
Functional Improvements In: Non-Material Handling:
- Repetitive Squatting 100 deg, min pain

Problem #9 **Functional Tests: Functional Profile: Balance Test.**
LTG Achieve by Jun 25, 2009. for curb and stair negotiation
Functional Improvements In:
- Balance from: Fair to Average. (SLS Left:30 sec HHA, Right: 30 sec HHA).

Problem #10 **Range of Motion: AKE right: -45, Left: -50**
LTG Achieve by Jun 25, 2009. for dressing LE's, forward bending, lifting
Range of Motion Improvements to:
- AKE Right: -30 deg, Left: -40 deg

Plan

The goals and plan were discussed with the patient and/or family and they concur. The patient and/or family were instructed to call therapist regarding problems or questions. The patient was instructed in the independent performance of a home exercise program that addresses the problems and achieving the goals outlined in the plan of care.

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:
- Advance per Rehabilitation Protocol.

Therapeutic Contents:
- Client Education. Home Exercise Program. Passive Range of Motion Activities. Manual Range of Motion Activities. Active Assistive Range of Motion Activities. Active Range of Motion Activities. Stretching/Flexibility Activities. Proprioceptive/Closed Kinetic Chain Activities. Joint Mobilization Techniques. Soft Tissue Mobilization Techniques. Neural Mobilization Techniques. Neuromuscular Re-education. Gait Training.
- Resistive Activities:
  - Isokinetic. Isometric. Isotonic. PNF. Machines/Free Weights. Tubing/Bands.
- Aerobic Conditioning:
  - Airgometer (Airdyne). Elliptical Trainer. Recumbent Bicycle. Stairstepper. Treadmill. Walking.
- Modalities:
  - Cryotherapy. Interferential Stimulation. Ice Massage. Functional Stimulation (FES). Moist Hot Pack. T.E.N. Stimulation. TENS Placement/Application. Ultrasound. US/HVPGS Combo.
- Functional Activities: Positional Tolerance:
  - Sitting. Standing. Lying Down.

Tracey L. Manasco, PT, PT(SC Lic 4479)

Select Physical Therapy
7 South Alliance Drive
Ste 102A
Goose Creek, SC USA 29445
Phone: (843) 569-2303
Fax: (843) 569-2304

Patient:	Thomas Karabees		
Acct #:	013-610238068	Visit Date:	May 28, 2009
DOB:	Oct 13, 1948	FSC:	Workers Compensation
Clinician:	Tracey L. Manasco, PT	Payor:	Not Specified
Prim Phy:		Pol/Claim#:	Not Specified
Phy Phone:	Not Specified	Insured:	Not Specified
Phy Fax:	Not Specified	Employer:	Trident Tech College
Sec Phy:	Not Specified	Case Mgr:	Not Specified
Inj. Date:	10/31/2008	Visits:	1
Surg. Date:	Not Specified	Cd/Hs:	0

Plan of Care

Diagnoses Spine 7242 LUMBAGO
7231 CERVICALGIA

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 injury pt was teaching mechanical/vocational studies which required manual labor until 4/11/09 when he retired Current status: Work status: Retired. Occupation: Retired

Chief Complaint: Pain:
- Current Severity: 6/10. (sitting, in low back and neck). Severity at Best: 6/10. Severity at Worst: 9/10. (walk>40 min,sit >1 hour,stand working on jeep 5 mn).

Mechanism of Injury:
- Primary Episode: 10/31/08

Rehabilitation Expectations/Goals:
- Return to ADL Performance: Unrestricted/Symptom Free. Return to Recreational Activities: Unrestricted/Symptom Free. Return to Athletic Activities: Restricted/Symptom Free. (pt would like to develop an exercise routine).

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 patient was educated regarding their diagnosis, prognosis, related pathology & plan of care. The patient demonstrates a fair understanding of the risks, benefits, precautions/contraindications, & prognosis of their skilled rehabilitation program. The patient tolerated today's treatment intervention with minimal complaints of pain.

Reviewed goals, progress and HEP with client.

Evaluation Components:
- Barriers to Rehab: Multiple Sclerosis-Reccurent since 1998

Initiated:
- Exercise: With no problems. Immediate motion phase activities.

Presentation:
- Symptoms consistent with referring diagnosis.

Recommendations: Skilled Intervention: Required To:
- Decrease Pain. Improve Function. Increase Range of Motion. Increase Strength. Reduce ADL Assistance: To a Premorbid Level.

Problems & Goals

Problem #1 **Chief Complaint: Pain: Current Severity: 6/10. (sitting, in low back and neck).**
LTG Achieve by Jun 25, 2009. able to sit >30 min for driving,housework
Symptomatic Improvements:
- Decreasing Pain: to 3/10.

Problem #2 **Chief Complaint: Pain: Severity at Worst: 9/10. (walk>40 min,sit >1 hour,stand working on jeep 5 mn).**
LTG Achieve by Jun 25, 2009. sit/stand/walk>1 hr,
Symptomatic Improvements:
- Decreasing Pain: to 5/10.

Problem #3 **ADL / Functional Status: Premorbid status: Recreation/Athletics: not performing since injury**
LTG Achieve by Jun 25, 2009. for independent exercise program
Client Education:
- Independent Home Exercise/Self Care Program.

Problem #4 **ADL / Functional Status: ADL's: Activities.**
- Bathing: Independent without difficulty
- Dressing Independent without difficulty
- Driving/Traveling pain with >30 mins

Patient: Thomas Karabees
Acct #: 013-610238068 Visit Date: May.28, 2009

• Lifting	Unable to perform
• Walking	2hr

LTG Achieve by Jun 25, 2009.

ADL Improvements In: Activities:

• Driving/Traveling	1hr
• Lifting	F-W 20#
• Walking	2hr

***Problem #5* Range of Motion: Cervical Degrees.**

• Active Extension	25 Degrees
• Active Flexion	55 Degrees
• Active Rotation Left	45 Degrees
• Active Rotation Right	45 Degrees
• Active Side Bend Left	20 Degrees
• Active Side Bend Right	20 Degrees

LTG Achieve by Jun 25, 2009. for driving, dressing, overhead reaching

Range of Motion Improvements to: Cervical:

• Active Extension	35 Degrees
• Active Flexion	65 Degrees
• Active Rotation Left	55 Degrees
• Active Rotation Right	55 Degrees
• Active Side Bend Left	40 Degrees
• Active Side Bend Right	30 Degrees

***Problem #6* Range of Motion: Lumbar Degrees.**

• Active Extension	20 Degrees
• Active Flexion	30 Degrees
• Active Rotation Left	15 Degrees
• Active Rotation Right	15 Degrees
• Active Side Bend Left	15 Degrees
• Active Side Bend Right	15 Degrees

LTG Achieve by Jun 25, 2009. for forward bending,LE dressing, bathing

Range of Motion Improvements to: Lumbar:

• Active Extension	35 Degrees
• Active Flexion	50 Degrees
• Active Rotation Left	25 Degrees
• Active Rotation Right	25 Degrees
• Active Side Bend Left	30 Degrees
• Active Side Bend Right	30 Degrees

***Problem #7* Muscle Testing: Lower Extremity MMT.**	**Left**	**Right**
• Ankle Dorsiflexion	4/5	4/5
• Ankle Plantarflexion	5/5	+4/5
• Hip Abduction	4/5	4/5
• Hip Flexion	4/5	-4/5
• Knee Extension	4/5	4/5
• Knee Flexion	+4/5	4/5

LTG Achieve by Jun 25, 2009. for squatting,lifting,transfers

Musculoskeletal Improvements In: Lower Extremity Strength to:	**Left**	**Right**
• Hip Abduction	4/5	4/5
• Hip Flexion	+4/5	4/5
• Knee Extension	5/5	4/5
• Knee Flexion	5/5	+4/5
• Ankle Dorsiflexion	5/5	4/5
• Ankle Plantarflexion	5/5	5/5

***Problem #8* Functional Tests: Non-Material Handling.**

- Repetitive Squatting 8/decipal/hr/ Lumbar

Patient: Thomas Karabees
Acct #: 013-610238068 Visit Date: May 28, 2009

LTG Achieve by Jun 25, 2009. for functional squatting,lifting
Functional Improvements In: Non-Material Handling:
- Repetitive Squatting 100 deg min pain

Problem #9 **Functional Tests: Functional Profile: Balance Test.** **Left** **Right**
- Eyes Open: 42 sec HHA 45 sec HHA

LTG Achieve by Jun 25, 2009. for curb and stair negotiation
Functional Improvements In:
- Balance from: Fair to Average. (SLS Left:30 sec HHA, Right: 30 sec HHA).

Problem #10 **Range of Motion: AKE right: -45, Left: -50**
LTG Achieve by Jun 25, 2009. for dressing LE's, forward bending, lifting
Range of Motion Improvements to:
- AKE Right: -30 deg, Left: -40 deg

Plan

The goals and plan were discussed with the patient and/or family and they concur. The patient and/or family were instructed to call therapist regarding problems or questions. The patient was instructed in the independent performance of a home exercise program that addresses the problems and achieving the goals outlined in the plan of care.

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:
- Advance per Rehabilitation Protocol.

Therapeutic Contents:
- Client Education. Home Exercise Program. Passive Range of Motion Activities. Manual Range of Motion Activities. Active Assistive Range of Motion Activities. Active Range of Motion Activities. Stretching/Flexibility Activities. Proprioceptive/Closed Kinetic Chain Activities. Joint Mobilization Techniques. Soft Tissue Mobilization Techniques. Neural Mobilization Techniques. Neuromuscular Re-education. Gait Training.
- Resistive Activities:
  - Isokinetic. Isometric. Isotonic. PNF. Machines/Free Weights. Tubing/Bands.
- Aerobic Conditioning:
  - Airgometer (Airdyne). Elliptical Trainer. Recumbent Bicycle. Stairstepper. Treadmill. Walking.
- Modalities:
  - Cryotherapy. Interferential Stimulation. Ice Massage. Functional Stimulation (FES). Moist Hot Pack. T.E.N. Stimulation. TENS Placement/Application. Ultrasound. US/HVPGS Combo.
- Functional Activities: Positional Tolerance:
  - Sitting. Standing. Lying Down.

Tracey L. Manasco, PT, PT(SC Lic 4479)

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**

Corvel Capture 4/16/2009

Select Physical Therapy
7 South Alliance Drive
Ste 102A
Goose Creek, SC USA 29445
Phone: (843) 569-2303
Fax: (843) 569-2304

Patient:	Thomas Karabees
Acct #:	013-610238068
DOB:	Oct 13, 1948
Clinician:	Laura D. Pruette, PT
Prim Phy:	Seth P. Kupferman
Phy Phone:	(843) 572-2663
Phy Fax:	(843) 569-3367
Sec Phy:	Not Specified
Inj. Date:	10/31/2008
Surg. Date:	1/20/2009

Visit Date:	Mar 10, 2009
FSC:	Workers Compensation
Payor:	WC OF SC
Pol/Claim#:	385528253
Insured:	Care IQ
Employer:	Trident Tech College
Case Mgr:	Maria G
Visits:	17
Cxl/Ns:	1

Plan of Care

Diagnoses Left Shoulder 71941 JOINT PAIN-SHLDER
71951 JT STIFFNESS NEC-SHLDER

Subjective Examination

ADL / Functional Status:
- Current status: Work status: Full time / Light duty. (no MD restrictions, limits self in lifting).

Assessment

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.

Assessment of Improvement:
- Pt has met all goals for L shoulder ROM, strength, lifting. Pt reports of pain inconsistent in that pt states 11/10 pain on arrival to PT, but performs lifting testing, including 25# OH press on L without c/o pain. Pt has met all goals except slight remaining deficits in ADL performance goals, not met 2* c/o pain with these computer use, OH activity, although no c/o pain with OH activity during session.

Recommendations:
- Skilled Intervention: Pt presents as ready for return to full work duties pending MD release, as noted by full ROM, strength, and lifting abilities (50#, F-W, 25# curl, 25# OH, 60# push/pull all without pain/diff). Pt states he doesn't have any written work restrictions from MD but is limiting self in lifting and operation of heavier equipment at work. If pt not released for full duty work, can cont with PT per MD recommendation for cont high level strengthening/lifting for decr limitations at work. Will increase lifting, push/pull, OH activity goals if MD referred back for further PT.

Tolerance:
- Pt c/o tightness and pain in AC joint region to SC joint performed soft tissue tech and U/T stretches and pt c/o decrease pain and tightness. Told patient to perform U/T stretches at home secondary to increase tightness in that region.

Problems & Goals

Problem #1 **ADL / Functional Status: Current status: Work status: Full time / Light duty. (no MD restrictions, limits self in lifting).**

LTG Achieve by Mar 24, 2009. Progress: Excellent progress.

Functional Improvements In:
- Work Capacity, Returning to: Full Time/Unrestricted Duty.

Problem #2 **ADL / Functional Status: ADL's: Activities.**

• Bathing(3/10/09)	Independent without difficulty
• Dressing(3/10/09)	Independent, requiring > time
• Driving/Traveling(3/10/09)	Can't put arm on top of wheel
• Lifting(3/10/09)	States pain with OH Activities
• Reaching(3/10/09)	Limited OH
• Sleeping("doesn't happen often")	only wakes up if rolls L
• Writing/typing(3/10/09)	0 to 2 hrs then pain

LTG Achieve by Mar 24, 2009. Progress: Excellent progress.

ADL Improvements In: Activities:

• Bathing(met 03/10/09)	To independent B UE use
• Dressing	To independent B UE use
• Driving/Traveling	To Independent
• Sleeping(met 03/10/09)	No Disturbances
• Writing/typing(met 03/10/09)	60 min normal shoulder

Problem #3 **Muscle Testing: Upper Extremity MMT.**

	Left	Right
• Elbow Extension	5/5	5/5
• Elbow Flexion	5/5	5/5
• Shoulder Abduction(03/10/09 all)	5/5	5/5
• Shoulder Extension	5/5	5/5

• Shoulder External Rotation	5/5	5/5
• Shoulder Flexion	5/5	5/5
• Shoulder Internal Rotation	5/5	5/5

LTG Achieve by Mar 24, 2009. Progress: Excellent progress.

Client Education:

- Independent Home Exercise/Self Care Program.

Goal Achieved Mar 10, 2009.

Musculoskeletal Improvements In: Upper Extremity Strength to:	**Left**
• Shoulder Abduction	5/5
• Shoulder Extension	5/5
• Shoulder Flexion	5/5
• Shoulder External Rotation	5/5
• Shoulder Internal Rotation	5/5
• Elbow Extension	5/5

Problem #4 **Functional Tests: Occupational Tests: Maximal Lifting / Materials Handling.**

• Floor to Knuckle: Bilateral(03/10/09 good mech, no pain)	50 Pounds
• Knuckle to Shoulder: Bilateral(03/10/09 good mech, no pain)	25 Pounds
• Knuckle to Shoulder: Left Side(3/10/09 no pain)	25 Pounds
• Pull: Bilateral(3/4/09 good mech/control)	60.0 Pounds
• Push: Bilateral(good mech/control 3/4/09)	60 Pounds
• Shoulder to Overhead: Left(03/10/09 pain 4/10 clavicle, no pain GH jt)	25 Pounds

Goal Achieved Mar 10, 2009.

Functional Improvements In: Maximal Lift / Material Handling:	
• Floor to Knuckle: Bilateral	50 Pounds
• Knuckle to Shoulder: Bilateral	25 Pounds
• Knuckle to Shoulder: Left Side	10 Pounds
• Shoulder to Overhead: Bilat	25 Pounds
• Shoulder to Overhead: Left	10 Pounds
• Push: Bilateral	50 Pounds
• Pull: Bilateral	50 Pounds

Plan

Amount, Frequency and Duration:

- No Recommendation. (unless MD disagrees).

Therapeutic Contents:

- No Further Treatment Required. (unless MD disagrees).

Document ID: 1A70022A.022 Status: Signed off (secure electronic signature)
Corlas A. Ross, PTA,PTA(SC Lic 1836); Laura D. Pruette, PT,PT(SC Lic 5511)

Corvel Capture 4/16/2009

Patient: Thomas Karabees
Acct #: 013-610238068
Visit Date: Mar 10, 2009

Corlas Ross PTA

Corlas A. Ross, PTA, PTA(SC Lic 1836)

Laura D. Pruette, PT, PT(SC Lic 5511)

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**

Document ID: 1A70022A.022 Status: Signed off (secure electronic signature)
Corlas A. Ross, PTA,PTA(SC Lic 1836); Laura D. Pruette, PT,PT(SC Lic 5511)

Corvel Capture 4/16/2009

Select Physical Therapy
7 South Alliance Drive
Ste 102A
Goose Creek, SC USA 29445
Phone: (843) 569-2303
Fax: (843) 569-2304

Patient:	Thomas Karabees
Acct #:	013-610238068
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Prim Phy:	Seth P. Kupferman
Phy Phone:	(843) 572-2663
Phy Fax:	(843) 569-3367
Sec Phy:	Not Specified
Inj. Date:	10/31/2008
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Visit Date:	Mar 10, 2009
FSC:	Workers Compensation
Payor:	WC OF SC
Pol/Claim#:	385528253
Insured:	Care IQ
Employer:	Trident Tech College
Case Mgr:	Maria G
Visits:	17
Cxl/Ns:	1

Re-Evaluation

Diagnoses Left Shoulder

71941 JOINT PAIN-SHLDER
71951 JT STIFFNESS NEC-SHLDER

Subjective Examination

ADL / Functional Status:
- Current status: Work status: Full time / Light duty. (no MD restrictions, limits self in lifting). Occupation: Instructor for Trident Tech - lift up to 75-100# equipment with 1 other person, pushing/pulling a heavy trainer on rollers, retrieving akwardly shaped components (up to 25#) from shelves including OH, frequent computer use.

ADL / Functional Status: ADL's: Activities:
- Bathing(3/10/09): Independent without difficulty
- Dressing(3/10/09): Independent, requiring > time
- Driving/Traveling(3/10/09): Can drive if pillow on top of wheel
- Lifting(3/10/09): States pain with OH Activities
- Reaching(3/10/09): no OH
- Sleeping("doesn't happen often"): only wakes up if rolls L
- Writing/Typing(3/10/09): 10 to 20 min then pain

Chief Complaint: Pain:
- Current Severity: Pt stated 11/10 pain, "in a great deal of pain" in clavical region. 3/10/09 Severity at Worst: 11/10 pain in shoulder 3/10/09

Extremity Dominance:
- Right.

Functional Capability:
- Overall Improvement: 78% improvement 3/10/09

Mechanism of Injury:
- 10/31/08: Pt was carrying equipment at work (straps B across chest with equipment in each had) and fell down 6-8 stairs, unsure of specifics of fall or if he landed on L side or not.

Medical History:
- Past/Present Conditions: MS, HTN controlled, hernia repair 1998.

Objective Examination

Functional Tests: Occupational Tests: Maximal Lifting / Materials Handling:
- Floor to Knuckle: Bilateral(03/10/09 good mech, no pain) 50 Pounds
- Knuckle to Shoulder: Bilateral(03/10/09 good mech, no pain) 25 Pounds
- Knuckle to Shoulder: Left Side(3/10/09 no pain) 25 Pounds
- Shoulder to Overhead: Left(03/10/09 pain 4/10 clavicle, no pain 25 Pounds GH jt)
- Push: Bilateral(good mech/control 3/4/09) 60 Pounds
- Pull: Bilateral(3/4/09 good mech/control) 60.0 Pounds

Muscle Testing: Upper Extremity MMT:	Feb 19, 2009 Left	Feb 19, 2009 Right	Mar 10, 2009 Left	Mar 10, 2009 Right
Shoulder Abduction(03/10/09 pain)	4/5	5/5	5/5	5/5
Shoulder Extension	5/5	5/5	5/5	5/5
Shoulder Flexion	4/5	5/5	5/5	5/5
Shoulder External Rotation	+4/5	5/5	5/5	5/5
Shoulder Internal Rotation	5/5	5/5	5/5	5/5
Elbow Extension	+4/5	5/5	5/5	5/5
Elbow Flexion	5/5	5/5	5/5	5/5

Treatments

Exercise Activities: Tubing/Bands:

Document ID: 1A70022A.021 Status: Signed off (secure electronic signature)
Cortas A. Ross, PTA,PTA(SC Lic 1836); Laura D. Pruette, PT,PT(SC Lic 5511)

Patient: Thomas Karabees
Acct #: 013-610238068
Visit Date: Mar 10, 2009

• Biceps Curls	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 10 (Red), Resistance: Concentric/Eccentric, Charge As: Therapeutic Activities
• Prone Hor Abduction	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 4#, Resistance: Concentric/Eccentric, Additional Detail: and flex, ext, Charge As: Therapeutic Activities
• Pull downs	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 50#, Resistance: Concentric/Eccentric, Charge As: Therapeutic Activities
• Rows	Time Elapsed: 1 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 50#, Resistance: Concentric/Eccentric, Charge As: Therapeutic Activities
• Scaption(T1)(S standing)	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 4#, Additional Detail: standing, Charge As: Therapeutic Activities
• Sidelying ER(and ABD)	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 4#, Charge As: Therapeutic Activities
• Triceps Extensions	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 4, Resistance: Concentric/Eccentric, Charge As: Therapeutic Activities
• Tubing/Bands 1	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 6, Resistance: Concentric/Eccentric, Description: Prone Rows, Charge As: Therapeutic Activities
• Tubing/Bands 2	Time Elapsed: 2 Minutes, Repetitions: 10, Tubing/Band Color: red, Resistance: Concentric/Eccentric, Description: Standing Horizontal ABD, Charge As: Therapeutic Activities
Exercise Activities: Flexibility:	
• Capsular Stretch - Anterior	Time Elapsed: 3 Minutes, Repetitions: 3, Hold: 30 Seconds, Additional Detail: doorway, Charge As: Therapeutic Exercise
• Capsular Stretch - Inferior	Time Elapsed: 3 Minutes, Repetitions: 3, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Capsular Stretch - Posterior	Time Elapsed: 2 Minutes, Sets: 2, Hold: 30 Seconds, Charge As: Therapeutic Exercise
• Levator Scapulae Musculature	Time Elapsed: 2 Minutes, Repetitions: 2, Technique: Active, Body Position: Seated, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Sleeper Stretch (T1)(S/St)	Did Not Perform, Charge As: Therapeutic Exercise, This Visit
• Upper Trapezius Muscle	Time Elapsed: 2 Minutes, Repetitions: 2, Technique: Active/Manual, Body Position: Seated, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Flexibility Activity	Time Elapsed: 3 Minutes, Repetitions: 2, Sides: 1, Technique: Active Assistive, Hold: 30 Seconds, Description: Rtowel stretch, Charge As: Therapeutic Exercise
Exercise Activities: Aerobic Conditioning:	
• Airgometer(Airdyne)	Time Elapsed: 10 Minutes, Charge As: Therapeutic Activities
Exercise Activities: Dynamic Training: C-K-C Activity:	
• Push-Ups	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Position and Change: 0, Additional Detail: wall push ups, Charge As: Therapeutic Activities
Exercise Activities: Dynamic Training: Coordination/Dexterity:	
• Cone Activities	Time Elapsed: 7 Minutes, Repetitions: 4, Sets: 2, Additional Detail: cones - Activity 1: forward reaching, Activity 2: cones on back cabinet, Charge As: Therapeutic Activities
Functional/ADL Activities: Functional Task Training:	
• Lift: Floor to Waist	Time Elapsed: 2 Minutes, Weight - Pounds: 50 Pounds, Repetitions: 5, Charge As: Therapeutic Activities
• Overhead Reach	Time Elapsed: 2 Minutes, Weight - Pounds: 6 Pounds, Repetitions: 10, Sets: 3, Charge As: Therapeutic Activities

Patient: Thomas Karabees
Acct #: 013-610238068
Visit Date: Mar 10, 2009

- Pulling/Pushing
- Functional Task Training 1

Time Elapsed: 8 Minutes, Weight: Pounds, 50 Pounds, Repetitions: 10, Sets: 2, Charge As: Therapeutic Activities
Time Elapsed: 3 Minutes, Description: 2# ball OH 3min, Charge As: Therapeutic Activities

Manual Interventions: Upper Quarter Joint Complex:

- Acromioclavicular Joint (Supine)
- Glenohumeral Joint (This visit)
- Scapulothoracic Joint (This visit)

Time Elapsed: 8 Minutes, Grade: 1/III, Body Position and Manual Technique: U/T stretches, Additional Detail: with soft tissue MT left, Supine pressure, Sustained Technique, Charge As: Manual Therapy Techniques
Did Not Perform:, Charge As: Manual Therapy Techniques This visit
Did Not Perform, Charge As: Manual Therapy Techniques this visit

Manual Interventions: Proprioceptive Neuromuscular Facilitation:

- D2 Flex/Add/IR (This visit)
- D2 Flex/Abd/ER

Did Not Perform, Charge As: Therapeutic Activities this visit
Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 3, Side: left, Technique: Antagonist Reversal, Symmetry: Unilateral, Position: Standing, Additional Detail: 3#, Charge As: Therapeutic Activities

Modalities:

- Electric Stim, Unattended (This visit)

Did Not Perform, Charge As: Stim Unattended This visit

Pt./Family Education:

- Patient Education 1 (This visit)

Did Not Perform, Charge As: Self Care / Home Mgt Training this visit

Therapy Session Time

- Therapy Session Start Time: 08:00 AM
- Therapy Session Stop Time: 09:15 AM
- Total Therapy Session Time: 75 Minutes

Documented Procedural Code Summary:

Description	Code	Units	Minutes
Manual Therapy Techniques	97140	1	8
Physical Therapy Reevaluation	97002	1	n/a
Therapeutic Activities	97530	4	60
Therapeutic Procedure	97110	1	15

Assessment

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.

Assessment of Improvement:

- Pt has met all goals for L shoulder ROM, strength, lifting. Pt reports of pain inconsistent in that pt states 11/10 pain on arrival to PT, but performs lifting testing, including 25# OH press on L without c/o pain. Pt has met all goals except slight remaining deficits in ADL performance goals, not met 2* c/o pain with these computer use, OH activity, although no c/o pain with OH activity during session.

Recommendations:

- Skilled Intervention: Pt presents as ready for return to full work duties pending MD release, as noted by full ROM, strength, and lifting abilities (50# F-W, 25# curl, 25# OH, 60# push/pull all without pain/diff). Pt states he doesn't have any written work restrictions from MD but is limiting self in lifting and operation of heavier equipment at work. If pt not released for full duty work, can cont with PT per MD recommendation for cont high level strengthening/lifting for decr limitations at work. Will increase lifting, push/pull, OH activity goals if MD referred back for further PT.

Tolerance:

- Pt c/o tightness and pain in AC joint region to SC joint performed soft tissue tech and U/T stretches and pt c/o decrease pain and tightness. Told patient to perform U/T stretches at home secondary to increase tightness in that region.

Problems & Goals

Problem #1 **ADL / Functional Status: Current status: Work status: Full time / Light duty. (no MD restrictions, limits self in lifting).**

LTG Achieve by Mar 24, 2009. Progress: Excellent progress.

Functional Improvements In:

- Work Capacity, Returning to: Full Time/Unrestricted Duty.

Problem #2 **ADL / Functional Status: ADL's: Activities.**

LTG Achieve by Mar 24, 2009. Progress: Excellent progress.

ADL Improvements In: Activities:

Document ID: 1A70022A.021 Status: Signed off (secure electronic signature)
Corlas A. Ross, PTA,PTA(SC Lic 1836); Laura D. Pruette, PT,PT(SC Lic: 5511)

Patient: Thomas Karabees
Acct #: 013-610238068 Visit Date: Mar 10, 2009

• Bathing(met 03/10/09)	To Independent B UE use
• Dressing	To Independent B UE use
• Driving/Traveling	To Independent
• Sleeping(met 03/10/09)	No Disturbances
• Writing/Typing	To maintain in shoulder

Problem #3 **Muscle Testing: Upper Extremity MMT.**

LTG Achieve by Mar 24, 2009. Progress: Excellent progress.

Client Education:

- Independent Home Exercise/Self Care Program.

Goal Achieved Mar 10, 2009.

Musculoskeletal Improvements In: Upper Extremity Strength to:	**Left**
• Shoulder Abduction	5/5
• Shoulder Extension	5/5
• Shoulder Flexion	5/5
• Shoulder External Rotation	5/5
• Shoulder Internal Rotation	5/5
• Elbow Extension	5/5

Problem #4 **Functional Tests: Occupational Tests: Maximal Lifting / Materials Handling.**

Goal Achieved Mar 10, 2009.

Functional Improvements In: Maximal Lift / Material Handling:	
• Floor to Knuckle: Bilateral	5 Pounds
• Knuckle to Shoulder: Bilateral	25 Pounds
• Knuckle to Shoulder: Left Side	10 Pounds
• Shoulder to Overhead: Bilat	25 Pounds
• Shoulder to Overhead: Left	10 Pounds
• Push: Bilateral	50 Pounds
• Pull: Bilateral	50 Pounds

Plan

Amount, Frequency and Duration:

- No Recommendation. (unless MD disagrees).

Therapeutic Contents:

- No Further Treatment Required. (unless MD disagrees).

Corlas Ross PTA

Corlas A. Ross, PTA, PTA(SC Lic 1836)

Laura D. Pruette, PT, PT(SC Lic 5511)

Corvel Capture 4/7/2009

Select Physical Therapy
7 South Alliance Drive
Ste 102A
Goose Creek, SC USA 29445
Phone: (843) 569-2303
Fax: (843) 569-2304

Patient:	Thomas Karabees	Visit Date:	Mar 06, 2009
Acct #:	013-610238068	FSC:	Workers Compensation
DOB:	Oct 13, 1948	Payor:	WC OF SC
Clinician:	Laura D. Pruette, PT	Pol/Claim#:	385528253
Prim Phy:	Seth P. Kupferman	Insured:	Care IQ
Phy Phone:	(843) 572-2663	Employer:	Trident Tech College
Phy Fax:	(843) 569-3367	Case Mgr:	Maria G
Sec Phy:	Not Specified	Visits:	16
Inj. Date:	10/31/2008	Cd/Ns:	1
Surg. Date:	1/20/2009		

Daily Note

Diagnoses Left Shoulder — 71941 JOINT PAIN-SHLDER; 71951 JT STIFFNESS NEC-SHLDER

Subjective Examination

ADL / Functional Status:
- Current status: Work status: Unable to work secondary to dysfunction. (02/19/09 planned RTW 02/25/09). Occupation: Instructor for Trident Tech - lift up to 75-100# equipment with 1 other person, pushing/pulling a heavy trainer on rollers, retrieving akwardly shaped components (up to 25#) from shelves including OH, frequent computer use.

ADL / Functional Status: ADL's: Activities:

• Bathing(02/19/09 all assessed)	Independent without difficulty
• Dressing	Independent, requiring > time
• Driving/Traveling	driving w/ UE various position
• Lifting	Improving, see obj
• Reaching	diff OH L
• Sleeping("doesn't happen often")	only wakes up if rolls L
• Writing/Typing	10 min with pain/diff L

Chief Complaint: Pain:
- Current Severity: 3/10. (02/27/09 more soreness). Severity at Worst: 8/10. (02/04/09).

Extremity Dominance:
- Right.

Functional Capability:
- Overall Improvement: 70%

Mechanism of Injury:
- 10/31/08: Pt was carrying equipment at work (straps B across chest with equipment in each had) and fell down 6-8 stairs, unsure of specifics of fall or if he landed on L side or not.

Medical History:
- Past/Present Conditions: MS, HTN controlled, hernia repair 1998.

Objective Examination

Functional Tests: Occupational Tests: Maximal Lifting / Materials Handling:

• Floor to Knuckle: Bilaterally(03/4/09 good mech, no pain)	50 Pounds
• Knuckle to Shoulder: Left Side(02/19/09 no pain)	10 Pounds
• Shoulder to Overhead: Left(2/27/09)	6 Pounds
• Push: Bilateral(good mech/control 3/4/09)	60 Pounds
• Pull: Bilateral(3/4/09 good mech/control)	60.0 Pounds

Muscle Testing: Upper Extremity MMT:

	Left	Right
• Shoulder Abduction(02/19/09 all MMT, L pain)	4/5	5/5
• Shoulder Extension	5/5	5/5
• Shoulder Flexion(L pain)	4/5	5/5
• Shoulder External Rotation	+4/5	5/5
• Shoulder Internal Rotation	5/5	5/5
• Elbow Extension	+4/5	5/5
• Elbow Flexion	5/5	5/5

Treatments

Exercise Activities: Tubing/Bands:

• Biceps Curls	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 3, Tubing/Band Color: 6, Resistance, Concentric/Eccentric, Charge As: Therapeutic Activities.

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Kristina M. Cordle, PTA,PTA(SC Lic 1825); Laura D. Pruette, PT,PT(SC Lic 5511)

Patient: Thomas Karabees
Acct #: 013-610238068 Visit Date: Mar 06, 2009

• Prone Hor Abduction	Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 4#, Resistance: Concentric/Eccentric, Additional Detail: and flex, ext, Charge As: Therapeutic Activities
• Pull Downs	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 40#, Resistance: Concentric/Eccentric, Charge As: Therapeutic Activities
• Rows	Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 50, Resistance: Concentric/Eccentric, Charge As: Therapeutic Activities
• Scaption(1Ft's standing)	Time Elapsed: 4 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 4, Additional Detail: standing, Charge As: Therapeutic Activities
• Sidelying ER(and ABD)	Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 4#, Charge As: Therapeutic Activities
• Triceps Extensions	Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 4, Resistance: Concentric/Eccentric, Charge As: Therapeutic Activities
• Tubing/Bands 1	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 6, Resistance: Concentric/Eccentric, Description: Prone Rows, Charge As: Therapeutic Activities
• Tubing/Bands 2	Time Elapsed: 2 Minutes, Repetitions: 6, Tubing/Band Color: red, Resistance: Concentric/Eccentric, Description: Standing Horizontal ABD, Charge As: Therapeutic Activities
Exercise Activities: Flexibility:	
• Capsular Stretch - Anterior	Time Elapsed: 3 Minutes, Repetitions: 3, Hold.: 30 Seconds, Additional Detail: doorway, Charge As: Therapeutic Exercise
• Capsular Stretch - Inferior	Time Elapsed: 3 Minutes, Repetitions: 3, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Capsular Stretch - Posterior	Time Elapsed: 2 Minutes, Sets: 2, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Levator Scapulae Musculature	Time Elapsed: 2 Minutes, Repetitions: 2, Technique: Active, Body Position: Seated, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Sleeper Stretch(This visit)	Did Not Perform, Charge As: Therapeutic Exercise This visit
• Upper Trapezius Muscle	Time Elapsed: 2 Minutes, Repetitions: 2, Technique: Active/Manual, Body Position: Seated, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Flexibility Activity 1	Time Elapsed: 3 Minutes, Repetitions: 2, Side: left, Technique: Active Assistive, Hold.: 30 Seconds, Description: IR towel stretch, Charge As: Therapeutic Exercise
Exercise Activities: Aerobic Conditioning:	
• Airgometer (Arm/leg)	Time Elapsed: 10 Minutes, Charge As: Therapeutic Activities
Exercise Activities: Dynamic Training: C-K-C Activity:	
• Push-Ups	Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Position: and chair p/o, Additional Detail: wall push ups, Charge As: Therapeutic Activities
Exercise Activities: Dynamic Training: Coordination/Dexterity:	
• Cone Activities	Time Elapsed: 2 Minutes, Repetitions: 4, Sets: 4#, Additional Detail: 5 cones, Activity 1: Forward Reaching, Activity 2: cones on black cabinet, Charge As: Therapeutic Activities
Functional/ADL Activities: Functional Task Training:	
• Lift:Floor to Waist(This visit)	Did Not Perform, Charge As: Therapeutic Activities This visit
• Overhead Reach	Time Elapsed: 3 Minutes, Weight - Pounds: 6 Pounds, Repetitions: 10, Sets: 3, Charge As: Therapeutic Activities
• Pulling/Pushing	Time Elapsed: 5 Minutes, Weight - Pounds: 60 Pounds, Repetitions: 10, Sets: 1, Charge As: Therapeutic Activities
• Functional Task Training 1	Time Elapsed: 3 Minutes, Description: 2# ball OH 3min, Charge As: Therapeutic Activities
Manual Interventions: Upper Quarter Joint Complex:	

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Kristina M. Cordle, PTA,PTA(SC Lic 1825); Laura D. Pruette, PT,PT(SC Lic 5511)

Patient: Thomas Karabees
Acct #: 013-610238068
Visit Date: Mar 06, 2009

• Glenohumeral Joint(This visit)	Did Not Perform:, Charge As: Manual Therapy Techniques This visit
• Scapulothoracic Joint(This visit)	Did Not Perform:, Charge As: Manual Therapy Techniques This visit
Manual Interventions: Proprioceptive Neuromuscular Facilitation:	
• D2 Ext/Add/IR(This visit)	Did Not Perform:, Charge As: Therapeutic Activities This visit
• D2 Flex/Abd/ER	Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 3, Side: left, Technique: Antagonist Reversal, Symmetry: Unilateral, Position: Standing, Additional Detail: 3#, Charge As: Therapeutic Activities
Modalities:	
• Electric Stim, Unattended(This visit)	Did Not Perform:, Charge As: E-Stim, Unattended This visit
Pt./Family Education:	
• Patient Education 1(This visit)	Did Not Perform:, Charge As: Self Care / Home Mgt Training This visit
Therapy Session Time	
• Therapy Session Start Time	07:55 AM
• Therapy Session Stop Time	09:03 AM

Documented Procedural Code Summary:

Description	Code	Units	Minutes
• Therapeutic Activities	97530	4	53
• Therapeutic Procedure	97110	1	15

Assessment

Pt with no complaints of pain at end of treatment session, increase tol with OH reaching exs.

Plan

Daily Plan:

- Reassess objective measurements next visit.

KTC PTA

Kristina M. Cordle, PTA, PTA(SC Lic 1825)

KTC PTA

Laura D. Pruette, PT, PT(SC Lic 5511)

Signed in the absence of the primary therapist.

Document ID: 1A70022A.020 Status: Signed off (secure electronic signature)
Kristina M. Cordle, PTA,PTA(SC Lic 1825); Laura D. Pruette, PT,PT(SC Lic 5511)

Corvel Capture 4/7/2009

Select Physical Therapy
7 South Alliance Drive
Ste 102A
Goose Creek, SC USA 29445
Phone: (843) 569-2303
Fax: (843) 569-2304

Patient:	Thomas Karabees
Acct #:	013-610238068
DOB:	Oct 13, 1948
Clinician:	Laura D. Pruette, PT
Prim Phy:	Seth P. Kupferman
Phy Phone:	(843) 572-2663
Phy Fax:	(843) 569-3367
Sec Phy:	Not Specified
Inj. Date:	10/31/2008
Surg. Date:	1/20/2009

Visit Date:	Mar 04, 2009
FSC:	Workers Compensation
Payor:	WC OF SC
Pol/Claim#:	385528253
Insured:	Care IQ
Employer:	Trident Tech College
Case Mgr:	Maria G
Visits:	15
Cxl/Ns:	1

Daily Note

Diagnoses Left Shoulder — 71941 JOINT PAIN-SHLDER; 71951 JT STIFFNESS NEC-SHLDER

Subjective Examination

Pt reports mm twitching yesterday, "no pain".

ADL / Functional Status:
- Current status: Work status: Unable to work secondary to dysfunction. (02/19/09 planned RTW 02/25/09). Occupation: Instructor for Trident Tech - lift up to 75-100# equipment with 1 other person, pushing/pulling a heavy trainer on rollers, retrieving akwardly shaped components (up to 25#) from shelves including OH, frequent computer use.

ADL / Functional Status: ADL's: Activities:
- Bathing(02/19/09 unassessed): Independent without difficulty
- Dressing: Independent, requiring > time
- Driving/Traveling: driving w/ UE various position
- Lifting: improving, see obj
- Reaching: diff OH L
- Sleeping("doesn't happen often"): only wakes up if rolls L
- Writing/Typing: 10 min w/ pain/diff L

Chief Complaint: Pain:
- Current Severity: 3/10. (02/27/09 more soreness). Severity at Worst: 8/10. (02/04/09).

Extremity Dominance:
- Right.

Functional Capability:
- Overall Improvement: 70%

Mechanism of Injury:
- 10/31/08: Pt was carrying equipment at work (straps B across chest with equipment in each had) and fell down 6-8 stairs, unsure of specifics of fall or if he landed on L side or not.

Medical History:
- Past/Present Conditions: MS, HTN controlled, hernia repair 1998.

Objective Examination

Functional Tests: Occupational Tests: Maximal Lifting / Materials Handling:
- Floor to Knuckle: Bilaterally(03/4/09 good mech, no pain): 50 Pounds
- Knuckle to Shoulder: Left Side(02/19/09 no pain): 10 Pounds
- Shoulder to Overhead: Left(2/27/09): 6 Pounds
- Push: Bilateral(good mech/control 3/4/09): 60 Pounds
- Pull: Bilateral(3/4/09 good mech/control): 60 Pounds

Muscle Testing: Upper Extremity MMT:

	Left	Right
Shoulder Abduction(02/19/09 all MMT, L pain)	4/5	5/5
Shoulder Extension	5/5	5/5
Shoulder Flexion(L pain)	4/5	5/5
Shoulder External Rotation	+4/5	5/5
Shoulder Internal Rotation	5/5	5/5
Elbow Extension	+4/5	5/5
Elbow Flexion	5/5	5/5

Treatments

Exercise Activities: Tubing/Bands:
- Bicep's Curls: Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 3, Tubing/Band Color: 6, Resistance: Concentric/Eccentric, Charge As: Therapeutic Activities

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Kristina M. Cordle, PTA,PTA(SC Lic 1825); Laura D. Pruette, PT,PT(SC Lic 5511)

Corvel Capture 4/7/2009

Patient: Thomas Karabees
Acct #: 013-610238068
Visit Date: Mar 04, 2009

• Prone Hor Abduction	Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 4#, Resistance: Concentric/Eccentric, Additional Detail: and flex, ext, Charge As: Therapeutic Activities
• Pull Downs	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 40#, Resistance: Concentric/Eccentric, Charge As: Therapeutic Activities
• Rows	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 40, Resistance: Concentric/Eccentric, Charge As: Therapeutic Activities
• Scaption(TY's standing)	Time Elapsed: 4 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 4, Additional Detail: standing, Charge As: Therapeutic Activities
• Sidelying ER(and ABD)	Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 4#, Charge As: Therapeutic Activities
• Triceps Extensions	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 4, Resistance: Concentric/Eccentric, Charge As: Therapeutic Activities
• Tubing/Bands 1	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 6, Resistance: Concentric/Eccentric, Description: Prone Rows, Charge As: Therapeutic Activities
• Tubing/Bands 2	Time Elapsed: 2 Minutes, Repetitions: 6, Tubing/Band Color: red, Resistance: Concentric/Eccentric, Description: Standing Horizontal ABD, Charge As: Therapeutic Activities
Exercise Activities: Flexibility:	
• Capsular Stretch - Anterior	Time Elapsed: 2 Minutes, Repetitions: 2, Hold.: 30 Seconds, Additional Detail: doorway, Charge As: Therapeutic Exercise
• Capsular Stretch - Inferior	Time Elapsed: 2 Minutes, Repetitions: 2, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Capsular Stretch - Posterior	Time Elapsed: 2 Minutes, Sets: 2, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Levator Scapulae Musculature	Time Elapsed: 2 Minutes, Repetitions: 2, Technique: Active, Body Position: Seated, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Sleeper Stretch (This visit)	Did Not Perform, Charge As: Therapeutic Exercise This visit
• Upper Trapezius Muscle	Time Elapsed: 2 Minutes, Repetitions: 2, Technique: Active/Manual, Body Position: Seated, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Flexibility Activity 1	Time Elapsed: 2 Minutes, Repetitions: 2, Side: left, Technique: Active Assistive, Hold: 30 Seconds, Description: IR towel stretch, Charge As: Therapeutic Exercise
Exercise Activities: Aerobic Conditioning:	
• Airgometer (Airdyne)	Time Elapsed: 10 Minutes, Charge As: Therapeutic Activities
Exercise Activities: Dynamic Training: C-K-C Activity:	
• Push Ups	Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Position: and chair p/u, Additional Detail: wall push ups, Charge As: Therapeutic Activities
Exercise Activities: Dynamic Training: Coordination/Dexterity:	
• Cone Activities	Time Elapsed: 2 Minutes, Repetitions: 4, Sets: 2#, Additional Detail: 5 cones, Activity 1: Forward Reaching, Activity 2: cones on black cabinet, Charge As: Therapeutic Activities
Functional/ADL Activities: Functional Task Training:	
• Lift:Floor to Waist	Time Elapsed: 3 Minutes, Weight - Pounds: 50 Pounds, Repetitions: 5, Charge As: Therapeutic Activities
• Overhead Reach	Time Elapsed: 3 Minutes, Weight - Pounds: 6 Pounds, Repetitions: 10, Sets: 3, Charge As: Therapeutic Activities
• Pulling/Pushing	Time Elapsed: 5 Minutes, Weight - Pounds: 60 Pounds, Repetitions: 10, Sets: 1, Charge As: Therapeutic Activities
• Functional Task Training 1	Time Elapsed: 2 Minutes, Description: 2# ball OH 3min, Charge As: Therapeutic Activities

Document ID: 1A70022A.019 Status: Signed off (secure electronic signature)
Kristina M. Condle, PTA,PTA(SC Lic: 1825); Laura D. Pruette, PT,PT(SC Lic: 5511)

Patient: Thomas Karabees
Acct #: 013-610238068
Visit Date: Mar 04, 2009

Manual Interventions: Upper Quarter Joint Complex:
- Glenohumeral Joint(This visit)
- Scapulothoracic Joint(This visit)

Did Not Perform:, Charge As: Manual Therapy Techniques This visit
Did Not Perform:, Charge As: Manual Therapy Techniques This visit

Manual Interventions: Proprioceptive Neuromuscular Facilitation:
- D2 Ext/Add/IR(This visit)
- D2 Flex/Abd/ER

Did Not Perform:, Charge As: Therapeutic Activities This visit
Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 3, Side: left, Technique: Antagonist Reversal, Symmetry: Unilateral, Position: Standing, Additional Detail: 3#, Charge As: Therapeutic Activities

Modalities:
- Electric Stim, Unattended(This visit)

Did Not Perform:, Charge As: E-Stim, Unattended This visit

Pt./Family Education:
- Patient Education (This visit)

Did Not Perform:, Charge As: Self Care / Home Mgt Training This visit

Therapy Session Time
- Therapy Session Start Time: 08:00 AM
- Therapy Session Stop Time: 09:05 AM

Documented Procedural Code Summary:

Description	Code	Units	Minutes
Therapeutic Activities	97530	4	52
Therapeutic Procedure	97110	1	12

Assessment

Pt progressing well towards lifting goal, with Floor-waist 50# push-pull 60# goal met. Pt with no pain or spasms at end of session. Dem improved endurance with good tol/no pain with OH activity 3 min.

Plan

Daily Plan:
- Continue w/ Current Rehabilitation Program.

KMC PTA

Kristina M. Cordle, PTA, PTA(SC Lic: 1825)

KMC PTA

Laura D. Pruette, PT, PT(SC Lic: 5511)

Signed in the absence of the primary therapist.

Document ID: 1A70022A.019 Status: Signed off (secure electronic signature)
Kristina M. Cordle, PTA,PTA(SC Lic: 1825); Laura D. Pruette, PT,PT(SC Lic: 5511)

Select Physical Therapy
7 South Alliance Drive
Ste 102A
Goose Creek, SC USA 29445
Phone: (843) 569-2303
Fax: (843) 569-2304

Patient:	Thomas Karabees	Visit Date:	Mar 02, 2009
Acct #:	013-610238068	FSC:	Workers Compensation
DOB:	Oct 13, 1948	Payor:	WC OF SC
Clinician:	Laura D. Pruette, PT	Pol/Claim#:	385528253
Prim Phy:	Seth P. Kupferman	Insured:	Care IQ
Phy Phone:	(843) 572-2663	Employer:	Trident Tech College
Phy Fax:	(843) 569-3367	Case Mgr:	Maria G
Sec Phy:	Not Specified	Visits:	14
Inj. Date:	10/31/2008	Cd/Ns:	1
Surg. Date:	1/20/2009		

Daily Note

Diagnoses Left Shoulder — 71941 JOINT PAIN-SHLDER; 71951 JT STIFFNESS NEC-SHLDER

Subjective Examination

ADL / Functional Status:
- Current status: Work status: Unable to work secondary to dysfunction. (02/19/09 planned RTW 02/25/09). Occupation: ..... Instructor for Trident Tech - lift up to 75-100#, equipment with 1 other person, pushing/pulling a heavy trainer on rollers, retrieving akwardly shaped components (up to 25#) from shelves including OH, frequent computer use.

ADL / Functional Status: ADL's: Activities:
- Bathing(02/19/09 all assessed) — Independent without difficulty
- Dressing — Independent, requiring > time
- Driving/traveling — driving w/ L elbow hanging out window
- Lifting — improving, see obj
- Reaching — difficult
- Sleeping("doesn't happen often") — only wakes up if rolls L
- Writing/typing — 10 min with pain/off

Chief Complaint: Pain:
- Current Severity: 3/10. (02/27/09 more soreness). Severity at Worst: 8/10. (02/04/09).

Extremity Dominance:
- Right.

Functional Capability:
- Overall Improvement: 70%

Mechanism of Injury:
- 10/31/08: Pt was carrying equipment at work (straps B across chest with equipment in each had) and fell down 6-8 stairs, unsure of specifics of fall or if he landed on L side or not.

Medical History:
- Past/Present Conditions: MS, HTN controlled, hernia repair 1998.

Objective Examination

Functional Tests: Occupational Tests: Maximal Lifting / Materials Handling:
- Floor to Knuckle: Bilateral(02/19/09 lowest limit, min pain) — 40 Pounds
- Knuckle to Shoulder: Left Side(02/19/09 no pain) — 10 Pounds
- Shoulder to Overhead: Left(02/27/09) — 5 Pounds
- Push: Bilateral(02/19/09 min pain, fair control) — 40 Pounds
- Pull: Bilateral(02/19/09 min pain fair control) — 50 Pounds

Muscle Testing: Upper Extremity MMT:

	Left	Right
Shoulder Abduction(02/19/09 all MMT's pain)	5/5	5/5
Shoulder Extension	5/5	5/5
Shoulder Flexion (pain)	5/5	5/5
Shoulder External Rotation	+4/5	5/5
Shoulder Internal Rotation	5/5	5/5
Elbow Extension	+4/5	5/5
Elbow Flexion	5/5	5/5

Treatments

Exercise Activities: Tubing/Bands:
- Biceps Curls — Time Elapsed: 2 Minutes; Repetitions: 10 reps; Tubing/Band: Yellow; Resistance: Concentric/Eccentric Charlie; As Therapeutic Activities

Patient: Thomas Karabees
Acct #: 013-610238068 Visit Date: Mar 02, 2009

• Prone Hor Abduction	Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 4#, Resistance: Concentric/Eccentric, Additional Detail: and flex, ext, Charge As: Therapeutic Activities
• Pull Downs	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 40#, Resistance: Concentric/Eccentric, Charge As: Therapeutic Activities
• Rows	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 40, Resistance: Concentric/Eccentric, Charge As: Therapeutic Activities
• Scaption (TY's Standing)	Time Elapsed: 4 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 4, Additional Detail: standing, Charge As: Therapeutic Activities
• Sidelying ER(and ABD)	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 4#, Charge As: Therapeutic Activities
• Triceps Extensions	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 4, Resistance: Concentric/Eccentric, Charge As: Therapeutic Activities
• Tubing/Bands 1	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 6, Resistance: Concentric/Eccentric, Description: Prone Rows, Charge As: Therapeutic Activities
Exercise Activities: Flexibility:	
• Capsular Stretch - Anterior	Time Elapsed: 2 Minutes, Repetitions: 2, Hold.: 30 Seconds, Additional Detail: doorway, Charge As: Therapeutic Exercise
• Capsular Stretch - Inferior	Time Elapsed: 2 Minutes, Repetitions: 2, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Capsular Stretch - Posterior	Time Elapsed: 2 Minutes, Sets: 2, Hold: 30 Seconds, Charge As: Therapeutic Exercise
• Levator Scapulae Musculature	Time Elapsed: 2 Minutes, Repetitions: 2, Technique: Active, Body Position: Seated, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Sleeper Stretch	Time Elapsed: 2 Minutes, Sets: 20, Hold: 2 Seconds, Position: Sidelying, Charge As: Therapeutic Exercise
• Upper Trapezius Muscle	Time Elapsed: 2 Minutes, Repetitions: 2, Technique: Active/Manual, Body Position: Seated, Hold.: 30 Seconds, Charge As: Therapeutic Exercise
• Flexibility Activity 2	Time Elapsed: 2 Minutes, Repetitions: 2, Side: left, Technique: Active Assistive, Hold: 30 Seconds, Description: hip flexor stretch, Charge As: Therapeutic Exercise
Exercise Activities: Aerobic Conditioning:	
• Airgometer(Airdyne)	Time Elapsed: 10 Minutes, Charge As: Therapeutic Activities
Exercise Activities: Dynamic Training: C-K-C Activity:	
• Push-Ups	Time Elapsed: 5 Minutes, Repetitions: 10, Sets: 2, Position: and Chair/U, Additional Detail: wall pushups, Charge As: Therapeutic Activities
Exercise Activities: Dynamic Training: Coordination/Dexterity:	
• Core Activities	Time Elapsed: 2 Minutes, Repetitions: 1, Sets: 2, Additional Detail: cones, Activity 1: Forward Reaching, Activity 2: cones on blocks, Activity 3: cabinet, Charge As: Therapeutic Activities
Functional/ADL Activities: Functional Task Training:	
• Overhead Reach	Time Elapsed: 2 Minutes, Weight - Pounds: 5 Pounds, Repetitions: 10, Sets: 2, Charge As: Therapeutic Activities
• Pulling/Pushing	Time Elapsed: 4 Minutes, Weight - Pounds: 50 Pounds, Repetitions: 10, Sets: 1, Charge As: Therapeutic Activities
• Functional Task Training	Time Elapsed: 2 Minutes, Description: 2 ball 10-2 min, Charge As: Therapeutic Activities
Manual Interventions: Upper Quarter Joint Complex:	
• Glenohumeral Joint(This visit)	Did Not Perform:, Charge As: Manual Therapy Techniques This visit
• Scapulothoracic Joint(This visit)	Did Not Perform:, Charge As: Manual Therapy Techniques This visit
Manual Interventions: Proprioceptive Neuromuscular Facilitation:	

Patient: Thomas Karabees
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• D2 Ex/Add/IR (DS visit)	Did Not Perform, Charge As: Therapeutic Activities (last visit)
• D2 Flex/Abd/ER	Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 3, Side: left, Technique: Antagonist Reversal, Symmetry: Unilateral, Position: Standing, Additional Detail: 3#, Charge As: Therapeutic Activities

Modalities:

• Electric Stim, Unattended	Time Elapsed: 15 Minutes, Location: Anterior/Posterior, Performed With: Cryotherapy, Mode: Continuous, Type: Interferential, Clinical Use: Post Activity, Charge As: E-Stim, Unattended

Pt./Family Education:

• Patient Education (this visit)	Did Not Perform, Charge As: Self Care/Home Mgt (last visit)

Therapy Session Time

• Therapy Session Start Time	08:00 AM
• Therapy Session Stop Time	09:15 AM

Documented Procedural Code Summary:

Description	Code	Units	Minutes
• Electrical Stimulation (unattended)	97014	1	n/a
• Therapeutic Activities	97530	3	45
• Therapeutic Procedure	97110	1	15

Assessment

Pt with no c/o pain with increase wt with reaching and lifting exs per flow sheet.

Initiated:

- OH ball activity 2 min to increase OH and reaching strength.

Plan

Daily Plan:

- Continue w/ Current Rehabilitation Program.

Kristina M. Cordle, PTA, PTA(SC Lic 1825)

Laura D. Pruette, PT, PT(SC Lic 5511)

Signed in the absence of the primary therapist.

Corvel Capture 4/7/2009

Select Physical Therapy
7 South Alliance Drive
Ste 102A
Goose Creek, SC USA 29445
Phone: (843) 569-2303
Fax: (843) 569-2304

Patient:	Thomas Karabees		
Acct #:	013-610238068	Visit Date:	Feb 27, 2009
DOB:	Oct 13, 1948	FSC:	Workers Compensation
Clinician:	Laura D. Pruette, PT	Payor:	WC OF SC
Prim Phy:	Seth P. Kupferman	Pol/Claim#:	385528253
Phy Phone:	(843) 572-2663	Insured:	Care IQ
Phy Fax:	(843) 569-3367	Employer:	Trident Tech College
Sec Phy:	Not Specified	Case Mgr:	Marla G
Inj. Date:	10/31/2008	Visits:	13
Surg. Date:	1/20/2009	Cxl/Ns:	1

Daily Note

Diagnoses Left Shoulder 71941 JOINT PAIN-SHLDER
71951 JT STIFFNESS NEC-SHLDER

Subjective Examination

Pt reports going back to work with c/o UT/shld soreness.

ADL / Functional Status:

- Current status: Work status: Unable to work secondary to dysfunction. (02/19/09 planned RTW 02/25/09). Occupation: Instructor for Trident Tech - lift up to 75-100# equipment with 1 other person, pushing/pulling a heavy trainer on rollers, retrieving akwardly shaped components (up to 25#) from shelves including OH, frequent computer use.

ADL / Functional Status: ADL's: Activities:

• Bathing(02/19/09 all assessed)	Independent without difficulty
• Dressing	Independent, requiring > time
• Driving/Traveling	driving w/ UE various position
• Lifting	improving, see obj
• Reaching	(L) OH
• Sleeping("doesn't happen often")	only wakes up if rolls L
• Walking/jog	10 min with pain/diff

Chief Complaint: Pain:

- Current Severity: 3/10. (02/27/09 more soreness). Severity at Worst: 8/10. (02/04/09).

Extremity Dominance:

- Right.

Functional Capability:

- Overall Improvement: 70%

Mechanism of Injury:

- 10/31/08: Pt was carrying equipment at work (straps B across chest with equipment in each had) and fell down 6-8 stairs, unsure of specifics of fall or if he landed on L side or not.

Medical History:

- Past/Present Conditions: MS, HTN controlled, hernia repair 1998.

Objective Examination

Functional Tests: Occupational Tests: Maximal Lifting / Materials Handling:

• Floor to Knuckle: Bilaterally(02/19/09 good mech, min pain)	50 Pounds
• Knuckle to Shoulder: Left Side(02/19/09 no pain)	10 Pounds
• Shoulder to Overhead: Left(2/27/09)	6 Pounds
• Push: Bilateral(02/19/09 min pain, fair control)	40 Pounds
• Pull: Bilateral(02/19/09 min pain, fair control)	50.0 Pounds

Muscle Testing: Upper Extremity MMT:	**Left**	**Right**
• Shoulder Abduction(02/19/09 all MMT, L pain)	4/5	5/5
• Shoulder Extension	5/5	5/5
• Shoulder Flexion(L pain)	4/5	5/5
• Shoulder External Rotation	+4/5	5/5
• Shoulder Internal Rotation	5/5	5/5
• Elbow Extension	+4/5	5/5
• Elbow Flexion	5/5	5/5

Treatments

Exercise Activities: Tubing/Bands:

• Bicep Curls	Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 6, Resistance: Concentric/Eccentric, Charge As: Therapeutic Activities