

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 2

Ellen H. Goodwin
PO Box 102100
Columbia SC 29221
803-896-5891

Margaret M. Urbanic
126 Seven Farms Dr.
Suite 200
Charleston, SC 29492
(843) 577-2026
Attorney for Appellants

Other Counsel or Record:
Thomas M. White
The Steinberg Law Firm
Post Office Box 1028
Goose Creek, SC 29445
(843)572-0700
Attorney for Respondent

INDEX

Order of Full Commission dated September 10, 2012.....	1
Consent Order dated March 12, 2013.....	7
Order of Single Commissioner dated March 8, 2012.....	9
Order of Full Commission dated October 26, 2011.....	23
Order of Single Commissioner dated March 18, 2011.....	29
Form 50 dated October 7, 2009.....	42
Form 50 dated May 5, 2010.....	43
Form 50 dated September 28, 2010.....	44
Form 50 dated August 22, 2011.....	45
Form 51 dated November 6, 2009.....	46
Form 51 dated June 4, 2010.....	47
Form 51 dated October 26, 2010.....	48
Form 51 dated September 21, 2011.....	49
Form 30 dated March 30, 2011.....	50
Form 30 dated March 14, 2012.....	51
Respondent's Form 58 dated December 21, 2010.....	52
Respondent's APA Submissions.....	55
Appellants' Form 58 dated December 23, 2010.....	207
Appellants' APA Submissions.....	210
Respondent's Form 58 dated December 20, 2011.....	251
Respondent's APA Submissions.....	254

Appellants' Form 58 dated December 23, 2010.....	276
Appellants' APA Submissions.....	277
Transcript of Hearing dated January 5, 2011.....	591
Direct of Claimant/ Respondent.....	592
Cross of Claimant/ Respondent.....	598
Redirect of Claimant/ Respondent.....	600
Transcript of Hearing dated January 4, 2012.....	602
Direct of Claimant/ Respondent.....	607
Cross of Claimant/ Respondent.....	625
Redirect of Claimant/ Respondent.....	635
Transcript of Full Commission Hearing dated July 17, 2012.....	639
Argument by Appellant.....	641
Argument by Respondent.....	649
Appellant in reply.....	657



Patient: Thomas Karabees
Acct #: 013-610238068

Visit Date: Feb 27, 2009

• Prone Hor Abduction

Time Elapsed: 4 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 3#, 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 (PT's standing)

Time Elapsed: 4 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 41, Additional Detail: standing, Charge As: Therapeutic Activities

• Sidelying ER (and ABD)

Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 3#, Charge As: Therapeutic Activities

• Triceps Extensions

Time Elapsed: 4 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 3, Resistance: Concentric/Eccentric, Charge As: Therapeutic Activities

• Tubing/Bands 1

Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 5, 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: 2, Hold: 30 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 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:

• Armometer (Aldyne)

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, Additional Detail: wall push ups, Charge As: Therapeutic Activities

Exercise Activities: Dynamic Training: Coordination/Dexterity:

• Cone Activities

Time Elapsed: 2 Minutes, Repetitions: 3, 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:

• Overhead Reach

Time Elapsed: 2 Minutes, Weight - Pounds: 6 Pounds, Repetitions: 10, Sets: 1, Charge As: Therapeutic Activities

• Pulling/Pushing

Time Elapsed: 4 Minutes, Weight - Pounds: 50 Pounds, Repetitions: 10, Sets: 1, 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:

• B2 Ext/Add/IR (This visit)

Did Not Perform, Charge As: Therapeutic Activities This visit

Document ID: 1A70022A.017

Status: Signed off (secure electronic signature)

Page 2 of 3

Kristina M. Cordle, PTA, PTA(SC Lic: 1825); Laura D. Pruvette, PT, PT(SC Lic: 5511)



Patient: Thomas Karabeas
Acct #: 013-610238068

Visit Date: Feb 27, 2009

• D2 Flex/Abd/ER

Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Side: left,
Technique: Antagonist Reversal, Symmetry: Unilateral, Position:
Standing, Additional Detail: 2#, Charge As: Therapeutic Activities

Modalities:

• Electric Stim; Unattended (Patient refused treatment) Did Not Perform; Charge As: E-Stim; Unattended Patient refused treatment

Pt./Family Education:

• Patient Education at this visit Did Not Perform; Charge As: Self-Care / Home-Mot-Training; No Visit

Therapy Session Time

• Therapy Session Start Time 02:55 AM
• Therapy Session Stop Time 08:55 AM

Documented Procedural Code Summary:

Description	Code	Units	Minutes
• Therapeutic Activities	97530	3	15
• Therapeutic Procedure	97110	1	14

Assessment

Pt progressing good with lifting 6# OH no pain and waist shld 6# no pain. No pain at end of session.

Plan

Daily Plan:

- Continue w/ Current Rehabilitation Program.

Kristina M. Cordie

Kristina M. Cordie, PTA, PTA(SC Lic: 1825)

Laura D. Pruetto

Laura D. Pruetto, 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 Karabes
Acct #: 013-610238068
DOB: Oct 13, 1948
Clinician: Laura D. Pruette, PT
Prim Phy: Seth P. Kuperman
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: Feb 23, 2009
FSC: Workers Compensation
Payor: WC OF SC
Pol/Claim#: 385528253
Insured: Care IQ
Employer: Trident Tech College
Case Mgr: Maria G
Visits: 12
Cd/Ns: 1

Daily Note

Diagnoses Left Shoulder

71941 JOINT PAIN-SHLDER
71951 JT STIFFNESS NEC-SHLDER

Subjective Examination

"Shld is doing good"

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 awkwardly shaped components (up to 25#) from shelves including OH, frequent computer use.

ADL / Functional Status: ADL's Activities:

• Bathing (02/19/09 - all assessed)

• Dressing

• Driving/Traveling

• Lifting

• Reaching

• Sleeping ("doesn't happen often")

• Walking/Stair

Independent without difficulty

Independent, requiring > time

Driving now w/ various positions

Improving, see obj

only wakes up if rolls L

10 min with pain/diff

Chief Complaint: Pain:

- Current Severity: 3/10. (02/04/09). 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 hand) 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:

• Hoist 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 (02/19/09 with pain/diff) 4 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:

• Shoulder Abduction (02/19/09 - all MMT, L pain)

• Shoulder Extension

• Shoulder Flexion (L pain)

• Shoulder External Rotation

• Shoulder Internal Rotation

• Elbow Extension

• Elbow Flexion

Left Right

4/5 5/5

5/5 5/5

4/5 5/5

+4/5 5/5

5/5 5/5

+4/5 5/5

5/5 5/5

Treatments

Exercise Activities: Tubing/Bands:

- Biceps Curls

Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 5, Resistance: Concentric/Eccentric, Charge: As Therapeutic Activities

Corvel Capture 4/7/2009



Patient: Thomas Karabees
Acct #: 013-610238068

Visit Date: Feb 23, 2009

• Prone Hor Abduction

Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 3#, Resistance: Concentric/Eccentric, Additional Detail: and flex, ext, Charge As: Therapeutic Activities

• Pull Down

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 (1/2 standing)

Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 40#, Resistance: Concentric/Eccentric, Additional Detail: standing, Charge As: Therapeutic Activities

• Sidelying ER (and ABD)

Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 3#, Charge As: Therapeutic Activities

• Tubing/Bands 1

Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 40#, 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 Exercises

• Capsular Stretch - Inferior

Time Elapsed: 2 Minutes, Repetitions: 2, Hold: 30 Seconds, Charge As: Therapeutic Exercises

• Capsular Stretch - Posterior

Time Elapsed: 2 Minutes, Repetitions: 2, Hold: 30 Seconds, Charge As: Therapeutic Exercises

• Levator Scapulae Musculature

Time Elapsed: 2 Minutes, Repetitions: 2, Technique: Active, Body Position: Seated, Hold: 30 Seconds, Charge As: Therapeutic Exercises

• Superior Stretch

Time Elapsed: 2 Minutes, Repetitions: 2, Hold: 30 Seconds, Position: Sidelying, Charge As: Therapeutic Exercises

• Upper Trapezius Muscle

Time Elapsed: 2 Minutes, Repetitions: 2, Technique: Active/Manual, Body Position: Seated, Hold: 30 Seconds, Charge As: Therapeutic Exercises

• Flexibility Activity 1

Time Elapsed: 2 Minutes, Repetitions: 2, Sidelying, Technique: Active/Manual, Hold: 30 Seconds, Description: IR towel stretch, Charge As: Therapeutic Exercises

Exercise Activities: Aerobic Conditioning:

• Armometer (Arm/leg)

Time Elapsed: 10 Minutes, Charge As: Therapeutic Activities

Exercise Activities: Dynamic Training: C-K-C Activity:

• Wall Push Ups

Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Additional Detail: wall push ups, Charge As: Therapeutic Activities

Exercise Activities: Dynamic Training: Coordination/Dexterity:

• Cone Activities

Time Elapsed: 2 Minutes, Repetitions: 3, 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:

• Overhead Reach

Time Elapsed: 2 Minutes, Weight - Pounds: 4 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

Manual Interventions: Upper Quarter Joint Complex:

• Glenohumeral Joint (This visit)

Did Not Perform, Charge As: Manual Therapy Techniques This visit

• Scapulothoracic Joint (and GH Jt PROM/stretching)

Time Elapsed: 10 Minutes, Grade: II/III, Body Position: R Sling, Pressure: Oscillatory, Technique 1: All Glides, Technique 2: Distraction, Technique 3: scap PNF diagonals, Charge As: Manual Therapy Techniques

Manual Interventions: Proprioceptive Neuromuscular Facilitation:

• D2 Ext/Abd/IR (This visit)

Did Not Perform, Charge As: Therapeutic Activities This visit



Patient: Thomas Karabeas
Acct #: 013-610238068

Visit Date: Feb 23, 2009

- D2 Flex/Abd/ER

Time Elapsed: 1 Minutes, Repetitions: 10, Sets: 2, Side: left,
Technique: Antagonist Reversal, Symmetry: Unilateral, Position:
Standing, Additional Detail: 2#, Charge As: Therapeutic Activities

Modalities:

• Electric Stim - Unattended (Patient refused treatment)

Did Not Perform; Charge As: E-Stim; Unattended Patient refused treatment

Pt./Family Education:

• Patient Education (in this visit)

Did Not Perform; Charge As: Self Care / Home Mod Training (in this visit)

Therapy Session Time

• Therapy Session Start Time

09:00 AM

• Therapy Session Stop Time

Documented Procedural Code Summary:

Description	Code	Units	Minutes
• Manual Therapy Techniques	97140	1	10
• Therapeutic Activities	97530	2	34
• Therapeutic Procedures	97110	1	10

Assessment

Push/pull 50# 10 each with no c/o pain. Pt tol addition of wt with cone activities no pain only burning.
Increased 2# with D2 flex/ext without pain.

Plan

Daily Plan:

- Continue w/ Current Rehabilitation Program.

Kristina M. Cordle

Kristina M. Cordle, PTA, PTA(SC Lic: 1825)

Laura D. Pruvette

Laura D. Pruvette, 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. Pruetts, 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: Feb 19, 2009
FSC: Workers Compensation
Payor: WC OF SC
Pol/Claim#: 385528253
Insured: Care IQ
Employer: Trident Tech College
Case Mgr: Maria G
Visits: 11
Cxl/Ns: 0

Re-Evaluation

Diagnoses Left Shoulder

71941
71951

JOINT PAIN-SHLDER
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 trailer on rollers, retrieving awkwardly shaped components (up to 25#) from shelves including OH, frequent computer use.

ADL / Functional Status: ADL's: Activities:

- Bathing (02/19/09) - Independent, requiring > time
- Dressing - Improving, see obj
- Lifting - only wakes up if rolls L
- Sleeping ("doesn't happen often") - Improving, see obj

Chief Complaint: Pain:

- Current Severity: 3/10. (02/04/09). 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 hand) 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 eye level: Bilateral (02/19/09) good mech, min pain, 150 Pounds
- Knuckle to Shoulder: Left Side (02/19/09) no pain, 10 Pounds
- Shoulder to eye level: Bilateral (02/19/09) with pain/diff, 40 Pounds
- Push: Bilateral (02/19/09) min pain, fair control, 50.0 Pounds
- Pull: Bilateral (02/19/09) min pain, fair control, 50.0 Pounds

Muscle Testing: Upper Extremity MMT:

	Feb 04, 2009		Feb 19, 2009	
	Left	Right	Left	Right
Shoulder Abduction (02/19/09 all MMT, L pain)	4/5	5/5	5/5	5/5
Shoulder Extension	4/5	5/5	5/5	5/5
Shoulder Flexion (L pain)	4/5	5/5	4/5	5/5
Shoulder External Rotation	4/5	5/5	4/5	5/5
Shoulder Internal Rotation	5/5	5/5	5/5	5/5
Elbow Extension	4/5	5/5	4/5	5/5
Elbow Flexion	5/5	5/5	5/5	5/5

Range of Motion:

	Feb 04, 2009			Feb 19, 2009		
	L Act.	Pas.	R Act.	L Act.	Pas.	R Act.
Extension (02/19/09 all A/PROM)	50		78	70		78
Flexion	151	180	168	165	180	168
Abduction	141	170	168	160	180	168

Document ID: 1A70022A.014

Status: Signed off (secure electronic signature)
Kristina M. Cordle, PTA, PTA(SC Lic: 1825); Laura D. Pruetts, PT, PT(SC Lic: 5511)

Page 1 of 5



Patient: Thomas Karabees
Acct #: 013-610238068

Visit Date: Feb 19, 2009

• External Rotation - 0 deg	47	63	62	63
• External Rotation - 90 deg	90		90	
• Internal Rotation - 0 deg(thoracic level)	8	9	7	9
• Internal Rotation - 90 deg	75		190	

Treatments

Exercise Activities: Tubing/Bands:

- Prone Hor Abduction

Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band
Color: 3#, Resistance: Concentric/Eccentric, Charge As: Therapeutic Activities

Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band
Color: 3#, Resistance: Concentric/Eccentric, Additional Detail: and flex, ext, Charge As: Therapeutic Activities

- Pull Down

Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band
Color: 3#, 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 (prone standing)

Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band
Color: 4, Additional Detail: standing, Charge As: Therapeutic Activities

- Slidelying ER(land ABD)

Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band
Color: 3#, Charge As: Therapeutic Activities

- Tubing/Bands

Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band
Color: 3#, 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, 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, Repetitions: 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, Repetitions: 2, Hold: 30 Seconds, Position: Slidelying, 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

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: 1 Minutes, Repetitions: 10, Sets: 2, Additional Detail: wall-push ups, Charge As: Therapeutic Activities

Exercise Activities: Dynamic Training: Coordination/Dexterity:

- Cone Activities

Time Elapsed: 2 Minutes, Repetitions: 3, Additional Detail: 5 cones, Activity 1: Forward Reaching, Activity 2: cones on black cabinet, Charge As: Therapeutic Activities

Functional/ADL Activities: Functional Task Training:

- Overhead Reach

Time Elapsed: 2 Minutes, Weight: Pounds: 4 Pounds, Repetitions: 10, Sets: 2, Charge As: Therapeutic Activities

Manual Interventions: Upper Quarter Joint Complex:

- Glenohumeral Joint(This visit)

Did Not Perform, Charge As: Manual Therapy Techniques This visit

Document ID: 1A70022A.014
Kristina M. Cordie, PTA, PTA(SC Lic 1825); Laura D. Pruetz, PT, PT(SC Lic 5511)

Page 2 of 5



Patient: Thomas Karabacs
Acct #: 013-610238068

Visit Date: Feb 19, 2009

- Scapulothoracic Joint (and GH jt PROM/stretching)

Time Elapsed: 10 Minutes, Grade: II/III, Body Position: R Lying,
Pressure: Oscillatory, Technique 1: All Gildes, Technique 2:
Distraction, Technique 3: scap PNF diagonals, Charge As: Manual
Therapy Techniques

Manual Interventions: Proprioceptive Neuromuscular Facilitation:

- D2 Flex/Abd/ER

Time Elapsed: 5 Minutes, Location: Anterior/Posterior, Performed
With Cryotherapy, Mode: Continuous, Type: Interferential, Clinical
Used Post Activity, Charge As: Stim Unattended

Modalities:

- Electric Stim Unattended

Pt/Family Education:

- Patient Education (on this visit)

Therapy Session Time

- Therapy Session Start Time

- Therapy Session Stop Time

- Total Therapy Session Time

Documented Procedural Code Summary:

Description	Code	Units	Minutes
• Manual Therapy Techniques	97140	1	10
• Physical Therapy Reevaluation	97001	1	10
• Therapeutic Activities	97530	2	30
• Therapeutic Procedure	97071	1	10

Assessment

The patient requires skilled physical therapy to address the problems identified, and to achieve the individualized patient goals as outlined in the problems and goals section of this evaluation. Overall rehabilitation potential is good. The 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 has met all ROM goals. Pt demos good progress towards UE strength and lifting/work task goals. Pt decreased control with push/pull seemingly related more to MS symptoms than shoulder pain/weakness. Pt cont to have pain/diff with lifting heavier wt, push/pull, and with OH reach/lift.

Recommendations: Skilled Intervention: Required To:

- Decrease Pain. Improve Function. Increase Strength. Return to Premorbid State. RTW

Problems & Goals

Problem #1 ADL / Functional Status: Current status: Work status: Unable to work secondary to dysfunction. (02/19/09)
planned RTW 02/25/09.

LTG Achieve by Mar 05, 2009. Progress: No change.

Functional Improvements In:

- Work Capacity, Returning to: Full Time/Unrestricted Duty.

Problem #2 ADL / Functional Status: ADL's: Activities:

LTG Achieve by Mar 05, 2009. Progress: Good progress.

ADL Improvements In: Activities:

- Bathing
- Dressing
- Driving/Traveling
- Sleeping
- Writing/Typing

To independent B UE use
To independent B UE use
To independent
No Disturbances
60 min no pain in shoulder

Problem #3 Range of Motion.

Goal Achieved Feb 19, 2009.

Range of Motion Improvements to: Shoulder:

Left AROM



Patient: Thomas Karabeas
Acct #: 013-610238068

Visit Date: Feb 19, 2009

• Extension	50
• Flexion	155
• Abduction	150
• External Rotation - 0 deg	60
• Internal Rotation - 0 deg (thoracic level)	

Problem #4 Muscle Testing: Upper Extremity MMT.

LTG Achieve by Mar 05, 2009. Progress: Good progress.

Client Education:

- Independent Home Exercise/Self Care Program.

LTG Achieve by Mar 05, 2009. Progress: Good progress. for UE use for lifting/moving equipment at work

Musculoskeletal Improvements In: Upper Left

Extremity Strength to:

• 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 #5 Functional Tests: Occupational Tests: Maximal Lifting / Materials Handling.

LTG Achieve by Mar 05, 2009. Progress: Good progress. for work duties, to assess lifting as appropriate

Functional Improvements In: Maximal Lift / Material Handling:

• Floor to Knuckle: Bilateral	50 Pounds
• Knuckle to Shoulder: Bilateral	25 Pounds
• Knuckle to Shoulder: Bilateral	10 Pounds
• Shoulder to Overhead: Bilat	25 Pounds
• Shoulder to Overhead: Bilat	10 Pounds
• Push: Bilateral	50 Pounds
• Pull: Bilateral	50 Pounds

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. Aerobic Conditioning: Ergometer (Airdyne). 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.
- Functional Activities: ADL's:
 - Carrying. Driving/Traveling. Lifting. Premorbid Activities. Sleeping. Work/Occupational Requirements.

Kristina M. Cordle
Kristina M. Cordle, PTA, PTA(SC Lic: 1825)

Corvel Capture 4/7/2009



Patient: Thomas Karabeas
Acct #: 013-610238068

Visit Date: Feb 19, 2009

L. D. Pruett

Laura D. Pruett, PT, PT(SC Lic: 5511)

Document ID: 1A70022A.014
Kristina M. Cordle, PTA, PTA(SC Lic: 1825); Laura D. Pruett, PT, PT(SC Lic: 5511)

Status: Signed off (secure electronic signature)

Page 5 of 5



Select Physical Therapy
7 South Alliance Drive
Ste 102A
Goose Creek, SC USA 29445
Phone: (843) 569-2303
Fax: (843) 569-2304

Patient: Thomas Karabeas
Acct #: 013-610238068
DOB: Oct 13, 1948
Clinician: Laura D. Pruett, 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: Feb 19, 2009
FSC: Workers Compensation
Payor: WC OF SC
Pol/Claim#: 385528253
Insured: Care IQ
Employer: Trident Tech College
Case Mgr: Maria G
Visits: 11
Cd/Hs: 0

Plan of Care

Diagnoses Left Shoulder

71941
71951

JOINT PAIN-SHLDER.
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).

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 has met all ROM goals. Pt demos good progress towards UE strength and lifting/work task goals. Pt decreased control with push/pull seemingly related more to MS symptoms than shoulder pain/weakness. Pt cont to have pain/diff with lifting heavier wt, push/pull, and with OH reach/lift.

Recommendations: Skilled Intervention: Required To:

- Decrease Pain. Improve Function. Increase Strength. Return to Premorbid State. RTW

Problems & Goals

Problem #1 ADL / Functional Status: Current status: Work status: Unable to work secondary to dysfunction. (02/19/09 planned RTW 02/25/09).

LTG Achieve by Mar 05, 2009. Progress: No change.

Functional Improvements In:

- Work Capacity, Returning to: Full Time/Unrestricted Duty.

Problem #2 ADL / Functional Status: ADL's Activities.

Independent without difficulty
Independent, requiring > time
Improving, see obj
only wakes up if rolls L
10 min with pain/diff

LTG Achieve by Mar 05, 2009. Progress: Good progress.

ADL Improvements In: Activities:

- Bathing
- Dressing
- Driving/Travelling
- Sleeping
- Writing/Typing

Problem #3 Range of Motion.

- Abduction
- Extension (02/19/09 all A/PROM)
- External Rotation - 0 deg
- External Rotation - 90 deg
- Flexion
- Internal Rotation - 0 deg (thoracic level)
- Internal Rotation - 90 deg

Goal Achieved Feb 19, 2009.

To independent B UE use
To independent B UE use
To independent B UE use
No Disturbances
60 min no pain in shoulder

Left AROM	Left PROM	Right AROM
167	180	168
70		78
62		63
	90	
165	180	168
7		9
	90	

Corvel Capture 4/7/2009



Patient: Thomas Karabees
Acct #: 013-610238068

Visit Date: Feb 19, 2009

Range of Motion Improvements to: Shoulder:

Left AROM

- Extension 155
- Flexion 150
- Abduction 60
- External Rotation - 0 deg
- Internal Rotation - 0 deg (no pain)

Problem #4 Muscle Testing: Upper Extremity MMT.

Left

Right

- Elbow Extension 5/5
- Elbow Flexion 5/5
- Shoulder Abduction (02/19/09 min pain) 4/5
- Shoulder Extension 5/5
- Shoulder External Rotation 4/5
- Shoulder Flexion (L pain) 4/5
- Shoulder Internal Rotation 5/5

LTG Achieve by Mar 05, 2009. Progress: Good progress.

Client Education:

- Independent Home Exercise/Self Care Program.

LTG Achieve by Mar 05, 2009. Progress: Good progress. for UE use for lifting/moving equipment at work

Musculoskeletal Improvements In: Upper

Left

Extremity Strength to:

- 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 #5 Functional Tests: Occupational Tests: Maximal Lifting / Materials Handling.

- Floor to Knuckle Bilateral (02/19/09 no pain) 50 Pounds
- Knuckle to Shoulder: Left Side (02/19/09 no pain) 10 Pounds
- Pull: Bilateral (02/19/09 min pain, fair control) 50 Pounds
- Push: Bilateral (02/19/09 min pain, fair control) 40 Pounds
- Shoulder to Overhead: Left (02/19/09 min pain, fair control) 10 Pounds

LTG Achieve by Mar 05, 2009. Progress: Good progress. for work duties, to assess lifting as appropriate

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:

- 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. Aerobic Conditioning: Airgometer (Airdyne). Joint Mobilization Techniques. Soft Tissue Mobilization Techniques. Neural Mobilization Techniques. Neuromuscular Re-education.
- Resistive Activities:
 - Isokinetic. Isometric. Isotonic. Machines/Free Weights. Tubing/Bands.
- Modalities:

Document ID: 1A70022A.015

Status: Signed off (secure electronic signature)

Kristina M. Cordle, PTA, PTA(SC Lic: 1825); Laura D. Pruett, PT, PT(SC Lic: 5511)

Page 2 of 3

Corvel Capture 4/7/2009



Patient: Thomas Karabees
Acct #: 013-610238068

Visit Date: Feb 19, 2009

- Cryotherapy, Interferential Stimulation, Moist Hot Pack, T.E.N. Stimulation, TENS Placement/Application, Ultrasound, US/HVPGS Combo.
- Functional Activities: ADL's:
 - Carrying, Driving/Traveling, Lifting, Premorbid Activities, Sleeping, Work/Occupational Requirements.

Kristina M. Cordle

Kristina M. Cordle, PTA, PTA(SC Lic: 1825)

Laura D. Pruette

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.015

Status: Signed off (secure electronic signature)
Kristina M. Cordle, PTA, PTA(SC Lic: 1825); Laura D. Pruette, PT, PT(SC Lic: 5511)

Page 3 of 3



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: Feb 18, 2009
FSC: Workers Compensation
Payor: WC OF SC
Pol/Claim#: 385528253
Insured: Care IQ
Employer: Trident Tech College
Case Mgr: Maria G
Visits: 10
Cd/Ns: 0

Corvel Capture 4/7/2009

Daily Note

Diagnoses Left Shoulder

71941
71951

JOINT PAIN-SHLDER
JT STIFFNESS NEC-SHLDER

Subjective Examination

"I lifted a car battery yesterday, its sore"

ADL / Functional Status:

- Current status: Work status: Unable to work secondary to dysfunction. (02/04/09). Occupation: Instructor for Trident Tech - lift up to 75-100# equipment with 1 other person, pushing/pulling a heavy trainer on rollers, retrieving awkwardly shaped components (up to 25#) from shelves including OH, frequent computer use.

ADL / Functional Status: ADL's Activities:

Bathing (02/04/09 all at ease) Independent without difficulty
Dressing Independent, requiring > time
Driving/Traveling (2/8/09) Driving while in various positions
Lifting Unable to perform
Reading very limited with L
Sleeping wakes up if rolls L
Walking/Running and minor pain/diff

Chief Complaint: Pain:

- Current Severity: 3/10. (02/04/09). Severity at Worst: 8/10. (02/04/09).

Extremity Dominance:

- Right

Mechanism of Injury:

- 10/31/08: Pt was carrying equipment at work (straps B across chest with equipment in each hand) 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 (02/04/09) mech with pain/c/o 30 pounds
Floor to Knuckle Left Side (02/04/09 pain) 9 Pounds
Shoulder to Overhead Bilateral (02/04/09 pain/diff) 3 Pounds
Push: Bilateral (02/04/09 NT) 0 Pounds
Pull: Bilateral (02/04/09 NT) 20.0 Pounds

Muscle Testing: Upper Extremity MMT:

	Left	Right
Shoulder Abduction (02/04/09 all MMT)	4/5	5/5
Shoulder Extension	4/5	5/5
Shoulder Flexion	4/5	5/5
Shoulder External Rotation	4/5	5/5
Shoulder Internal Rotation	4/5	5/5
Elbow Extension	4/5	5/5
Elbow Flexion	5/5	5/5

Palpation:

- Generalized tenderness to palp of entire GH jt region and L UT, with generalized jt effusion noted. 3 portals (ant, lat, post) with 2 stitches each in tact.

Range of Motion:

- Extension (02/13/09 all ROM)

- Flexion
- Abduction

	Left AROM	Left PROM	Right AROM
Extension	62		78
Flexion	165	180	168
Abduction	148	170	168

Document ID: 1A70022A.012

Status: Signed off (secure electronic signature)
Kristina M. Cordie, PTA, PTA(SC Lic 1825); Laura D. Pruette, PT, PT(SC Lic 5511)

Page 1 of 3



Patient: Thomas Karabees
Acct #: 013-610238068

Visit Date: Feb 18, 2009

- External Rotation - 0 deg
- External Rotation - 90 deg
- Internal Rotation - 0 deg(thoracic level)
- Internal Rotation - 90 deg(2/13/09)

67

63

8

9

Treatments

Exercise Activities: Range of Motion:

• Bar Flex (On this visit)

• ROM Activity 1(This visit)

Exercise Activities: Tubing/Bands:

• Prone Hor Abduction

• Pull Downs

• Rows

• Scapular (in seated)

• Sidelying ER(and ABD)

• Tubing/Bands

• Flexibility

• Capsular Stretch - Anterior

• Capsular Stretch - Inferior

• Capsular Stretch - Posterior

• Sleeper Stretch

• Upper Trapezius Muscles

• Flexibility Activity 1

• Flexibility Activity 2

• Flexibility Activity 3

• Flexibility Activity 4

• Flexibility Activity 5

• Flexibility Activity 6

• Flexibility Activity 7

• Flexibility Activity 8

• Flexibility Activity 9

• Flexibility Activity 10

• Flexibility Activity 11

• Flexibility Activity 12

• Flexibility Activity 13

• Flexibility Activity 14

• Flexibility Activity 15

• Flexibility Activity 16

• Flexibility Activity 17

• Flexibility Activity 18

• Flexibility Activity 19

• Flexibility Activity 20

• Flexibility Activity 21

• Flexibility Activity 22

• Flexibility Activity 23

• Flexibility Activity 24

• Flexibility Activity 25

• Flexibility Activity 26

• Flexibility Activity 27

• Flexibility Activity 28

• Flexibility Activity 29

• Flexibility Activity 30

• Flexibility Activity 31

• Flexibility Activity 32

• Flexibility Activity 33

• Flexibility Activity 34

• Flexibility Activity 35

• Flexibility Activity 36

• Flexibility Activity 37

• Flexibility Activity 38

• Flexibility Activity 39

• Flexibility Activity 40

• Flexibility Activity 41

• Flexibility Activity 42

• Flexibility Activity 43

• Flexibility Activity 44

• Flexibility Activity 45

• Flexibility Activity 46

• Flexibility Activity 47

• Flexibility Activity 48

• Flexibility Activity 49

• Flexibility Activity 50

• Flexibility Activity 51

• Flexibility Activity 52

• Flexibility Activity 53

• Flexibility Activity 54

• Flexibility Activity 55

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

Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band

Color: 3#, Resistance: Concentric/Eccentric, Charge As: Therapeutic

Activities

Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Tubing/Band

Color: 3#, Resistance: Concentric/Eccentric, Additional Detail: and

flex, ext, Charge As: Therapeutic Activities

Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band

Color: Blue, 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

Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Tubing/Band

Color: 3#, Additional Detail: standing, Charge As: Therapeutic

Activities

Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band

Color: 3#, Charge As: Therapeutic Activities

Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band

Color: 5, Resistance: Concentric/Eccentric, Description: Prone Rows

Charge As: Therapeutic Activities

Time Elapsed: 2 Minutes, Repetitions: 5, Hold: 30 Seconds

Additional Detail: ER stretch on wall, Charge As: Therapeutic

Exercise

Time Elapsed: 2 Minutes, Repetitions: 3, Hold: 30 Seconds, Charge

As: Therapeutic Exercise

Time Elapsed: 2 Minutes, Sets: 3, Hold: 30 Seconds, Charge As:

Therapeutic Exercise

Time Elapsed: 2 Minutes, Sets: 3, Hold: 30 secs Seconds, Position:

Sidelying, Charge As: Therapeutic Exercise

Time Elapsed: 3 Minutes, Repetitions: 3, Technique: Active/Manual

Body Position: Seated, Hold: 30 Seconds, Charge As: Therapeutic

Exercise

Time Elapsed: 2 Minutes, Repetitions: 20, Side: left, Technique:

Active Assistive, Description: 1R towel stretch, Charge As:

Therapeutic Exercise

Time Elapsed: 10 Minutes, Charge As: Therapeutic Activities

Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Additional Detail:

wall push ups, Charge As: Therapeutic Activities

Time Elapsed: 3 Minutes, Repetitions: 3, Additional Detail: 5 cones

Activity 1: Forward Reaching, Activity 2: cones on black cabinet

Charge As: Therapeutic Activities

Functional/ADL Activities: Functional Task Training:

Document ID: 1A70Q2A.012

Status: Signed off (secure electronic signature)

Page 2 of 3

Kristina M. Cordle, PTA, PTA(SC Lic: 1825); Laura D. Pruvette, PT, PT(SC Lic: 5511)



Patient: Thomas Karabees
Acct #: 013-610238068

Visit Date: Feb 18, 2009

• Overhead Reader Time Elapsed: 2 Minutes, Weight: Pounds: 3# Pounds: Repetitions: 10, Sets: 2, Charge As: Therapeutic Activities

Manual Interventions: Upper Quarter Joint Complex

• Glenohumeral Joint Time Elapsed: 10 Minutes, Grade: 7/II, Additional Details: and PROM all planes, Pressure: Oscillatory, Technique 1: Posterior/Inferior with Flexion/Extension, Technique 2: Anterior/Inferior with Flexion/Extension, Technique 3: Posterior/Inferior with Flexion/Extension, Charge As: Manual Therapy Techniques
• Scapulothoracic Joint Time Elapsed: 5 Minutes, Grade: II/III, Body Position: R Sling, Pressure: Oscillatory, Technique 1: All Gildes, Technique 2: Distraction, Technique 3: scap PNF diagonals, Charge As: Manual Therapy Techniques

Manual Interventions: Proprioceptive Neuromuscular Facilitation:

• D2 Ext/Abd/IR/Thigh/NO Did Not Perform, Charge As: Therapeutic Activities, this visit
• D2 Flex/Abd/ER Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Side: left, Technique: Antagonist Reversal, Symmetry: Unilateral, Position: Standing, Charge As: Therapeutic Activities

Modalities:

• Electric Stim Unattended Time Elapsed: 5 Minutes, Location: Anterior/Posterior, Performed With: Cryotherapy, Modet: Burst, Charge: TENS Clinical Use: Post Activity, Charge As: E-Stim Unattended

Pt./Family Education:

• Patient Education (this visit) Did Not Perform, Charge As: Self-Care/Home-Mgmt Training, this visit

Therapy Session Time

• Therapy Session Start Time 08:00 AM
• Therapy Session Stop Time 09:20 AM

Documented Procedural Code Summary:

Description	Code	Units	Minutes
• Electric Stimulation (unattended)	97014	1	5
• Manual Therapy Techniques	97140	1	15
• Therapeutic Activities	97530	1	13
• Therapeutic Procedure	97110	1	13

Assessment

Pt with good tol with Increase Oh lift 3# curls 5# fwd reach 3# no pain. Good shld mobility noted with MTT.

Plan

Daily Plan:

- Reassess objective measurements next visit.

Kristina M. Cordie

Kristina M. Cordie, PTA, PTA(SC Lic: 1825)

Laura D. Pruette

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 Karabeas
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: Feb 16, 2009
FSC: Workers Compensation
Payor: WC OF SC
Pol/Claim#: 385528253
Insured: Care IQ
Employer: Trident Tech College
Case Mgr: Maria G
Visits: 9
Cxl/Ns: 0

Daily Note

Diagnoses Left Shoulder

71941
71951

JOINT PAIN-SHLDER
JT STIFFNESS NEC-SHLDER

Subjective Examination

"I'm pretty sore today"

ADL / Functional Status:

- Current status: Work status: Unable to work secondary to dysfunction. (02/04/09). Occupation: Instructor for Trident Tech - lift up to 75-100# equipment with 1 other person, pushing/pulling a heavy trainer on rollers, retrieving awkwardly shaped components (up to 25#) from shelves including OH, frequent computer use.

ADL / Functional Status: ADL's Activities:

- Bathing (02/04/09) assessed: Independent without difficulty
- Dressing: Independent, requiring > time
- Feeding (02/16/09): Unable to perform
- Lifting: Severely limited with L
- Reading: wakes up if rolls L
- Sleeping: 10 min with pain/diff L

Chief Complaint: Pain:

- Current Severity: 3/10. (02/04/09). Severity at Worst: 8/10. (02/04/09).

Extremity Dominance:

- Right.

Mechanism of Injury:

- 10/31/08: Pt was carrying equipment at work (straps B across chest with equipment in each hand) 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 knee Bilateral (02/04/09 good mech, with pain/diff) 30 Pounds
- Floor to Knuckle Left Side (02/04/09 pain) 9 Pounds
- Shoulder to Overhead Bilateral (02/04/09 pain/diff) 1 Pounds
- Push: Bilateral (02/04/09 NT) 0 Pounds
- Pull: Bilateral (02/04/09 NT) 0 Pounds

Muscle Testing: Upper Extremity MMT:

- | | Left | Right |
|---------------------------------------|------|-------|
| Shoulder Abduction (02/04/09 all MMT) | 4/5 | 5/5 |
| Shoulder Extension | 4/5 | 5/5 |
| Shoulder Flexion | 4/5 | 5/5 |
| Shoulder External Rotation | 5/5 | 5/5 |
| Shoulder Internal Rotation | 4/5 | 5/5 |
| Elbow Extension | 5/5 | 5/5 |
| Elbow Flexion | 5/5 | 5/5 |

Palpation:

- Generalized tenderness to palp of entire GH jt region and L UT, with generalized jt effusion noted. 3 portals (ant, lat, post) with 2 stitches each in tact.

Range of Motion:

- | | Left AROM | Left PROM | Right AROM |
|------------------------------|-----------|-----------|------------|
| Extension (02/13/09 all ROM) | 62 | | 78 |
| Flexion | 165 | 180 | 168 |
| Abduction | 148 | 170 | 168 |



Patient: Thomas Karabeas
Acct #: 013-610238068

Visit Date: Feb 16, 2009

• External Rotation - 0 deg	67	63
• External Rotation - 90 deg	90	90
• Internal Rotation - 0 deg (thoracic level)	8	9
• Internal Rotation - 90 deg (2/13/09)	90	

Treatments

Exercise Activities: Range of Motion:

• Bar Flexion (This visit) Did Not Perform; Charge As: Therapeutic Exercise This Visit

• ROM Activity 1 (This visit)

Exercise Activities: Tubing/Bands:

• Prone Hor Abduction Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 5, Resistance: Concentric/Eccentric, Charge As: Therapeutic Activities

• Prone Hor Abduction Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 2, Resistance: Concentric/Eccentric, Additional Detail: and flex, ext, Charge As: Therapeutic Activities

• Bull Downs Time Elapsed: 1 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: Blue, 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 (PT, Seated) Time Elapsed: 1 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 2, Additional Detail: Seated, Charge As: Therapeutic Activities

• Sidelying ER (and ABD) Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 2, Charge As: Therapeutic Activities

• Tubing/Bands Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 4, Resistance: Concentric/Eccentric, Description: prone rows, Charge As: Therapeutic Activities

Exercise Activities: Flexibility:

• Capsular Stretch - Anterior Time Elapsed: 2 Minutes, Repetitions: 3, Hold: 30 Seconds, Additional Detail: ER stretch on wall, Charge As: Therapeutic Exercise

• Capsular Stretch - Posterior Time Elapsed: 2 Minutes, Repetitions: 3, Hold: 30 Seconds, Charge As: Therapeutic Exercise

• Sleeper Stretch Time Elapsed: 2 Minutes, Sets: 3, Hold: 30 secs Seconds, Position: Slidelying, Charge As: Therapeutic Exercise

• Upper Trapezius Muscle Time Elapsed: 1 Minutes, Repetitions: 3, Technique: Active/Manual, Body Position: Seated, Hold: 30 Seconds, Charge As: Therapeutic Exercise

• Flexibility Activity 1 Time Elapsed: 2 Minutes, Repetitions: 20, Side: left, Technique: Active Assistive, Description: IR towel stretch, Charge As: Therapeutic Exercise

• Gait Flexion (This visit) Did Not Perform; Charge As: Therapeutic Activities This Visit

• Exercise Activities: Aerobic Conditioning: Time Elapsed: 10 Minutes, Charge As: Therapeutic Activities

• Exercise Activities: Dynamic Training: C-K-C Activity: Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Additional Detail: wall pushups, Charge As: Therapeutic Activities

• Exercise Activities: Dynamic Training: Coordination/Dexterity: Time Elapsed: 3 Minutes, Repetitions: 3, Additional Detail: 5 cones, Activity 1: Forward Reaching, Activity 2: cones on black cabinet, Charge As: Therapeutic Activities

• Functional/ADL Activities: Functional Task Training: Time Elapsed: 3 Minutes, Repetitions: 3, Additional Detail: 5 cones, Activity 1: Forward Reaching, Activity 2: cones on black cabinet, Charge As: Therapeutic Activities

Document ID: 1A70022A.011

Status: Signed off (secure electronic signature)

Page 2 of 3

Kristina M. Cordle, PTA, PTA(SC Lic: 1825); Laura D. Pruette, PT, PT(SC Lic: 5511)



Patient: Thomas Karabees
Acct #: 013-610238068

Visit Date: Feb 16, 2009

Overhead Reach

Time Elapsed: 2 Minutes, Weight: 2# Pounds, Repetitions: 10, Sets: 2, Charge As: Therapeutic Activities

Manual Interventions: Upper Quarter Joint Complex:

Cleno humeral Joint

- Scapulothoracic Joint

Time Elapsed: 10 Minutes, Grade: III, Additional Details: and PROM all planes, Pressure: Oscillatory, Technique: 1: Posterior/Inferior with flex abd, Technique 2: Anterior with ER, Technique 3: Posterior with IR, Charge As: Manual Therapy Techniques

Time Elapsed: 5 Minutes, Grade: II/III, Body Position: R Sling, Pressure: Oscillatory, Technique 1: All Glides, Technique 2: Distraction, Technique 3: scap PNF diagonals, Charge As: Manual Therapy Techniques

Manual Interventions: Proprioceptive Neuromuscular Facilitation:

D2 Flex/Abd/ER

- D2 Flex/Abd/ER

Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Side: left, Technique: Antagonist Reversal, Symmetry: Unilateral, Position: Standing, Charge As: Therapeutic Activities

Modalities:

- Electric Stim, Unattended

Time Elapsed: 15 Minutes, Location: Anterior/Posterior, Performed With Cryotherapy/Mode: Burst 1 (50%), TENS (clinical use), Post-Activity: Charge As: E-Stim, Unattended

Pt./Family Education:

- Patient Education (this visit)

Time Elapsed: 10 Minutes, Location: Anterior/Posterior, Performed With Cryotherapy/Mode: Burst 1 (50%), TENS (clinical use), Post-Activity: Charge As: E-Stim, Unattended

Therapy Session Time

- Therapy Session Start Time
- Therapy Session Stop Time

09:20 AM

Documented Procedural Code Summary:

Description	Code	Units	Minutes
• Electrical Stimulation (unattended)	97014	1	15
• Manual Therapy Techniques	97140	1	15
• Therapeutic Activities	97530	2	30
• Therapeutic Procedure	97110	1	15

Assessment

Pt with good tol with increase bleep curls 5# without pain. 2# OH lift with difficulty. Stating improvements with driving requiring multiple positions for comfort.

Plan

Daily Plan:

- Continue w/ Current Rehabilitation Program.

Kristina M. Cordie, PTA, PTA(SC Lic: 1825)

Laura D. Pruette, PT, PT(SC Lic: 5511)

Signed in the absence of the primary therapist.

Document ID: 1A70022A.011 Status: Signed off (secure electronic signature)
Kristina M. Cordie, 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 Karabeas
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: Feb 13, 2009
FSC: Workers Compensation
Payor: WC OF SC
Pol/Claim#: 385528253
Insured: Care IQ
Employer: Trident Tech College
Case Mgr: Maria G
Visits: 8
Cxl/Ns: 0

Corvel Capture 3/12/2009

Daily Note

Diagnoses Left Shoulder

71941
71951

JOINT PAIN-SHLDER
JT STIFFNESS NEC-SHLDER

Subjective Examination

"Feels really good"

ADL / Functional Status:

- Current status: Work status: Unable to work secondary to dysfunction. (02/04/09). Occupation: Instructor for Trident Tech - lift up to 75-100# equipment with 1 other person, pushing/pulling a heavy trainer on rollers, retrieving awkwardly shaped components (up to 25#) from shelves including OH, frequent computer use.

ADL / Functional Status: ADL's Activities:

- Bathing (02/04/09 all assessed)

- Dressing

- Eating/Traveling

- Lifting

- Reaching

- Sleeping

- Writing/Typing

Chief Complaint: Pain:

- Current Severity: 3/10. (02/04/09). Severity at Worst: 8/10. (02/04/09).

Extremity Dominance:

- Right.

Mechanism of Injury:

- 10/31/08: Pt was carrying equipment at work (straps B across chest with equipment in each hand) 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:

- Hand to Knuckle: Bilaterally (02/04/09 good tech, with pain/diff) 30 Pounds
- Floor to Knuckle: Left Side (02/04/09 pain) 9 Pounds
- Shoulder to Overhead: Left (02/04/09 pain/diff) 3 Pounds
- Push: Bilateral (02/04/09 NT) 0 Pounds
- Pull: Bilateral (02/04/09 NT) 0 Pounds

Muscle Testing: Upper Extremity MMT:

- Shoulder Abduction (02/04/09 all MMT) 4/5
- Shoulder Extension -4/5
- Shoulder Flexion 4/5
- Shoulder External Rotation 4/5
- Shoulder Internal Rotation 5/5
- Elbow Extension 4/5
- Elbow Flexion 5/5

Palpation:

- Generalized tenderness to palp of entire GH jt region and L UT, with generalized jt effusion noted. 3 portals (ant, lat, post) with 2 stitches each in tact.

Range of Motion:

- Extension (02/13/09 all ROM)
- Flexion
- Abduction

	Left AROM	Left PROM	Right AROM
Extension	62		78
Flexion	165	180	168
Abduction	148	170	168

Document ID: 1A70022A.010

Status: Signed off (secure electronic signature)

Kristina M. Cordle, PTA, PTA/SC Lic: 1825; Laura D. Pruette, PT, PT/SC Lic: 5311

Page 1 of 3



Patient: Thomas Karabeas
Acct #: 013-610238068

Visit Date: Feb 13, 2009

- External Rotation - 0 deg
- External Rotation - 90 deg
- Internal Rotation - 0 deg (thoracic level)
- Internal Rotation - 90 deg (2/13/09)

67	63
90	
8	9
90	

Treatments

Exercise Activities: Range of Motion:

- T-Bar Flexion (This visit)
- ROM Activity 1 (This visit)

Exercise Activities: Tubing/Bands:

- Abduction, Shoulder (patient didn't tolerate treatment)
- Biceps Curls

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

Did Not Perform, Charge As: Therapeutic Activities Patient didn't tolerate treatment
Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 4, Resistance: Concentric/Eccentric, Charge As: Therapeutic Activities

- Prone Hor Abduction

Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 2#, Resistance: Concentric/Eccentric, Additional Detail: hand flex, ext, Charge As: Therapeutic Activities

- Pull Downs

Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: Blue, Resistance: Concentric/Eccentric, Charge As: Therapeutic Activities

- Rows

Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: Blue, Resistance: Concentric/Eccentric, Charge As: Therapeutic Activities

- Scaption (ITy's seated)

Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 2#, Additional Detail: seated, Charge As: Therapeutic Activities

- SideLying ER (and ABD)

Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 3, Tubing/Band Color: 0, Charge As: Therapeutic Activities

- Tubing/Bands 1

Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 2, Resistance: Concentric/Eccentric, Description: Prone Rows, Charge As: Therapeutic Activities

Exercise Activities: Flexibility:

- Capsular Stretch - Anterior
- Capsular Stretch - Inferior

Time Elapsed: 2 Minutes, Repetitions: 5, Hold: 30 Seconds, Additional Detail: ER stretch on wall, Charge As: Therapeutic Exercise

- Capsular Stretch - Posterior

Time Elapsed: 2 Minutes, Repetitions: 3, Hold: 30 Seconds, Charge As: Therapeutic Exercise

- Sleeper Stretch

Time Elapsed: 2 Minutes, Sets: 2, Hold: 30 Seconds, Charge As: Therapeutic Exercise

- Upper Trapezius Muscle

Time Elapsed: 2 Minutes, Sets: 3, Hold: 30 seconds, Position: SideLying, Charge As: Therapeutic Exercise

- Flexibility Activity 1

Time Elapsed: 3 Minutes, Repetitions: 3, Technique: Active/Manual, Body Position: Seated, Hold: 90 Seconds, Charge As: Therapeutic Exercise

Time Elapsed: 2 Minutes, Repetitions: 20, Side: left, Technique: Active Assistive, Description: IR towel stretch, Charge As: Therapeutic Exercise

Exercise Activities: Pulleys: Upper Extremity:

- G-H Flexion (This visit)

Did Not Perform, Charge As: Therapeutic Activities This visit

Exercise Activities: Aerobic Conditioning:

- Alrgometer (Airdyne)

Time Elapsed: 8 Minutes, Charge As: Therapeutic Activities

Exercise Activities: Dynamic Training: C-K-C Activity:

- Push-Ups

Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Additional Detail: Wall push ups, Charge As: Therapeutic Activities

Functional/ADL Activities: Functional Task Training:

- Overhead Reach

Time Elapsed: 2 Minutes, Weight: Pounds: 2# Pounds, Repetitions: 10, Sets: 2, Charge As: Therapeutic Activities



Patient: Thomas Karabeas
Acct #: 013-610238068

Visit Date: Feb 13, 2009

Manual Interventions: Upper Quarter Joint Complex:

- Glenohumeral Joint

Time Elapsed: 10 Minutes, Grade: I/II, Additional Detail: and PROM all planes, Pressure: Oscillatory, Technique 1: Posterior/Inferior with flex, abd, Technique 2: Anterior with ER, Technique 3: Posterior with IR, Charge As: Manual Therapy Techniques

- Scapulothoracic Joint

Time Elapsed: 5 Minutes, Grade: II/III, Body Position: R SLYng, Pressure: Oscillatory, Technique 1: All Glides, Technique 2: Distraction, Technique 3: scap PNF diagonals, Charge As: Manual Therapy Techniques

Manual Interventions: Proprioceptive Neuromuscular Facilitation:

- B2 Ext/Add/IR (This visit)

Did Not Perform, Charge As: Therapeutic Activities This visit

Modalities:

- Electric Stim, Unattended

Time Elapsed: 15 Minutes, Location: Anterior/Posterior, Performed With: Cryotherapy, Mode: Burst 1, Type: TENS, Clinical Use: Post Activity, Charge As: E-Stim, Unattended

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

09:13 AM

Documented Procedural Code Summary:

Description	Code	Units	Minutes
• Electrical Stimulation (unattended)	97014	1	n/a
• Manual Therapy Techniques	97140	1	15
• Therapeutic Activities	97530	2	30
• Therapeutic Procedure	97110	1	13

Assessment:

Pt progressing well towards AROM goal with limitations in ABD and IR. Good tol with 4# curls and added stretches without pain. Resumed all exs with good tol.

Plan

Daily Plan:

- Continue w/ Current Rehabilitation Program.

Kristina M. Cordie

Kristina M. Cordie, PTA, PTA(SC Lic: 1825)

Laura D. Pruette

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 Karabeas
Acct #: 013-610238068
DOB: Oct 13, 1948
Clinician: Laura D. Pruetz, 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: Feb 11, 2009
FSC: Workers Compensation
Payor: WC OF SC
Pol/Claim#: 385528253
Insured: Care IQ
Employer: Trident Tech College
Case Mgr: Maria G
Visits: 7
Cxl/Ns: 0

Daily Note

Diagnoses Left Shoulder

71941
71951JOINT PAIN-SHLDER
JT STIFFNESS NEC-SHLDER**Subjective Examination****ADL / Functional Status:**

- Current status: Work status: Unable to work secondary to dysfunction. (02/04/09). Occupation: Instructor for Trident Tech - lift up to 75-100# equipment with 1 other person, pushing/pulling a heavy trailer on rollers, retrieving awkwardly shaped components (up to 25#) from shelves including OH, frequent computer use.

ADL / Functional Status: ADL's Activities:

- Bathing (02/04/09 all assessed) Independent without difficulty
- Dressing Independent, requiring > time
- Driving/Traveling Not driving (meds)
- Lifting Unable to perform
- Reaching Very limited with L
- Sleeping wakes up if rolls L
- Writing/Typing 10 min with pain/diff L

Chief Complaints Pain:

- Current Severity: 3/10. (02/04/09). Severity at Worst: 8/10. (02/04/09).

Daily Comments:

- Pt stated that the shoulder is just burning the last few days and has a bad cold.

Extremity Dominance:

- Right

Mechanism of Injury:

- 10/31/08: Pt was carrying equipment at work (straps B across chest with equipment in each hand) 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 (02/04/09 good mech, with pain/diff) 30 Pounds
- Floor to Knuckle: Left Side (02/04/09 pain) 9 Pounds
- Shoulder to Overhead: Left (02/04/09 pain/diff) 3 Pounds
- Push: Bilateral (02/04/09 NT) 0 Pounds
- Pull: Bilateral (02/04/09 NT) 0 Pounds

Muscle Testing: Upper Extremity MMT:

- | | Left | Right |
|---|------|-------|
| • Shoulder Abduction (02/04/09 all MMT) | 4/5 | 5/5 |
| • Shoulder Extension | 4/5 | 5/5 |
| • Shoulder Flexion | 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 |

Palpation:

- Generalized tenderness to palp of entire GH jt region and L UT, with generalized jt effusion noted. 3 portals (ant, lat, post) with 2 stitches each in tact.

Range of Motion:

- | | Left AROM | Left PROM | Right AROM |
|--------------------------------|-----------|-----------|------------|
| • Extension (02/04/09 all ROM) | 50 | | 78 |
| • Flexion | 151 | 180 | 168 |



Patient: Thomas Karabeas
Acct #: 013-610238068

Visit Date: Feb 11, 2009

Abduction	141	170	168
• External Rotation - 0 deg	47		63
• External Rotation - 90 deg		90	
• Internal Rotation - 0 deg (thoracic level)	8		9
• Internal Rotation - 90 deg		75	

Treatments

Exercise Activities: Range of Motion:

- Pendulum (This visit)
- T-Bar Flexion

Did Not Perform, Charge As: Therapeutic Exercise This Visit
Time Elapsed: 3 Minutes, Weight - Pounds: 2# on cane Pounds,
Repetitions: 20, Sets: 1, Additional Detail: supine, Charge As:

Therapeutic Exercise

Time Elapsed: 10 Minutes, Repetitions: 10, Side: Left, Technique:
Active, Body Position: flex abd (lying on wedge), ER (on table),
Hold: 3 seconds, Description: table slides, Charge As: Therapeutic
Exercise

Exercise Activities: Tubing/Bands:

- Abduction, Shoulder (Patient didn't tolerate treatment)
- Prone Hor Abduction (Patient didn't tolerate treatment)

Did Not Perform, Charge As: Therapeutic Activities Patient didn't
tolerate treatment

Did Not Perform, Charge As: Therapeutic Activities Patient didn't
tolerate treatment

- Pull Downs

Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Tubing/Band
Color: Blue, Resistance: Concentric/Eccentric, Charge As:

- Rows

Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band
Color: Blue, Resistance: Concentric/Eccentric, Charge As:

- Scaption (PT's seated)

Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Tubing/Band
Color: Blue, Additional Detail: seated, Charge As: Therapeutic
Activities

Exercise Activities: Flexibility:

- Capsular Stretch - Anterior

Time Elapsed: 2 Minutes, Repetitions: 5, Hold: 30 Seconds,
Additional Detail: ER stretch on wall, Charge As: Therapeutic
Exercise

- Sleeper Stretch

Time Elapsed: 2 Minutes, Sets: 3, Hold: 30 secs Seconds, Position:
Side-lying, Charge As: Therapeutic Exercise

- Upper Trapezius Muscle

Time Elapsed: 2 Minutes, Repetitions: 3, Technique: Active/Manual
Body Position: Seated, Hold: 30 Seconds, Charge As: Therapeutic
Exercise

Exercise Activities: Pulleys: Upper Extremity:

- G-H Flexion

Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 3, Side: left seated,
Charge As: Therapeutic Activities

Exercise Activities: Dynamic Training: C-K-C Activity:

- Push-Ups

Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Additional Detail:
wall push ups, Charge As: Therapeutic Activities

Functional/ADL Activities: Functional Task Training:

- Overhead Reach

Time Elapsed: 2 Minutes, Weight - Pounds: 2# Pounds, Repetitions:
10, Sets: 2, Charge As: Therapeutic Activities

Manual Interventions: Upper Quarter Joint Complex:

- Glenohumeral Joint

Time Elapsed: 10 Minutes, Grade: VII, Additional Detail: and PROM
all planes, Pressure: Oscillatory, Technique 1: Posterior/Inferior with
flex abd, Technique 2: Anterior with ER, Technique 3: Posterior with
IR, Charge As: Manual Therapy Techniques

- Scapulothoracic Joint (This visit)

Did Not Perform, Charge As: Manual Therapy Techniques This Visit

Manual Interventions: Proprioceptive Neuromuscular Facilitation:

- D2 Ext/Add/IR

Time Elapsed: 5 Minutes, Repetitions: 20, Sets: 1, Technique:
Antagonist Reversal, Symmetry: Unilateral, Position: Supine 2#,
Charge As: Therapeutic Activities



Patient: Thomas Karabeas
Acct #: 013-610238068

Visit Date: Feb 11, 2009

Modalities:

- Electric Stim: Unattended

Time Elapsed: 15 Minutes, Location: Anterior/Posterior, Performed With: Cryotherapy, Mode: Burst 1, Type: TENS, Clinical Use: Post Activity, Charge As: E-Stim, Unattended
Did Not Perform, Charge As: Not Applicable This visit

- Moist Hot Pack (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

09:05 AM

Documented Procedural Code Summary:

Description	Code	Units	Minutes
• Electrical Stimulation (Unattended)	97014	1	15
• Manual Therapy Techniques	97140	1	10
• Therapeutic Activities	97530	1	20
• Therapeutic Procedure	97110	1	20

Assessment

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

Tolerance:

- Pt is suffering from a cold today and LOB with MS so altered treatment to patients tolerance for LOB and fatigue. Added ITY's leaning on plinth with no c/o increased pain in shoulder. OH lifts 2# with c/o 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.

Corvel Capture 3/11/2009



Select Physical Therapy
7 South Alliance Drive
Sta 102A
Goose Creek, SC USA 29445
Phone: (843) 569-2303
Fax: (843) 569-2304

Patient: Thomas Karabeas
Acct #: 013-610238068
DOB: Oct 13, 1948
Clinician: Laura D. Priette, 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: Feb 06, 2009
FSC: Workers Compensation
Payor: WC OF SC
Pol/Calm#: 385528253
Insured: Care IQ
Employer: Trident Tech College
Case Mgr: Maria G
Visits: 6
Cxl/Ns: 0

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. (02/04/09). Occupation: Instructor for Trident Tech - lift up to 75-100# equipment with 1 other person, pushing/pulling a heavy trainer on rollers, retrieving awkwardly shaped components (up to 25#) from shelves including OH, frequent computer use.

ADL / Functional Status: ADL's Activities:
(02/04/09) all assessed Independent, requiring > time
• Dressing not driving/meds
• Driving/Traveling Unable to perform
• Lifting severely limited with L
• Reaching wakes up if rolls L
• Sleeping 10 min nap in AM

Chief Complaint: Pain:
• Current Severity: 3/10. (02/04/09). Severity at Worst: 8/10. (02/04/09).

Extremity Dominance:
• Right.

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 (02/04/09) good, med with pain/dm 80 Pounds
• Floor to Knuckle: Left Side (02/04/09 pain) 9 Pounds
• Shoulder Overhead: Bilateral (02/04/09 pain/dm) 0 Pounds
• Push: Bilateral (02/04/09 NT) 0 Pounds
Muscle Testing: Upper Extremity MMJ:
Left Right
• Shoulder Abduction 5/5 5/5
• Shoulder Extension 4/5 5/5
• Shoulder External Rotation 4/5 5/5
• Shoulder Internal Rotation 4/5 5/5
• Elbow Extension 4/5 5/5
• Elbow Flexion 5/5 5/5

Palpation:
• Generalized tenderness to palp of entire GH jt region and L UT, with generalized jt effusion noted. 3 portals (ant, lat, post) with 2 stitches each in tact.

Range of Motion:	Left AROM	Left PROM	Right AROM
• Extension (02/04/09) (AROM)	151	180	168
• Flexion	147	170	168
• Adduction	47		63
• External Rotation - 0 deg			



Patient: Thomas Karabeas
Acct #: 013-610238068

Visit Date: Feb 06, 2009

External Rotation - 90 deg	8	9
• Internal Rotation - 0 deg (thoracic level)		
Internal Rotation - 90 deg		

Treatments

Exercise Activities: Range of Motion:

- ROM Activity 1 (table slides MHP)

Did Not Perform; Charge As: Therapeutic Exercise This visit
Time Elapsed: 8 Minutes, Repetitions: 10, Technique: Active, Body Position: flex& abd (going up wedge), ER (on table), Hold.: 3 Seconds, Description: table slides, Charge As: Therapeutic Exercise.

Exercise Activities: Tubing/Bands:

- Prone Hor Abduction (pain free ranges)

Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: Red, Resistance: Concentric/Eccentric, Additional Detail: and flex, ext, Charge As: Therapeutic Activities

• Pull Downs

Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: Blue, Resistance: Concentric/Eccentric, Charge As: Therapeutic Activities

- Rows

Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: Blue, Resistance: Concentric/Eccentric, Charge As: Therapeutic Activities

Exercise Activities: Flexibility:

- Sleeper Stretch

Time Elapsed: 2 Minutes, Repetitions: 5, Hold.: 30 Seconds, Additional Detail: ER stretch on wall, Charge As: Therapeutic Exercise

- Upper Trapezius Muscle

Time Elapsed: 3 Minutes, Repetitions: 3, Technique: Active/Manual, Body Position: Seated, Hold.: 30 Seconds, Charge As: Therapeutic Exercise

Exercise Activities: Pulleys: Upper Extremity:

- C/F Flexion

Time Elapsed: 4 Minutes, Repetitions: 30, Sets: 3, Side/Left Seated, Charge As: Therapeutic Activities

Manual Interventions: Upper Quarter Joint Complex:

- Glenohumeral Joint

Time Elapsed: 15 Minutes, Grade: IV/II, Additional Detail: and PROM all planes, Pressure: Oscillatory, Technique: 1. Posterior/Inferior with flex, abd, technique 2. Anterior/with ER, technique 3. posterior with ER, Charge As: Manual Therapy Techniques

- Scapulohumeral Joint (This visit)

Did Not Perform; Charge As: Manual Therapy Techniques This visit

Manual Interventions: Proprioceptive Neuromuscular Facilitation:

- Cervical Joint

Time Elapsed: 5 Minutes, Symmetry: Unilateral Position: Supine, Charge As: Manual Therapy Techniques

Modalities:

- Electric Stim Unattended

Time Elapsed: 5 Minutes, Location: Anterior/Posterior Performed with Co-therapy Mode: Burst, Type: TENS Clinical Use: Post-Activity, Charge As: Stim Unattended

- Moist Hot Pack (This visit)

Did Not Perform; Charge As: Not Applicable This visit

Pt./Family Education:

- Patient Education (This visit)

Did Not Perform; Charge As: Self Care / Home Mtg. Training This visit

Therapy Session Time

- Therapy Session Start Time

01:00 PM

- Therapy Session Stop Time

01:05 PM

Documented Procedural Code Summary:

Description	Code	Units	Minutes
• Electric Stim Unattended	92014		

Corvel Capture 3/11/2009



Patient: Thomas Karabeas
Acct #: 013-610238068

Visit Date: Feb 06, 2009

• Manual Therapy Techniques	97140	1	20
• Therapeutic Procedure	97110	1	15

Assessment

The patient tolerated today's treatment intervention without complaints of pain or difficulty.
Pt waiting auth from care IQ faxed re eval from 2/04/09.

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 Karabeas
Acct #: 013-610238068
DOB: Oct 13, 1948
Clinician: Laura D. Pruett, 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: Feb 04, 2009
PSC: Workers Compensation
Payor: WC OF SC
Pcl/Clam#: 385528253
Insured: Care IQ
Employer: Trident Tech College
Case Mgr: Maria G
Visits: 5
Cxl/Vis: 0

Corvel Capture 3/11/2009

Re-Evaluation

Diagnoses Left Shoulder

71941
71951

JOINT PAIN-SHLDER
JT STIFFNESS NEC-SHLDER

Subjective Examination

ADL / Functional Status:

- Current status: Work status: Unable to work secondary to dysfunction. (02/04/09). Occupation: Instructor for Trident Tech - lift up to 75-100# equipment with 1 other person, pushing/pulling a heavy trainer on rollers, retrieving awkwardly shaped components (up to 25#) from shelves including OH, frequent computer use.

ADL / Functional Status: ADL's Activities:

- Dressing: Independent without aid
- Walking: Independent, requiring > time
- Lifting: Unable to perform
- Sleeping: wakes up if rolls L

Chief Complaint: Pain:

- Current Severity: 3/10. (02/04/09). Severity at Worst: 8/10. (02/04/09).

Extremity Dominance:

- Right.

Mechanism of Injury:

- 10/31/08: Pt was carrying equipment at work (straps B across chest with equipment in each hand) 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: Left Side (02/04/09 pain) 9 Pounds
- Shoulder to Overhead: (02/04/09 pain/diff) 0 Pounds
- Push: Bilateral (02/04/09 NT) 0 Pounds

Muscle Testing: Upper Extremity MMT:

	Jan 26, 2009		Feb 04, 2009	
	Left	Right	Left	Right
Shoulder Abduction	2/5	5/5	4/5	5/5
Shoulder Extension	2/5	5/5	4/5	5/5
Shoulder External Rotation	2/5	5/5	4/5	5/5
Shoulder Internal Rotation	4/5	5/5	4/5	5/5
Elbow Extension	5/5	5/5	5/5	5/5

Palpation:

- Generalized tenderness to palp of entire GH jt region and L UT, with generalized jt effusion noted. 3 portals (ant, lat, post) with 2 stitches each in tact.

Range of Motion:

	Jan 26, 2009		Feb 04, 2009	
	L. Act.	R. Act.	L. Act.	R. Act.
Extension (02/04/09: 1 FROM)	82	160	151	168
Flexion				

Document ID: 1A70022A-006
Status: Signed off (secure electronic signature)
Corlas A. Ross, PTA, PTA(SC Lic 1836); Laura D. Pruett, PT, PT(SC Lic 5511)

Page 1 of 4



Patient: Thomas Karabees
Acct #: 013-610238068

Visit Date: Feb 04, 2009

Applied	24	63	47	63
• External Rotation - 0 deg				
• External Rotation - 90 deg				
• Internal Rotation - 0 deg (thoracic level)	2	9	8	9
• Internal Rotation - 90 deg				

Treatments

Exercise Activities: Range of Motion:

• Pectoralis (this visit)

- ROM Activity 1 (table slides MHP)

Did Not Perform, Charge As: Therapeutic Exercise This visit
Time Elapsed: 8 Minutes, Repetitions: 10, Technique: Active, Body Position: flex& abd (going up wedge), ER (on table), Hold.: 3 Seconds, Description: table slides, Charge As: Therapeutic Exercise

Exercise Activities: Tubing/Bands:

• Adduction/Shoulder (this visit)

- Prone Hor Abduction (pain free ranges)

Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: Red, Resistance: Concentric/Eccentric, Additional Detail: and flex, ext, Charge As: Therapeutic Activities
Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 2#, Resistance: Concentric/Eccentric, Additional Detail: and flex, ext, Charge As: Therapeutic Activities
Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: Blue, Resistance: Concentric/Eccentric, Charge As: Therapeutic Activities
Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: Blue, Resistance: Concentric/Eccentric, Charge As: Therapeutic Activities

Exercise Activities: Flexibility:

• Capsular Stretch Anterior

- Sleeper Stretch

Time Elapsed: 2 Minutes, Repetitions: 5, Hold.: 30 Seconds, Additional Detail: ER stretch on wedge, Charge As: Therapeutic Exercise
Time Elapsed: 2 Minutes, Sets: 3, Hold.: 30 secs Seconds, Position: Side lying, Charge As: Therapeutic Exercise

• Upper Trapezius Muscle

Time Elapsed: 3 Minutes, Repetitions: 2, Technique: Active/Manual, Body Position: Seated, Hold.: 30 Seconds, Charge As: Therapeutic Exercise

Exercise Activities: Pulleys: Upper Extremity:

• Upper Extremity

Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 3, Side Lie seated, Charge As: Therapeutic Activities

Manual Interventions: Upper Quarter Joint Complex:

• Glenohumeral Joint

- Scapulothoracic Joint (This visit)

Time Elapsed: 15 Minutes, Repetitions: 7, Additional Detail: and PROM all planes, Pressure oscillatory, Technique: 1) Posterior/Inferior with flex, abd, Technique: 2) Anterior/With flex, Technique: 3) Superior with flex, abd, Charge As: Manual therapy techniques
Did Not Perform, Charge As: Manual Therapy Techniques This visit

Manual Interventions: Proprioceptive Neuromuscular Facilitation:

• Pector/Abd/Tr

Time Elapsed: 5 Minutes, Symmetry: Bilateral, Position: Supine, Charge As: Manual therapy techniques

Modalities:

• Electric Stim: Unattended

- Moist Hot Pack (This visit)

Time Elapsed: 15 Minutes, Location: Anterior/Posterior, Performed With: Electrotherapy, Mode: Burst type, TENS, Clinical Use: Post Activity, Charge As: Unattended
Did Not Perform, Charge As: Not Applicable This visit

PT/Family Education:

• Patient Education (This visit)

Did Not Perform, Charge As: Self-care/Home Not Coaching, This visit

Therapy Session Time

• Therapy Session Start Time

- Therapy Session Stop Time

02:00 PM

03:15 PM

• Total Therapy Session Time

75 Minutes



Patient: Thomas Karabeas
Acct #: 013-610238068

Visit Date: Feb 04, 2009

Documented Procedural Code Summary:

Description	Code	Units	Minutes
• Manual Therapy Techniques	97140	1	20
• Physical Therapy Reevaluation	97160	1	15
• Therapeutic Activities	97530	1	15

Assessment

The patient tolerated today's treatment intervention with minimal complaints of 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 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 has met PROM goals for IR/ER. Pt demos some progress towards lifting goals, still limited at 30# F-W, 9# curl, 3# OH 2* pain and diff.

Recommendations: Skilled Intervention: Required To:

- Decrease Pain. Improve Function. Increase Range of Motion. Increase Strength. RTW Return to Premorbid State.

Tolerance:

- Added D1 PNF with mod pressure by PTA without c/o pain only fatigue. Pt progressing well with ROM. Only limited in IR and added sleeper stretch to increase that ROM.

Problems & Goals

Problem #1 ADL / Functional Status: Current status: Work status: Unable to work secondary to dysfunction. (02/04/09).
LTG Achieve by Feb 23, 2009.

Functional Improvements In:

- Work Capacity, Returning to: Full Time/Unrestricted Duty.

Problem #2 ADL / Functional Status: ADL's: Activities.

LTG Achieve by Feb 23, 2009.

ADL Improvements In: Activities:

• Bathing	To Independent B UE use
• Dressing	To Independent B UE use
• Driving/Traveling (as appropriate per m/s)	To Independent
• Sleeping	No Disturbances
• Withstanding	60 min pain at 30#

Problem #3 Range of Motion.

LTG Achieve by Feb 23, 2009. Progress: Good progress. for reaching into cabinets at work, dressing

Range of Motion Improvements to: Shoulder: Left AROM

• Extension	155
• Flexion	150
• Abduction	60
• External Rotation - 0 deg	0
• Internal Rotation - 0 deg (Thorax level)	0

Goal Achieved Feb 04, 2009.

Range of Motion Improvements to: Shoulder:

Left PROM

• External Rotation - 90 deg	80
• Internal Rotation - 90 deg	70

Problem #4 Muscle Testing: Upper Extremity MMT.

LTG Achieve by Feb 23, 2009. Progress: Some progress.

Client Education:

- Independent Home Exercise/Self Care Program.

LTG Achieve by Feb 23, 2009. Progress: Good progress. for UE use for lifting/moving equipment at work

Musculoskeletal Improvements In: Upper Left

Extremity Strength to:

• Shoulder Abduction	55
----------------------	----

Document ID: 1A70022A.006

Status: Signed off (secure electronic signature)
Corlas A. Ross, PTA, PTA(SC Lic: 1836); Laura D. Puelita, PT, PT(SC Lic: 5511)

Page 3 of 4



Patient: Thomas Karabees
Acct #: 013-610238068

Visit Date: Feb 04, 2009

- Shoulder Extension 5/5
- Shoulder Flexion 5/5
- Shoulder External Rotation 5/5
- Shoulder Internal Rotation 5/5
- Elbow Extension 5/5

Problem #5 Functional Tests: Maximal Lifting / Materials Handling.
LTG Achieve by Feb 23, 2009. Progress: Some progress, for work duties, to assess lifting as appropriate

Functional Improvements In: Maximal Lift / Material Handling:

- Push/Pull: Bilateral 50 Pounds
- Knuckle to Shoulder: Bilateral 25 Pounds
- Shoulder to Overhead: Bilat 25 Pounds
- Shoulder to Overhead: Bilat 25 Pounds
- Push: Bilateral 50 Pounds

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 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. Advance as tolerated. Add airbyte next visit to begin push/pull for work duties.

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.
- 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:
 - Dressing. Driving/Traveling. Lifting. Light Housework. Reaching. Premorbid Activities. Work/Occupational Requirements.

Corlas Ross PTA

Corlas A. Ross, PTA, PTA(SC Lic: 1836)

Laura D. Pruet

Laura D. Pruet, 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 #: 013-610238058
DOB: Oct 13, 1948
Clinician: Laura D. Priette, 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: Feb 04, 2009
FSC: Workers Compensation
Payor: WC OF SC
Pol/Claim#: 385528253
Insured: Care IQ
Employer: Trident Tech College
Case Mgr: Maria G
Visits: 5
Cd/Rs: 0

Plan of Care

Diagnoses Left Shoulder

71941
71951

JOINT PAIN-SHLDER
JT STIFFNESS NEC-SHLDER

Subjective Examination

ADL / Functional Status:

- Current status: Work status: Unable to work secondary to dysfunction. (02/04/09).

Assessment

The patient tolerated today's treatment intervention with minimal complaints of 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 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 has met PROM goals for IR/ER. Pt demos some progress towards lifting goals, still limited at 30# F-W, 9# curl, 3# OH 2* pain and diff.

Recommendations: Skilled Intervention: Required To:

- Decrease Pain. Improve Function. Increase Range of Motion. Increase Strength. RTW. Return to Premorbid State.

Tolerance:

- Added D1 PNF with mod pressure by PTA without c/a pain only fatigue. Pt progressing well with ROM. Only limited in IR and added sleeper stretch to increase that ROM.

Problems & Goals

Problem #1 ADL / Functional Status: Current status: Work status: Unable to work secondary to dysfunction. (02/04/09).

LTG Achieve by Feb 23, 2009.

Functional Improvements In:

- Work Capacity, Returning to: Full Time/Unrestricted Duty.

Problem #2 ADL / Functional Status: ADL's Activities.

• Bathing (02/04/09 all assessed)	Independent without difficulty
• Dressing	Independent, requiring > time
• Driving/Traveling	Not driving times
• Lifting	Unable to perform
• Reasoning	Very limited with confusion
• Sleeping	wakes up if rolls L
• Walking/Running	Stumble with pain/diff

LTG Achieve by Feb 23, 2009.

ADL Improvements In: Activities:

• Bathing	To independent B UE use
• Dressing	To independent
• Driving/Traveling as appropriate	No Disturbances
• Sleeping	No pain in shoulder
• Walking/Running	50 min pain in shoulder

Problem #3 Range of Motion.

	Left AROM	Left PROM	Right AROM
• Extension (02/04/09 all ROM)	50		78
• External Rotation - 0 deg		90	
• External Rotation - 90 deg			168
• Internal Rotation - 0 deg (thoracic level)	8		9

Document ID: 1A70022A.007

Status: Signed off (secure electronic signature)

Page 1 of 3

Corias A. Ross, PTA, PTA(SC Lic 1836); Laura D. Priette, PT, PT(SC Lic 5511)



Patient: Thomas Karabec
Acct #: 013-610238068

Visit Date: Feb 04, 2009

LTG Achieve by Feb 23, 2009. Progress: Good progress, for reaching into cabinets at work, dressing

Range of Motion Improvements to: Shoulder: Left AROM

- Flexion 155
- External Rotation - 0 deg 60
- Internal Rotation - 90 deg (torso level)

Goal Achieved Feb 04, 2009.

Range of Motion Improvements to: Shoulder: Left PROM

- Internal Rotation - 90 deg 70

Problem #4 Muscle Testing: Upper Extremity MMT.

	Left	Right
• Elbow Extension	5/5	5/5
• Elbow Flexion	5/5	5/5
• Shoulder Abduction (02/04/09) MMT	4/5	5/5
• Shoulder Extension	4/5	5/5
• Shoulder External Rotation	4/5	5/5
• Shoulder Flexion	4/5	5/5
• Shoulder Internal Rotation	5/5	5/5

LTG Achieve by Feb 23, 2009. Progress: Some progress.

Client Education:

- Independent Home Exercise/Self Care Program.

LTG Achieve by Feb 23, 2009. Progress: Good progress, for UE use for lifting/moving equipment at work

Musculoskeletal Improvements In: Upper Left Extremity Strength to:

- Shoulder Extension 5/5
- Shoulder Flexion 5/5
- Shoulder External Rotation 5/5
- Shoulder Internal Rotation 5/5
- Elbow Extension 5/5

Problem #5 Functional Tests: Occupational Tests: Maximal Lifting / Materials Handling.

• Floor to Knuckle Bilateral (02/04/09) good	20 Pounds
• Floor to Knuckle Left Side (02/04/09) pain	9 Pounds
• Push: Bilateral (02/04/09) NT	0 Pounds
• Shoulder to Overhead Bilateral (02/04/09) pain	30 Pounds

LTG Achieve by Feb 23, 2009. Progress: Some progress, for work duties, to assess lifting as appropriate

Functional Improvements In: Maximal Lift / Material Handling:

- Floor to Knuckle Bilateral 50 Pounds
- Knuckle to Shoulder: Bilateral 25 Pounds
- Shoulder to Overhead: Bilat 25 Pounds
- Shoulder to Overhead: Bilat 25 Pounds
- Push: Bilateral 50 Pounds
- Push: Bilateral 50 Pounds

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 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. Advance as tolerated. Add air/dyne next visit to begin push/pull for work duties.

Corvel Capture 3/11/2009



Patient: Thomas Karabees
Acct #: 013-610238068

Visit Date: Feb 04, 2009

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.
- 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:
 - Dressing.. Driving/Traveling.. Lifting.. Light Housework.. Reaching.. Premorbid Activities.. Work/Occupational Requirements.

Corlas Ross PTA

Corlas A. Ross, PTA, PTA(SC Lic: 1836)

L D Pruet

Laura D. Pruet, 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: 1A7002A.007

Status: Signed off (secure electronic signature)

Page 3 of 3

Corlas A. Ross, PTA, PTA(SC Lic: 1836); Laura D. Pruet, 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
DOB: Oct 13, 1948
Clinician: Laura D. Pruett, 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: Feb 02, 2009
FSC: Workers Compensation
Payor: WC OF SC
Pol/Claim#: 385578253
Insured: Care IQ
Employer: Trident Tech College
Case Mgr: Maria G
Visits: 4
Cd/Ns: 0

Corvel Capture 3/2/2009

Daily Note

Diagnoses Left Shoulder 71941 JOINT PAIN-SHLDER
71951 JT. STIFFNESS NEG-SHLDER

Subjective Examination

ADL / Functional Status:

- Current status: Work status: Unable to work secondary to dysfunction. (pt states off 4-6wks from sx). Occupation: Instructor for Trident Tech - lift up to 75-100#. equipment with 1 other person, pushing/pulling a heavy trailer on rollers, retrieving awkwardly shaped components (up to 25#) from shelves including OH, frequent computer use.

ADL / Functional Status: ADL's Activities:

- Bathing: limited L UE use
- Dressing (diff with shirt and unable to reach behind back) Unable to perform
- Lifting: with sling/pillow under arm
- Sleeping: daily/diff. using key board

Chief Complaint: Pain:

- Current Severity: 7/10. Severity at Worst: 10/10. (reaching behind on accident).

Extremity Dominance:

- Right.

Mechanism of Injury:

- 10/31/08: Pt was carrying equipment at work (straps B across chest with equipment in each hand) 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:

- Bilateral: 0 Pounds

- Knuckle to Shoulder: Bilateral 0 Pounds

- Push: Bilateral 0 Pounds

- Pull: Bilateral 0 Pounds

Muscle Testing: Upper Extremity MMT:

- Shoulder Extension: Left 2/5 Right 5/5

- Shoulder Flexion: Left 2/5 Right 5/5

- Shoulder External Rotation: Left 2/5 Right 5/5

- Shoulder Internal Rotation: Left 2/5 Right 5/5

- Elbow Extension (L pain): Left 4/5 Right 5/5

- Elbow Flexion: Left 5/5 Right 5/5

Palpation:

- Generalized tenderness to palp of entire GH jt region and L UT, with generalized jt effusion noted. 3 portals (ant, lat, post) with 2 stitches each in tact.

Range of Motion:

- Extension (all L AROM with pain): Left AROM Left PROM Right AROM

- Flexion: 82 160 168

- Abduction: 62 160 160

- External Rotation - 0 deg: 24 63

Document ID: 1A70022A.005

Status: Signed off (secure electronic signature)
Corlas A. Ross, PTA, PTA(SC Lic 1836); Laura D. Pruett, PT, PT(SC Lic 5511)

Page 1 of 3



Patient: Thomas Karabees
Acct #: 013-610238068

Visit Date: Feb 02, 2009

External Rotation - 90 deg
Internal Rotation - 0 deg/L lumbar level with pain, R thoracic level)
Internal Rotation - 90 deg

2

9

Treatments

Exercise Activities: Range of Motion:

- Pendulum (this visit)
- ROM Activity 1(table slides MHP)

Did Not Perform; Charge As: Therapeutic Exercise This visit
Time Elapsed: 3 Minutes, Repetitions: 10, Technique: Active, Body Position: flex& abd (going up wedge), ER (on table), Hold: 3 Seconds, Description: table slides, Charge As: Therapeutic Exercise

Exercise Activities: Tubing/Bands:

- Prone H/A Abduction (pain free ranges)
- Pull Downs

Time Elapsed: 4 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: Red, Resistance: concentric/Eccentric, Additional Detail: and flex, Charge As: Therapeutic Activities
Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: Red, Resistance: Concentric/Eccentric, Charge As: Therapeutic Activities

Rows

Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 1, Tubing/Band Color: Red, Resistance: Concentric/Eccentric, Charge As: Therapeutic Activities

Exercise Activities: Flexibility:

- Capsular Stretch - Anterior
- Upper Trapezius Muscle

Time Elapsed: 4 Minutes, Repetitions: 7, Hold: 30 Seconds, Additional Detail: ER stretch on wall, Charge As: Manual Therapy
Time Elapsed: 3 Minutes, Repetitions: 3, Technique: Active/Manual, Body Position: Seated, Hold: 30 Seconds, Charge As: Therapeutic Exercise

Exercise Activities: Pulleys: Upper Extremity:

- LS H/P Exo

Time Elapsed: 6 Minutes, Repetitions: 30, Sets: 3, Side Neck seated, Charge As: Therapeutic Activities

Manual Interventions: Upper Quarter Joint Complex:

- Glenohumeral Abduct

Time Elapsed: 15 Minutes, Grade: 1/10, Additional Detail: Band and ROM all planes, Pre-Surge Oscillatory Technique 13 Posterior/Agile with flex/abd technique 2 Anterior with R technique 1 Posterior with IR, Charge As: Manual Therapy Techniques This visit

- Scapulothoracic Joint (This visit)

Did Not Perform; Charge As: Manual Therapy Techniques This visit

Modalities:

- Electric Stim - Unattended
- Moist Hot Pack

Time Elapsed: 15 Minutes, Location: Anterior/Posterior, Performed With: Cryotherapy Mode: Burst 1, Type: ENB, Pain/Heat: Post Activity, Charge As: Stim Unattended
Time Elapsed: 10 Minutes, Location: Anterior/Posterior, Additional Detail: seated left shoulder, Clinical Use: Pre Activity, Charge As: Not Applicable

Pt./Family Education:

- Patient Education (this visit)

Did Not Perform; Charge As: Self-care/Home Mot Training This visit

Therapy Session Time

- Therapy Session Start Time
- Therapy Session Stop Time

02:00 PM

03:15 PM

Documented Procedural Code Summary:

Description	Code	Units	Minutes
• Electrical Stimulation (unattended)	97014	1	15
• Manual Therapy Techniques	97140	1	15
• Therapeutic Activities	97530	1	15
• Therapeutic Procedure	97110	1	10

Assessment

Document ID: 1A70022A.005

Status: Signed off (secure electronic signature)

Page 2 of 3

Corlas A. Ross, PTA, PTA(SC Lic. 1836); Laura D. Pruette, PT, PT(SC Lic. 5511)



Patient: Thomas Karabees
Acct #: 013-610238068

Visit Date: Feb 02, 2009

Corvel Capture 3/2/2009

4

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

Tolerance:

- Increased weight with prone activities without c/o pain.

Plan

Daily Plan:

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

Corlas Ross PTA

Corlas A. Ross, PTA, PTA(SC Lic 1836)

Laura D. Pruette PTA

Laura D. Pruette, PT, PT(SC Lic 5511)

Signed in the absence of the primary therapist.

Document ID: 1A70022A.005

Corlas A. Ross, PTA, PTA(SC Lic 1836); Laura D. Pruette, PT, PT(SC Lic 5511)

Status: Signed off (secure electronic signature)

Page 3 of 3



Select Physical Therapy
7 South Alliance Drive
Sta 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: Jan 29, 2009
FSC: Workers Compensation
Payor: WC OF SC
Pol/Calm#: 385528253
Insured: Care IQ
Employer: Trident Tech College
Case Mgr: Maria G
Visits: 3
Cd/Ns: 0

Daily Note

Diagnoses Left Shoulder

71941
71951JOINT PAIN-SHLDER
JT. STIFFNESS NEC-SHLDER**Subjective Examination**

Pt stated today that if his MS get worse and he ends up in a wheelchair that he will go skydiving with a friend and the parachute won't open. They he is not going to live if he has to stay in a wheelchair.

ADL / Functional Status:

- Current status: Work status: Unable to work secondary to dysfunction. (pt states off 4-6wks from sx). Occupation: Instructor for Trident Tech - lift up to 75-100# equipment with 1 other person, pushing/pulling a heavy trainer on rollers, retrieving awkwardly shaped components (up to 25#) from shelves including OH, frequent computer use.

ADL / Functional Status: ADL's: Activities:

- Bathing: limited L UE use
- Dressing (diff with shirt and unable to reach behind back) Unable to perform
- Driving/Traveling: very limited with with sling/pillow under arm
- Lifting: Unable to perform
- Sleeping: pain diff getting on keyboard

Chief Complaint: Pain:

- Current Severity: 7/10. Severity at Worst: 10/10. (reaching behind on accident).

Extremity Dominance:

- Right.

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:**

• Knuckle to Shoulder: Bilateral	0 Pounds
• Shoulder to Overhead: Bilateral	0 Pounds
• Push: Bilateral	0 Pounds
• Pull: Bilateral	0 Pounds
Muscle Testing: Upper Extremity MMT:	
• Shoulder Abduction (Light MMT based on AROM)	Left 2/5 Right 5/5
• Shoulder Extension	Left 2/5 Right 5/5
• Shoulder Flexion	Left 2/5 Right 5/5
• Shoulder External Rotation	Left 2/5 Right 5/5
• Shoulder Internal Rotation	Left 2/5 Right 5/5
• Elbow Extension (L pain)	Left 4/5 Right 5/5
• Elbow Flexion	Left 5/5 Right 5/5

Palpation:

- Generalized tenderness to palp of entire GH jt region and L UT, with generalized jt effusion noted. 3 portals (ant, lat, post) with 2 stitches each in tact.

Range of Motion:

	Left AROM	Left PROM	Right AROM
• Extension (at LUT AROM with pain)	82	160	168
• Flexion			

Document ID: 1A70022A.004
Corias A. Ross, PTA, PTA(SC Lic 1836); Laura D. Pruette, PT, PT(SC Lic 5511)

Status: Signed off (secure electronic signature)

Page 1 of 3



Patient: Thomas Karabeas
Acct #: 013-610238068

Visit Date: Jan 29, 2009

Abduction	62	160	160
• External Rotation - 0 deg	24		63
• External Rotation - 90 deg		85	
• Internal Rotation - 0 deg (L lumbar level with pain, R thoracic level)	2		9
• Internal Rotation - 90 deg		51	

Treatments

Exercise Activities: Range of Motion:

• Pendulum	Time Elapsed: 3 Minutes, Repetitions: 20, Additional Details: Active, Body Position: flex& abd (going up wedge), ER (on table), Hold.: 3
• ROM Activity: 1(table slides)	Seconds, Description: table slides, Charge As: Therapeutic Exercise

Exercise Activities: Tubing/Bands:

• Prone Hip Adduction (pain free ranges)	Time Elapsed: 3 Minutes, Repetitions: 10, Tubing/Band Color: Red, Resistance: Concentric/Eccentric, Additional Details: Head & Neck Ext, Charge As: Therapeutic Activities
• Pull Downs	Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: Red, Resistance: Concentric/Eccentric, Charge As: Therapeutic Activities
• Rows	Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: Red, Resistance: Concentric/Eccentric, Charge As: Therapeutic Activities

Exercise Activities: Flexibility:

• Capsular Stretch: Anterior	Time Elapsed: 3 Minutes, Repetitions: 5, Hold.: 30 Seconds, Additional Details: En stretch on wall, Charge As: Therapeutic Exercise
• Upper Trapezius Muscle	Time Elapsed: 3 Minutes, Repetitions: 3, Technique: Active/Manual, Body Position: Seated, Hold.: 30 Seconds, Charge As: Therapeutic Exercise

Exercise Activities: Pulleys: Upper Extremity:

• G.H. Pedotti	Time Elapsed: 6 Minutes, Repetitions: 30, Sets: 3, Side: Ant/Seated, Charge As: Therapeutic Activities
----------------	--

Manual Interventions: Upper Quarter Joint Complex:

• Scapulothoracic Joint	Time Elapsed: 15 Minutes, Grade: VII, Additional Details: sand PRBM, all planes, Pressure: Oscillatory, Technique: 1: Posterior/Inferior, 2: Anterior/Inferior, 3: Anterior/Inferior, 4: Anterior/Inferior, 5: Anterior/Inferior, 6: Anterior/Inferior, 7: Anterior/Inferior, 8: Anterior/Inferior, 9: Anterior/Inferior, 10: Anterior/Inferior, Charge As: Manual Therapy Techniques
• Scapulothoracic Joint (This visit)	Did Not Perform, Charge As: Manual Therapy Techniques This visit

Modalities:

• Electric Stim: Unattended	Time Elapsed: 15 Minutes, Location: Anterior/Posterior, Performed With: Con Therapy Mode: Stim, Type: TENS, Clinical Set: Pass, Activity: Charge As: E-Stim, Unattended
• Moist Hot Pack (This visit)	Did Not Perform, Charge As: Not Applicable This visit

Pt./Family Education:

• Patient Education: Consistent	Did Not Perform, Charge As: Self-Care/Home Maintenance This visit
---------------------------------	---

Therapy Session Time

• Therapy Session Start Time	09:00 AM
• Therapy Session Stop Time	10:00 AM

Documented Procedural Code Summary:

Description	Code	Units	Minutes
• Electric Stimulation (unattended)	97013	1	15
• Manual Therapy Techniques	97140	1	15
• Therapeutic Procedure	97110	1	12



Patient: Thomas Karabees
Acct #: 013-610238068

Visit Date: Jan 29, 2009

Corvel Capture 3/2/2009

Assessment

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

Tolerance:

- Only c.o increased pain end ranges only tolerates all exercises well.

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: 1A70022A.004

Status: Signed off (secure electronic signature)
Corlas A. Ross, PTA, PTA(SC Lic: 1836); Laura D. Pruette, PT, PT(SC Lic: 5511)

Page 3 of 3



Select Physical Therapy
7 South Alliance Drive
Ste 102A
Goose Creek, SC USA 29445
Phone: (843) 569-2303
Fax: (843) 569-2304

Patient: Thomas Karabeas
Acct #: 013-610238068
DOB: Oct 13, 1948
Clinician: Laura D. Pruett, PT
Prim Phy: Seth P. Kupferman
Phy Phone: (843) 572-2663
Phy Fax: (843) 569-3367
Sec Phy: Not Specified
Inf. Date: 10/31/2008
Surg. Date: 1/20/2009

Corvel Capture 3/2/2009
Visit Date: Jan 28, 2009
FSC: Workers Compensation
Payor: WC OF SC
Pol/Claim#: 385528253
Insured: Care IQ
Employer: Trident Tech College
Case Mgr: Maria G
Visits: 2
Cd/Ns: 0

Daily Note

Diagnoses Left Shoulder

71941
71951

JOINT PAIN-SHLDER
JT STIFFNESS NEC-SHLDER

Subjective Examination

ADL / Functional Status:

- Current status: Work status: Unable to work secondary to dysfunction. (pt states off 4-6wks from sx). Occupation: Instructor for Trident Tech - lift up to 75-100# equipment with 1 other person, pushing/pulling a heavy trailer on rollers, retrieving awkwardly shaped components (up to 25#) from shelves including OH, frequent computer use.

ADL / Functional Status: ADL's Activities:

- Dressing (diff with shirt and unable to reach behind back) limited L UE use
- Driving a vehicle Unable to perform
- Lifting Very limited with L shoulder
- Reading with sling/pillow under arm
- Sleeping Pain/diff getting to keyboard

Chief Complaint: Pain:

- Current Severity: 7/10. Severity at Worst: 10/10. (reaching behind on accident).

Extremity Dominance:

- Right.

Mechanism of Injury:

- 10/31/08: Pt was carrying equipment at work (straps B across chest with equipment in each hand) 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:

- Knuckle to Shoulder: Bilateral 0 Pounds
- Shoulder to Overhead: Bilateral 0 Pounds
- Push: Bilateral 0 Pounds

Muscle Testing: Upper Extremity MMT:

- | | Left | Right |
|-------------------------------|------|-------|
| Shoulder Abduction (with ROM) | 4/5 | 5/5 |
| Shoulder Extension | 2/5 | 5/5 |
| Shoulder Flexion | 2/5 | 5/5 |
| Shoulder External Rotation | 2/5 | 5/5 |
| Shoulder Internal Rotation | 2/5 | 5/5 |
| Elbow Extension (L pain) | 4/5 | 5/5 |
| Elbow Flexion | 5/5 | 5/5 |

Palpation:

- Generalized tenderness to palp of entire GH jt region and L UT, with generalized jt effusion noted. 3 portals (ant, lat, post) with 2 stitches each in tact.

Range of Motion:

- | | Left AROM | Left PROM | Right AROM |
|--------------------------------|-----------|-----------|------------|
| Extension (all AROM with pain) | 22 | 22 | 78 |
| Flexion | 82 | 160 | 168 |
| Abduction | 62 | 160 | 168 |
| External Rotation - 0 deg | 24 | | 63 |

Document ID: 1A70022A.003

Status: Signed off (secure electronic signature)
Corlas A. Ross, PTA, PTA(SC Lic 1836); Laura D. Pruett, PT, PT(SC Lic 5511)

Page 1 of 3



Patient: Thomas Karabees
Acct #: 013-610238068

Visit Date: Jan 28, 2009

External Rotation - 90 deg	2	9
Internal Rotation - 0 deg (L lumbar level with pain, R thoracic level)		
Internal Rotation - 90 deg		

Treatments

Exercise Activities: Range of Motion:

• Pendulum	Time Elapsed: 3 Minutes, Repetitions: 20, Additional Detail: Active/Manual, Charge As: Therapeutic Exercise
• ROM Activity 1 (table slides)	Time Elapsed: 3 Minutes, Repetitions: 10, Technique: Active, Body Position: flex& abd (going up wedge), ER (on table), Hold: 3 Seconds, Description: table slides, Charge As: Therapeutic Exercise

Exercise Activities: Tubing/Bands:

• Prone Hip Abduction (pain free ranges)	Time Elapsed: 4 Minutes, Repetitions: 10, Tubing/Band Color: Red, Resistance: Concentric/Eccentric, Additional Detail: Active/Manual, Charge As: Therapeutic Exercise
• Pull Downs	Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: Red, Resistance: Concentric/Eccentric, Charge As: Therapeutic Exercise
• Rows	Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: Red, Resistance: Concentric/Eccentric, Charge As: Therapeutic Exercise

Exercise Activities: Flexibility:

• Capsular Stretch - Anterior	Time Elapsed: 3 Minutes, Repetitions: 3, Hold: 30 Seconds, Additional Detail: ER stretch on wall, Charge As: Therapeutic Exercise
• Capsular Stretch - Inferior (behind back with strap)	Time Elapsed: 3 Minutes, Repetitions: 3, Hold: 30 Seconds, Charge As: Therapeutic Exercise
• Upper Trapezius Muscle	Time Elapsed: 3 Minutes, Repetitions: 3, Technique: Active/Manual, Body Position: Seated, Hold: 30 Seconds, Charge As: Therapeutic Exercise

Manual Interventions: Upper Quarter Joint Complex:

• Glenohumeral Joint	Time Elapsed: 15 Minutes, Grade: IV, Additional Detail: and PROM, all planes, Pressure: Oscillatory, Technique: Posterior/Inferior with flex abd, Technique: Anterior with ER, Technique: Posterior with ER, Charge As: Manual Therapy Techniques This visit
• Scapulohumeral Joint (This visit)	Did Not Perform, Charge As: Manual Therapy Techniques This visit

Modalities:

• Electrical Stimulation (unattended for deep pain/swelling/inflammation and/or session)	Time Elapsed: 15 Minutes, Location: Anterior/Posterior, Performed With: Electrotherapy, Mode: Pulsed, Type: EMS, Clinical Use: Post-Activity, Charge As: Unattended
• Moist Hot Pack	Time Elapsed: 10 Minutes, Location: Anterior/Posterior, Additional Detail: seated left shoulder, Clinical Use: Pre Activity, Charge As: Not Applicable

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	09:00 AM
• Therapy Session Stop Time	10:05 AM

Documented Procedural Code Summary:

Description	Code	Units	Minutes
• Electrical Stimulation (Unattended)	97014	1	15
• Manual Therapy Techniques	97140	1	15
• Therapeutic Activity	97530	1	10
• Therapeutic Procedure	97110	1	15

Assessment

Document ID: 1A70022A.003 Status: Signed off (secure electronic signature)
Carlos A. Ross, PTA, PTA(SC Lic 1836); Laura D. Prudette, PT, PT(SC Lic 5511)

Page 2 of 3



Patient: Thomas Karabees
Acct #: 013-610238068

Visit Date: Jan 28, 2009

Corvel Capture 3/2/2009

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

Tolerance:

- Added Rows and Lat pulls with RTB min c/o pain. Pt tolerated PROM well min MM guarding.

Plan

Daily Plan:

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

Carlos Ross PTA

Carlos A. Ross, PTA, PTA(SC Lic 1836)

Carlos Ross PTA

Laura D. Pruette, PT, PT(SC Lic 5511)

Signed in the absence of the primary therapist.

Document ID: 1A70022A.003

Status: Signed off (secure electronic signature)
Carlos A. Ross, PTA, PTA(SC Lic 1836); Laura D. Pruette, PT, PT(SC Lic 5511)

Page 3 of 3



Attachment A

CareTM Therapy Program
PATIENT PAIN INDEX FORM

Patient Name: Karabels, Thomas
Diagnosis: 319.91 (C) shoulder pain 319.51 (C) shoulder stiffness
Date of Injury: 10/31/08 DOS: 01/20/09
Date: 01/24/09

Pain Index

Please indicate how much pain you feel at this time on the scale below.

No pain  Worst pain imaginable

SCORE: 7 / 10

Improvement Index

(Do not complete on initial visit). Please indicate the amount of improvement you have made since the beginning of your physical therapy treatment on the scale below.

 No improvement Complete recovery

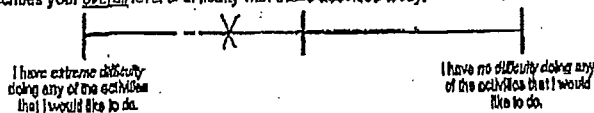
SCORE: _____ / 10 x 100% = _____

OPTIMAL INSTRUMENT

Difficulty-Baseline

Instructions: Please circle the level of difficulty you have for each activity today.	Able to do with no difficulty	Able to do with little difficulty	Able to do with moderate difficulty	Able to do with much difficulty	Unable to do	Not applicable
1. Lying flat	1	2	3	4	5	9
2. Rolling over	1	2	3	4	5	9
3. Moving-lying to sitting	1	2	3	4	5	9
4. Sitting	1	2	3	4	5	9
5. Squatting	1	2	3	4	5	9
6. Bending/stooping	1	2	3	4	5	9
7. Balancing	1	2	3	4	5	9
8. Kneeling	1	2	3	4	5	9
9. Walking-short distance	1	2	3	4	5	9
10. Walking-long distance	1	2	3	4	5	9
11. Walking-outdoors	1	2	3	4	5	9
12. Climbing stairs	1	2	3	4	5	9
13. Hopping	1	2	3	4	5	9
14. Jumping	1	2	3	4	5	9
15. Running	1	2	3	4	5	9
16. Pushing	1	2	3	4	5	9
17. Pulling	1	2	3	4	5	9
18. Reaching	1	2	3	4	5	9
19. Grasping	1	2	3	4	5	9
20. Lifting	1	2	3	4	5	9
21. Carrying	1	2	3	4	5	9

22. Thinking about all of the activities you would like to do, please mark an "X" at the point on the line that best describes your overall level of difficulty with these activities today.



23. From the above list, choose the 3 activities you would most like to be able to do without any difficulty (for example, if you would most like to be able to climb stairs, kneel, and hop without any difficulty, you would choose: 1. 12 2. 8 3. 3)

1. 1 2. 18 3. 17

© 2009, 2008 American Physical Therapy Association. All rights reserved. No part of this instrument may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, or otherwise without prior permission of the American Physical Therapy Association. Contact permissions@apta.org or visit www.apta.org/publications.

Adapted/Revised in July 2005 and August 2007 with permission of APTA from Guccione AA, Mielenz TJ, De Vellis RF, et al. Development and testing of a self-report instrument to measure outcomes: Outpatient Physical Therapy Improvement in Movement Assessment Log (OPTIMAL). *Phys Ther*. 2007;87:515-530.

Confidence-Baseline

Instructions: Please circle the level of confidence you have for doing each activity today.	Full or confident in my ability to perform	Very confident	Moderate confidence	Some confidence	Not confident in my ability to perform	Not applicable
1. Lying flat	1	(2)	3	4	5	9
2. Rolling over	1	2	3	4	(6)	9
3. Moving-lying to sitting	1	2	3	(4)	5	9
4. Sitting	1	(2)	3	4	5	9
5. Squatting	1	(2)	3	4	5	9
6. Bending/stooping	1	(2)	3	4	5	9
7. Balancing	1	2	3	(4)	5	9
8. Kneeling	1	(2)	3	4	5	9
9. Walking-short distance	1	(2)	3	4	5	9
10. Walking-long distance	1	(2)	3	4	5	9
11. Walking-outdoors	1	(5)	(3)	4	5	9
12. Climbing stairs	1	2	3	4	(5)	9
13. Hopping	1	2	(3)	4	5	9
14. Jumping	1	2	(3)	4	5	9
15. Running	1	2	3	4	5	(9)
16. Pushing	1	2	3	4	(6)	9
17. Pulling	1	2	3	4	(5)	9
18. Reaching	1	2	3	4	(5)	9
19. Grasping	1	2	3	(4)	5	9
20. Lifting	1	2	3	4	(5)	9
21. Carrying	1	2	3	4	(6)	9

22. Thinking about all the activities you like to do, please mark an "X" at the point on the line that best describes your overall level of confidence in performing these activities today:



© 2005, 2008 American Physical Therapy Association. All rights reserved. No part of this instrument may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, or otherwise without prior permission of the American Physical Therapy Association. Contact permissions@apta.org or visit www.apta.org/publications.

Adapted/revised in July 2005 and August 2008 with permission of APTA from Guccione AA, Miotto TJ, De Vellis RF, et al. Development and testing of a self-report instrument to measure activities: Outpatient Physical Therapy Improvement in Movement Assessment Log (OPTIMAL). *Phys Ther*. 2001;81(5):530.



Select Physical Therapy
7 South Alliance Drive
Ste 102A
Goose Creek, SC USA 29445
Phone: (843) 569-2303
Fax: (843) 569-2304

Patient: Thomas Karabeas
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: Jan 26, 2009
FSC: Workers Compensation
Payor: WC OF SC
Pol/Claim#: 385528253
Insured: Care IQ
Employer: Trident Tech College
Case Mgr: Maria G
Visits: 1
Cd/Hst: 0

Initial Evaluation

Diagnoses Left Shoulder 71941 JOINT PAIN-SHLDER
71951 JT. STIFFNESS NEC-SHLDER

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:

- Current status:
- Work status: Unable to work secondary to dysfunction. (pt states off 4-6wks from sx). Basic care: ... extremely limited active use of L UE.
- Occupation: Instructor for Trident Tech - lift up to 75-100# equipment with 1 other person, pushing/pulling a heavy trainer on rollers, retrieving awkwardly shaped components (up to 25#) from shelves including OH, frequent computer use.

ADL / Functional Status: ADL's Activities:

- Bathing: Limited L UE use
- Dressing (diff with shirt and unable to reach behind back): Limited L UE use
- Driving (no driving - meds): Unable to perform
- Lifting: Unable to perform
- Reaching: Very limited with
- Sleeping: with sling/pillow under arm
- Working: Unable to perform keyboard

ADL / Functional Status: Premorbid status:

- Work status: Full time / Full duty. Basic care: Independent without difficulty. (mild mob diff 2* MS, no previous diff with L UE).

Chief Complaint:

- Pain:
- Current Severity: 7/10. Severity at Worst: 10/10. (reaching behind on accident).
- Abnormal Sensation: numbness in B hands that is normal from him.

Extremity Dominance:

- Right.

Mechanism of Injury:

- 10/31/08: Pt was carrying equipment at work (straps B across chest with equipment in each hand) 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.

Rehabilitation Expectations/Goals: Normalize:

- Loss of Motion/Stiffness. Loss of Function.

Objective Examination

Functional Tests: Occupational Tests: Maximal Lifting / Materials Handling:

- Push: Bilateral 0 Pounds
- Pull: Bilateral 0 Pounds
- Push: Bilateral 0 Pounds
- Pull: Bilateral 0 Pounds

Muscle Testing: Upper Extremity MMT:

- | | Left | Right |
|--|------|-------|
| • Shoulder Abduction (Est MMT based on AROM) | 2/5 | 5/5 |
| • Shoulder Extension | 2/5 | 5/5 |
| • Shoulder Flexion | 2/5 | 5/5 |
| • Shoulder External Rotation | 2/5 | 5/5 |
| • Shoulder Internal Rotation | 4/5 | 5/5 |
| • Elbow Extension (L pain) | 4/5 | 5/5 |



Patient: Thomas Karaboes
Acct #: 013-610238068

Visit Date: Jan 26, 2009

Elbow Flexion

Palpation:

- Generalized tenderness to palp of entire GH jt region and L UT, with generalized jt effusion noted. 3 portals (ant, lat, post) with 2 stitches each in tact.

Range of Motion:

	Left AROM	Left PROM	Right AROM
Extension (all LXA/PROM with pain)	22	22	22
Flexion	82	160	168
Abduction	62	160	68
External Rotation - 0 deg	24		63
External Rotation - 90 deg			
Internal Rotation - 0 deg (L lumbar level with pain, R thoracic level)	2		9
Internal Rotation - 90 deg			

Treatments

Exercise Activities: Range of Motion:

Pendulum

- ROM Activity: 1 (table slides)

Time Elapsed: 5 Minutes, Repetitions: 20, Additional Detail: Ant. M. CW, CCW, Charge As: Therapeutic Exercise, Manual
Time Elapsed: 5 Minutes, Repetitions: 10, Technique: Active, Body Position: flex & abd (going up wedge), ER (on table), Hold.: 3 Seconds, Description: table slides, Charge As: Therapeutic Exercise

Exercise Activities: Tubing/Bands:

Pronator Hor Abductor (pain free ranges)

Time Elapsed: 5 Minutes, Repetitions: 10, Tubing/Band Color: U, Resistance: Confined/Endure, Additional Detail: flex & ER, Charge As: Therapeutic Activity

Exercise Activities: Flexibility:

Scapulothoracic Stretch - Anterior

Time Elapsed: 4 Minutes, Repetitions: 5, Hold.: 30 Seconds, Additional Detail: ER stretch on wall, Charge As: Therapeutic Exercise

- Upper Trapezius Muscle

Time Elapsed: 3 Minutes, Repetitions: 3, Technique: Active/Manual, Body Position: Seated, Hold.: 30 Seconds, Charge As: Therapeutic Exercise

Manual Interventions: Upper Quarter Joint Complex:

Glenohumeral Joint

Time Elapsed: 5 Minutes, Grades: I/II, Additional Detail: Band ROM, all planes, pressure: Oscillatory, Technique 1: Posterior/anterior with flex, abd, technique 2: Anterior with ER, technique 3: Posterior with IR, Charge As: Manual Therapy Technique

- Scapulothoracic Joint

Time Elapsed: 5 Minutes, Grade: II/III, Body Position: R Lying, Pressure: Oscillatory, Technique 1: All Glides, Technique 2: Distraction, Technique 3: scap PNF diagonals, Charge As: Manual Therapy Techniques

Modalities:

Ultrasound (one headed for decr pain/swelling/inflammation in tendon/section)

Time Elapsed: 8 Minutes, Location: Anterior/posterior, Performed With: Cytoberry, Mode: burst type TENS, Clinical Use: Post-Activity, Charge As: C. Sim. Unattended

Pt./Family Education:

Wound Care Education

Time Elapsed: 8 Minutes, Additional Detail: gradual inc. of LUT dose, IEP, Description: change sleeping positions, Charge As: Self Care/Home Mgmt training

Therapy Session Time

Therapy Session Start Time

- Therapy Session Stop Time

03:00 PM

Total Therapy Session Time

3:15 Minutes

Documented Procedural Code Summary:

Description	Code	Units	Minutes
Electrical Stimulation (unattended)	97014	1	20
Manual Therapy Techniques	97140	1	20



Patient: Thomas Karabees
Acct #: 013-610238068

Visit Date: Jan 26, 2009

• Self Care/Home Management	97535	1	8
• Training			
• Therapeutic Procedure	97110	1	15

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.

Presentation:

- Symptoms consistent with referring diagnosis. Displays signs and symptoms of: L shoulder pain s/p SAD & debridement/labral debridement 01/20/09.

Recommendations: Skilled Intervention: Required To:

- Decrease Pain. Improve Function. Increase Strength. Increase Range of Motion. Return to Preinjury State. Improve reaching, lifting, L UE use for driving, pushing/pulling, ADLs, work duties for return to PLF and RTW.

Problems & Goals

Problem #1 ADL / Functional Status: Current status: Work status: Unable to work secondary to dysfunction. (pt states off 4-6wks from sx).

LTG Achieve by Feb 23, 2009.

Functional Improvements In:

- Work Capacity, Returning to: Full Time/Unrestricted Duty.

Problem #2 ADL / Functional Status: ADL's Activities.

LTG Achieve by Feb 23, 2009.

ADL Improvements In: Activities:

• Dressing	To Independent B UE use
• Driving/Traveling	To Independent B UE use
• Sleeping	No Disturbances
• Walking/Running	60 min no pain in shoulder

Problem #3 Range of Motion.

STG Achieve by Feb 09, 2009, for rehab progression/ROM

Range of Motion Improvements to: Shoulder:

Left PROM

• Internal Rotation - 90 deg	70
------------------------------	----

LTG Achieve by Feb 23, 2009, for reaching into cabinets at work, dressing

Range of Motion Improvements to: Shoulder:

Left AROM

• Flexion	155
• Abduction	50
• External Rotation - 0 deg	60

Problem #4 Muscle Testing: Upper Extremity MMT.

LTG Achieve by Feb 23, 2009.

Client Education:

- Independent Home Exercise/Self Care Program.

LTG Achieve by Feb 23, 2009, for UE use for lifting/moving equipment at work

Musculoskeletal Improvements In: Upper

Left

Extremity Strength to:

• Shoulder Extension	+4/5
• Shoulder Flexion	+4/5
• Shoulder External Rotation	+4/5
• Shoulder Internal Rotation	+4/5



Patient: Thomas Karabees
Acct #: 013-610238068

Visit Date: Jan 26, 2009

• Elbow Extension

5/5

Problem #5 Functional Tests: Occupational Tests: Maximal Lifting / Materials Handling.

LTG Achieve by Feb 23, 2009, for work duties, to assess lifting as appropriate

Functional Improvements In: Maximal Lift / Material Handling:

• Elbow 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
• Roll: Bilateral	50 Pounds

Plan

Amount, Frequency and Duration:

- Frequency and Duration: It is recommended that the patient attend rehabilitative therapy for 3 visits a week with an expected duration of 4 weeks. The outlined therapeutic procedures and services in the plan of care will address the problems and goals identified. To re-assess in 2 wks 2* CareIQ only auth 6 visits. At this time based on IE antcipate pt will need 4-6wks of 3/wk for 12-18 total visits.

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. Aerobic Conditioning: Argometer (Alrdyne). 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. TENS Placement/Application. Ultrasound. US/HVPGS Combo.
- Functional Activities: ADL's:
 - Bathing. Dressing. Driving/Travelling. Lifting. Light Housework. Reaching. Work/Occupational Requirements.

Yad P. Pruetz

Laura D. Pruetz, 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
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: Jan 26, 2009
FSC: Workers Compensation
Payor: WC OF SC
Pol/Claim#: 385528253
Insured: Care IQ
Employer: Trident Tech College
Case Mgr: Maria G
Visits: 1
Cd/Hs: 0

Plan of Care

Diagnoses Left Shoulder 71941 JOINT PAIN-SHLDER
71951 JT STIFFNESS NEC-SHLDER

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: Full time / Full duty.

Chief Complaints:

- Abnormal Sensation: numbness in B hands that is normal from him.

Rehabilitation Expectations/Goals: Normalize:

- Loss of Motion/Stiffness. Loss of Function.

ADL / Functional Status:

- Current status: Work status: Unable to work secondary to dysfunction. (pt states off 4-6wks from sx). Occupation: Instructor for Trident Tech - lift up to 75-100# equipment with 1 other person, pushing/pulling a heavy trainer on rollers, retrieving awkwardly shaped components (up to 25#) from shelves including OH, frequent computer use.

Chief Complaints: Pain:

- Current Severity: 7/10. Severity at Worst: 10/10. (reaching behind on accident).

Mechanism of Injury:

- 10/31/08: Pt was carrying equipment at work (straps B across chest with equipment in each hand) and fell down 6-8 stairs, unsure of specifics of fall or if he landed on L side or not.

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.

Presentations:

- Symptoms consistent with referring diagnosis. Displays signs and symptoms of: L shoulder pain s/p SAD & debridement/labral debridement 01/20/09.

Recommendations: Skilled Intervention: Required To:

- Decrease Pain. Improve Function. Increase Strength. Increase Range of Motion. Return to Premorbid State. Improve reaching, lifting, L UE use for driving, pushing/pulling, ADLs, work duties for return to PLF and RTW.

Problems & Goals

Problem #1 ADL / Functional Status: Current status: Work status: Unable to work secondary to dysfunction. (pt states off 4-6wks from sx).

LTG Achieve by Feb 23, 2009.

Functional Improvements In:

- Work Capacity, Returning to: Full Time/Unrestricted Duty.

Problem #2 ADL / Functional Status: ADL's: Activities.

• Dressing (diff with shirt and unable to reach behind back)	limited L UE use
• Driving/Traveling	not driving/limited
• Lifting	Unable to perform
• Reaching	very limited with
• Sleeping	with sling/pillow under arm
• Working/Driving	pain/diff getting to keyboard

LTG Achieve by Feb 23, 2009.

ADL Improvements In: Activities:

Document ID: 1A70022A.002
Laura D. Pruette, PT, PT (SC Lic 5511)

Status: Signed off (secure electronic signature)

Page 1 of 3



Patient: Thomas Karabes
Acct #: 013-610238068

Visit Date: Jan 26, 2009

• Bathing To Independent B UE use
• Dressing To Independent B UE use
• Driving/Traveling as appropriate per med/s No Disturbances
• Sleeping No Disturbances
• With/Without Pain No Pain

Problem #3 Range of Motion.

	Left AROM	Left PROM	Right AROM
• Extension (all LA/PROM with pain)	22	78	78
• External Rotation - 0 deg	35	68	68
• External Rotation - 90 deg	2	9	9
• Internal Rotation - 0 deg (L lumbar level with pain, R thoracic level)			

STG Achieve by Feb 09, 2009, for rehab progression/ROM
Range of Motion Improvements to: Shoulder:

	Left PROM
• External Rotation - 90 deg	70
• Internal Rotation - 90 deg	

LTG Achieve by Feb 23, 2009, for reaching into cabinets at work, dressing
Range of Motion Improvements to: Shoulders:

	Left AROM
• Extension	155
• Flexion	50
• Abduction	60
• External Rotation - 0 deg	
• Internal Rotation - 0 deg (thoracic level)	

Problem #4 Muscle Testing: Upper Extremity MMT.

	Left	Right
• Elbow Extension (Elbow)	5/5	5/5
• Elbow Flexion	5/5	5/5
• Shoulder Abduction (GH/Joint Based on AROM)	5/5	5/5
• Shoulder Extension	2/5	5/5
• Shoulder External Rotation	2/5	5/5
• Shoulder Flexion	2/5	5/5
• Shoulder Internal Rotation	2/5	5/5

LTG Achieve by Feb 23, 2009.

Client Education:

- Independent Home Exercise/Self Care Program.

LTG Achieve by Feb 23, 2009, for UE use for lifting/moving equipment at work

Musculoskeletal Improvements In: Upper

Extremity Strength to:

	Left
• Shoulder Abduction	5/5
• Shoulder Extension	+4/5
• Shoulder Flexion	5/5
• Shoulder External Rotation	+4/5
• Shoulder Internal Rotation	5/5
• Elbow Extension	5/5

Problem #5 Functional Tests: Occupational Tests: Maximal Lifting / Materials Handling.

• Floor to Knuckle Bilateral (all limbs with BUE)	0 Pounds
• Knuckle to Shoulder: Bilateral	0 Pounds
• Push: Bilateral	0 Pounds
• Shoulder to Overhead Bilateral	0 Pounds

LTG Achieve by Feb 23, 2009, for work duties, to assess lifting as appropriate

Functional Improvements In: Maximal Lift / Material Handling:

• Floor to Knuckle Bilateral	50 Pounds
------------------------------	-----------



Patient: Thomas Karabees
 Acct #: 013-610238068

Visit Date: Jan 26, 2009

• Bathing
 • Dressing
 • Driving/Traveling (as appropriate per needs)
 • Sleeping
 • Walking/Running

To Independent B UE use
 To Independent

No Disturbances

Problem #3 Range of Motion.

	Left AROM	Left PROM	Right AROM
• Extension (all L A/PROM with pain)	22		78
• External Rotation - 0 deg	22		
• External Rotation - 90 deg		35	
• Internal Rotation - 0 deg (L lumbar level with pain, R thoracic level)	2		9
• Internal Rotation - 90 deg			

STG Achieve by Feb 09, 2009, for rehab progression/ROM

Range of Motion Improvements to: Shoulder:

Left PROM

• External Rotation - 90 deg	80
• Internal Rotation - 90 deg	70

LTG Achieve by Feb 23, 2009, for reaching into cabinets at work, dressing

Range of Motion Improvements to: Shoulder:

Left AROM

• Extension	50
• Flexion	155
• External Rotation - 0 deg	60
• Internal Rotation - 0 deg (thoracic level)	50

Problem #4 Muscle Testing: Upper Extremity MMT.

	Left	Right
• Elbow Extension (lateral)	5/5	5/5
• Shoulder Flexion (LGH MMT based on AROM)	5/5	5/5
• Shoulder Extension	2/5	5/5
• Shoulder External Rotation	2/5	5/5
• Shoulder Flexion	2/5	5/5
• Shoulder Internal Rotation	2/5	5/5

LTG Achieve by Feb 23, 2009.

Client Education:

- Independent Home Exercise/Self Care Program.

LTG Achieve by Feb 23, 2009, for UE use for lifting/moving equipment at work

Musculoskeletal Improvements In: Upper

Left

• Shoulder Abduction	4/5
• Shoulder Extension	+4/5
• Shoulder Flexion	4/5
• Shoulder External Rotation	+4/5
• Shoulder Internal Rotation	4/5
• Elbow Extension	5/5

Problem #5 Functional Tests: Occupational Tests: Maximal Lifting / Materials Handling.

• Push: Bilateral	0 Pounds
• Pull: Bilateral	0 Pounds
• Push: Bilateral	0 Pounds
• Pull: Bilateral	0 Pounds

LTG Achieve by Feb 23, 2009, for work duties, to assess lifting as appropriate

Functional Improvements In: Maximal Lift / Material Handling:

• Push: Bilateral	50 Pounds
-------------------	-----------



Patient: Thomas Karabees
Acct #: 013-610238068

Visit Date: Jan 26, 2009

• Knuckle to Shoulder: Bilateral	25 Pounds
• Knuckle to Shoulder: Bilateral Side	25 Pounds
• Shoulder to Overhead: Bilat	25 Pounds
• Shoulder to Overhead: Bilateral	25 Pounds
• Push: Bilateral	50 Pounds
• Pull: Bilateral	60 Pounds

Plan

Amount, Frequency and Duration:

- Frequency and Duration: It is recommended that the patient attend rehabilitative therapy for 3 visits a week with an expected duration of 4 weeks. The outlined therapeutic procedures and services in the plan of care will address the problems and goals identified. To re-assess in 2 wks 2* CareIQ only auth 6 visits. At this time based on IE anticipate pt will need 4-6wks of 3/wk for 12-18 total visits.

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, Aerobic Conditioning, Algometer (Aldyne), 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, TENS Placement/Application, Ultrasound, US/HVPGS Combo.
- Functional Activities: ADL's:
 - Bathing, Dressing, Driving/Traveling, Lifting, Light Housework, Reaching, Work/Occupational Requirements.

Yad P. Pruetz, PT

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

a Select Medical company

Patient: Thomas Karabees
Acct #: 013-610238068
DOB: Oct 13, 1948
Cn/dant: 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: Not Specified

Visit Date: Dec 23, 2008
FSC: Workers Compensation
Payor: WC OF SC
Pol/Claim#: 385528253
Insured: Care IQ
Employer: Trident Tech College
Case Mgr: Kathy
Visits: 7
Cd/Ns: 0

Daily Note

Diagnosis Left Shoulder

71941

JOINT PAIN-SHLDER

Subjective Examination

Pt reports going in for sx on January 20th. "I pushed off with my arm last night and heard a big pop. It's pretty stiff today"

ADL / Functional Status:

• Occupation: Instructor for Trident Tech, various industrial programs. Occupational requirements: sit/stand, climbing towers/trains, stairs, lift up to 50-60#, OH work, push/pull up to 100#. Current status: Work status: Full time / Full duty. (12/16/08 states has pain/diff but does it anyway); Premorbid status: Basic care: Independent, tx of MS x10yrs with some associated weakness/balance deficits, states he oc: uses cane for amb. Denies previous pain/difficulty related to L shoulder/UE.

ADL / Functional Status: ADL's Activities:

• Driving/Traveling: with pain/diff
• Lifting: light wt below shld ht
• Reaching: unable to
• Sleeping(12/16/08 taking meds, shld doesn't wake him): diff positioning L UE

Chief Complaint: Pain:

• Current Severity: 3/10. (12/16/08). Severity at Worst: 9/10.

Mechanism of Injury:

• 10/31/08: Pt was carrying equipment (straps B across chest with equipment in each hand) and fell down 6-8 stairs at work, unsure of specifics or if he landed on L side or not.

Medical History:

• Past/Present Conditions: MS x10yrs (reports associated numbness B hands, decr balance, weakness/flexibility R>L), HTN controlled, hemia repair 1998.

Medical Management:

• Diagnostic Studies: x-rays neg per pt, scheduled for MRI today.

Objective Examination

Functional Tests: Occupational Tests: Maximal Lifting / Materials Handling:

• Floor to Knuckle: Bilateral(12/16/08 fair mech, no pain, with 50 Pounds

• Knuckle to Shoulder: Left Side(12/16/08 no pain) 10 Pounds

• Shoulder to Overhead: Left(12/16/08 with pain 4/10) 4 Pounds

• Push: Bilateral(12/16/08 with pain, decr control) 40 Pounds

• Pull: Bilateral(12/16/08 no pain, decr control) 40.0 Pounds

• Muscle Testing: Upper Extremity MMT:

• Shoulder Abduction(12/16/08 all MMT (in avall ranges)) 4/5

• Shoulder Extension(L pain) 4/5

• Shoulder Flexion(L pain) 4/5

• Shoulder External Rotation(L pain) 4/5

• Shoulder Internal Rotation(L pain) 4/5

• Elbow Extension(L pain) 5/5

• Elbow Flexion(L pain) 5/5

Right

5/5

5/5

5/5

5/5

5/5

5/5

Palpation:

• tenderness to palp L AC jt, supra/infraspinatus, subscap, teres minor tendons, bicep long head & mm belly, ant/mid delt.

Range of Motion:

• Extension(12/16/08 All A/PROM)

• Flexion(L pain)

• Abduction

• External Rotation - 0 deg(L pain)

• External Rotation - 90 deg(12/16/08)

Left AROM

62

158

140

58

90

Left PROM

178

174

75

90

Right AROM

88

165

165

56

Document ID: 1A7001D7.009

Status: Signed off (secure electronic signature)

Kristina M. Cordle, PTA, PTA(SC Lic: 1825); Laura D. Pruette, PT, PT(SC Lic: 5511)

Page 1 of 3



Patient: Thomas Karabeas
Acct #: 013-610238068

Visit Date: Dec 23, 2008

- Internal Rotation - 0 deg(L pain)
- Internal Rotation - 90 deg(12/16/08)
- Special Tests: Muscle/Tendon:**
 - Drop Arm-Rotator Cuff
 - Empty Can
 - Hawkins Kennedy Impingement
 - Neer Impingement
 - Speed's Biceps

	6	50	7
Left		82	
Negative			
Aggravates Symptoms			
Aggravates Symptoms			
Aggravates Symptoms			
Negative			

Treatments

Exercise Activities: Range of Motion:

- Pendulum

Time Elapsed: 5 Minutes, Repetitions: 20, Additional Detail: AP, MC, CW, CCW, Charge As: Therapeutic Exercise
Did Not Perform, Charge As: Therapeutic Exercise This Visit

Exercise Activities: Tubing/Bands:

- ER 0 deg
- Flexion, Shoulder(ITV)

Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 3, Tubing/Band Color: Red, Resistance: Concentric/Eccentric, Charge As: Therapeutic Activities

Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 2#, Resistance: Concentric/Eccentric, Additional Detail: and scaption, abd, Charge As: Therapeutic Activities

Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 3, Tubing/Band Color: red, Resistance: Concentric/Eccentric, Charge As: Therapeutic Activities

Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 1, Tubing/Band Color: 2, Resistance: Concentric/Eccentric, Additional Detail: Flex EXT, Charge As: Therapeutic Activities

Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 30, Resistance: Concentric/Eccentric, Charge As: Therapeutic Activities

Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: 30, Resistance: Concentric/Eccentric, Charge As: Therapeutic Activities

Time Elapsed: 2 Minutes, Repetitions: 20, Sets: 1, Tubing/Band Color: 2, Additional Detail: 50 ABD, Charge As: Therapeutic Activities

Did Not Perform, Charge As: Therapeutic Activities This Visit

Time Elapsed: 3 Minutes, Repetitions: 20/1, Tubing/Band Color: 2/0, Resistance: Concentric/Eccentric, Description: scap punches and ABC's, Charge As: Therapeutic Activities

Exercise Activities: Flexibility:

- Capsular Stretch - Anterior
- Capsular Stretch - Inferior
- Capsular Stretch - Posterior
- Flexibility Activity 1

Time Elapsed: 2 Minutes, Repetitions: 2, Hold: 30 Seconds, Charge As: Therapeutic Exercise

Time Elapsed: 3 Minutes, Repetitions: 2, Hold: 30 Seconds, Charge As: Therapeutic Exercise

Time Elapsed: 3 Minutes, Repetitions: 2, Hold: 30 Seconds, Charge As: Therapeutic Exercise

Time Elapsed: 2 Minutes, Sets: 2, Technique: Active Assistive, Hold: 30 Seconds, Description: IR Towel stretch, Charge As: Therapeutic Exercise

Exercise Activities: Dynamic Training: C-K-C Activity:

- Wall Ball

Time Elapsed: 1 Minutes, Repetitions: 20 each, Additional Detail: ccw, cw, approximation, Charge As: Therapeutic Activities

Exercise Activities: Aerobic Conditioning:

- Airborne (AirDyne)

Time Elapsed: 10 Minutes, Charge As: Therapeutic Activities

Functional/ADL Activities: Functional Task Training:

Document ID: 1A7001D7.009

Status: Signed off (secure electronic signature)

Page 2 of 3

Kristina M. Cordie, PTA, PTA(SC Lic: 1825); Laura D. Pruette, PT, PT(SC Lic: 5511)

Patient: Thomas Karabeas
Acc #: 013-610238068

Visit Date: Dec 23, 2008

• Overhead Reach

Time Elapsed: 2 Minutes, Weight - Pounds: 2# Pounds, Repetitions: 10, Sets: 2, Additional Detail: OH press, Charge As: Therapeutic Activities
Did Not Perform: Charge As: Therapeutic Activities This visit

• Pulling/Pushing(This visit)

Manual Interventions: Range of Motion

• Manual ROM 1

Time Elapsed: 5 Minutes, Additional Detail: with static stretch, Description: PROM all planes, Charge As: Manual Therapy Techniques

Manual Interventions: Upper Quarter Joint Complex

• Glenohumeral Joint

Time Elapsed: 5 Minutes, Grade: II/III, Pressure: Oscillatory, Technique 1: Posterior/Inferior, Charge As: Manual Therapy Techniques

• Scapulothoracic Joint

Time Elapsed: 5 Minutes, Grade: II/III, Body Position: S/I, Pressure: Oscillatory, Technique 1: All Glides, Technique 2: Distraction, Charge As: Manual Therapy Techniques

Modalities:

- Cryotherapy(Pt declines)
- Electric Stim, Unattended

Did Not Perform: Charge As: Not Applicable P declines

Time Elapsed: 15 Minutes, Location: Left shld, Performed With: Cryotherapy, Mode: Continuous, Type: TENS, Clinical Use: Post Activity, Charge As: E-Stim, Unattended
Did Not Perform: Charge As: E-Stim, Manual This visit

• US/BV/PCS Combo(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
- Therapy Session Stop Time

08:00 AM
09:15 AM

Documented Procedural Code Summary:

Description	Code	Units	Minutes
• Electrical Stimulation (unattended)	97014	1	n/a
• Manual Therapy Techniques	97140	1	15
• Therapeutic Activities	97530	2	30
• Therapeutic Procedure	97110	1	13

Assessment

Pt with difficulty completing full range ER with wt 2#. No functional ROM restrictions noted with MTT. Required VC/TC to decrease mm guarding.

Plan

Daily Plan:

- Continue w/ Current Rehabilitation Program.

KTCMA

Kristina M. Cordle, PTA, PTA(SC Lic: 1825)

KTCMA

Laura D. Pruette, PT, PT(SC Lic: 5511)

Signed in the absence of the primary therapist.



Select Physical Therapy
7 South Alliance Drive
Sta 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. Prietta, 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: Not Specified

Visit Date: Dec 16, 2008
FSC: Workers Compensation
Payor: WC OF SC
Pol/Claim#: 385528253
Insured: Care IQ
Employer: Trident Tech College
Case Mgr: Blake, Tiffany
Visits: 6
Cd/Ns: 0

Corvel Capture 2/11/2009

Re-Evaluation

Diagnosis Left Shoulder

71941

JOINT PAIN-SHLDER

Subjective Examination

ADL / Functional Status:

- Occupation: Instructor for Trident Tech, various Industrial programs. Occupational requirements: sit/stand, climbing towers/trains, stairs, lift up to 50-60#, OH work, push/pull up to 100#. Current status: Work status: Full time / Full duty. (12/16/08 states has pain/diff but does it anyway). Premorbid status: Basic care: Independent, dx of MS x10yrs with some associated weakness/balance deficits, states he occ uses cane for amb. Denies previous pain/difficulty related to L shoulder/UE.

ADL / Functional Status: ADL's Activities:

- Lifting: light wt below shld ht
- Sleeping (12/16/08 taking meds, shld doesn't wake him) diff positioning L UE

Chief Complaint: Pain:

- Current Severity: 3/10. (12/16/08). Severity at Worst: 9/10.

Functional Capability:

- Overall Improvement: 50%

Mechanism of Injury:

- 10/31/08: Pt was carrying equipment (straps B across chest with equipment in each hand) and fell down 6-8 stairs at work, unsure of specifics or if he landed on L side or not.

Medical History:

- Past/Present Conditions: MS x10yrs (reports associated numbness B hands, decr balance, weakness/flexibility R>L), HTN controlled, hernia repair 1998.

Medical Management:

- Diagnostic Studies: x-rays neg per pt, scheduled for MRI today.

Objective Examination

Functional Tests: Maximal Lifting / Materials Handling:

- Push: Bilateral (12/16/08 with pain, decr control) 40 Pounds
- Pull: Bilateral (12/16/08 with pain, decr control) 40 Pounds
- Knuckle to Shoulder: Left Side (12/16/08 no pain) 10 Pounds
- Shoulder Extension (12/16/08 with pain, decr control) 40 Pounds

	Dec 01, 2008		Dec 16, 2008	
	Left	Right	Left	Right
Muscle Testing: Upper Extremity MMT:				
• Shoulder Abduction (12/16/08 full MMT, in all ranges)	3/5	5/5	4/5	5/5
• Shoulder Extension (L pain)	3/5	5/5	4/5	5/5
• Shoulder Flexion (L pain)	2/5	5/5	4/5	5/5
• Shoulder External Rotation (L pain)	5/5	5/5	5/5	5/5
• Shoulder Internal Rotation (L pain)	5/5	5/5	5/5	5/5
• Elbow Extension (L pain)	5/5	5/5	5/5	5/5
• Elbow Flexion (L pain)	5/5	5/5	5/5	5/5

Palpation:

- tenderness to palp L AC jt, supra/infraspinatus, subscap, teres minor tendons, bicep long head & mm belly, ant/mld delt.

	Dec 01, 2008		Dec 16, 2008	
	L Act.	R Act.	L Act.	R Act.
Range of Motion:				
• Extension (12/16/08 full MMT, PROM)	129	178	158	178
• Flexion (L pain)		165		165

Document ID: 1A700107.007
Laura D. Prietta, PT, PT (SC Lic 5511)

Status: Signed off (secure electronic signature)

Page 1 of 4

Visit Date: Dec 16, 2008

0560



Patient: Thomas Karabees
Acct #: 013-610238068

Visit Date: Dec 16, 2008

Manual ROM

Manual Interventions: Upper Quarter Joint Complex:

• Cervical Pain

• Scapulothoracic Joint (This visit)

Modalities:

• Cryotherapy (Pre/Post)

• US/HVPGS Combo

Pt./Family Education:

• Patient Education (This visit)

Therapy Session Time

• Therapy Session Start Time

• Therapy Session Stop Time

• Total Therapy Session Time

Documented Procedural Code Summary:

Description	Code	Units	Minutes
• Manual Therapy Techniques	97140	1	10
• Physical Therapy Reevaluation	97002	1	0/5
• Therapeutic Activities	97530	1	15
• Therapeutic Exercise	97110	1	15

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 progress towards all goals. Pt demos increases in ROM, strength, lift/push/pull abilities. Pt may benefit from cont PT services to cont to address remaining deficits in ROM, strength/stability, pain for return to full PLF/work duties with decreased pain/diff.

Recommendations: Skilled Intervention: Required To:

- Decrease Pain. Improve Function. Increase Range of Motion. Increase Strength. Return to Premorbid State. Return to work duties with decr pain/diff.

Problems & Goals

Problem #1 Range of Motion.

LTG Achieve by Jan 13, 2009. Progress: Good progress, for dressing, reaching at work

Range of Motion Improvements to: Shoulder Left AROM

• Extension	170
• Flexion	155
• Abduction	145
• External Rotation - 0 deg	55
• Internal Rotation - 0 deg	70

Problem #2 Muscle Testing: Upper Extremity MMT.

LTG Achieve by Jan 13, 2009. Progress: Good progress.

Client Education:

- Independent Home Exercise/Self Care Program.

LTG Achieve by Jan 13, 2009. Progress: Good progress, for UE use for driving, push/pull/lift at work

Musculoskeletal Improvements In: Upper Left

Extremity Strength to:

• Shoulder Abduction	5/5
----------------------	-----

Document ID: 1A7001D7.007
Laura D. Pruette, PT,PT(S)C Lic: 55111

Status: Signed off (secure electronic signature)

Page 3 of 4



Corvel Capture 2/11/2009

Patient: Thomas Karabees
Acct #: 013-610238068

Visit Date: Dec 16, 2008

• Shoulder Extension	5/5
• Shoulder Flexion	5/5
• Shoulder External Rotation	5/5
• Shoulder Internal Rotation	5/5
Problem #3 Functional Tests: Occupational Tests: Maximal Lifting / Materials Handling.	
<i>LTG Achieve by Jan 13, 2009. Progress: Good progress. for lift, push/pull for work duties</i>	
Functional Improvements In: Maximal Lift / Material Handling:	
• Elbow to Knuckle: Bilateral	60 Pounds
• Knuckle to Shoulder: Left Side (met 12/16/08)	10 Pounds
• Shoulder to Overhead: Bilateral	10 Pounds
• Push: Bilateral	50 Pounds
• Pull: Bilateral	50 Pounds

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:

- 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.
- Resistive Activities:
 - Isokinetic, Isometric, Isotonic, Machines/Free Weights, Tubing/Bands.
- Modalities:
 - Cryotherapy, Interferential Stimulation, Moist Hot Pack, TENS Placement/Application, Ultrasound, US/HVPGS Combo.

Laura D. Pruetz, PT

Laura D. Pruetz, PT, PT(SC Lic 5511)

Document ID: 1A7001D7.007
Laura D. Pruetz, PT, PT(SC Lic 5511)

Status: Signed off (secure electronic signature)

Page 4 of 4



Select Physical Therapy
7 South Alliance Drive
Ste 102A
Goose Creek, SC USA 29445
Phone: (843) 569-2303
Fax: (843) 569-2304

Patient: Thomas Karabeas
Acct #: 013-610238068
DOB: Oct 13, 1948
Clinician: Laura D. Prietto, 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: Not Specified

Visit Date: Dec 16, 2008
FSC: Workers Compensation
Payor: WC OF SC
Pol/Claim#: 385528253
Insured: Core IQ
Employer: Trident Tech College
Case Mgr: Blake, Tiffany
Visits: 6
Cd/hs: 0

Corvel Capture 2/11/2009

13

Plan of Care

Diagnosis Left Shoulder 71941 JOINT PAIN-SHLDER

Subjective Examination

ADL / Functional Status:

- Current status: Work status: Full time / Full duty. (12/16/08 states has pain/diff but does it anyway).

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 progress towards all goals. Pt demos Increases in ROM, strength, lift/push/pull abilities. Pt may benefit from cont PT services to cont to address remaining deficits in ROM, strength/stability, pain for return to full PLF/work duties with decreased pain/diff.

Recommendations: Skilled Intervention: Required To:

- Decrease Pain. Improve Function. Increase Range of Motion. Increase Strength. Return to Premorbid State. Return to work duties with decr pain/diff.

Problems & Goals

Problem #1 Range of Motion.

	Left AROM	Left PROM	Right AROM
Extension(12/16/08 All A/PROM)	62	174	88
External Rotation - 0 deg (Spain)	58	75	56
External Rotation - 90 deg(12/16/08)		90	
Flexion(12/16/08)	158	176	169
Internal Rotation - 0 deg(L pain)	6	50	7
Internal Rotation - 90 deg(12/16/08)		82	

LTG Achieve by Jan 13, 2009. Progress: Good progress. for dressing, reaching at work

Range of Motion Improvements to: Shoulder

	Left AROM
Extension	70
Flexion	155
Internal Rotation	115
External Rotation - 0 deg	55
Internal Rotation - 0 deg	77

Problem #2 Muscle Testing: Upper-Extremity MMT.

	Left	Right
Elbow Extension(12/16/08)	5/5	5/5
Elbow Flexion(L pain)	5/5	5/5
Shoulder Abduction(12/16/08 All MMT on eval changes)	4/5	5/5
Shoulder Extension(L pain)	4/5	5/5
Shoulder External Rotation(L pain)	4/5	5/5
Shoulder Flexion(L pain)	4/5	5/5
Shoulder Internal Rotation(L pain)	4/5	5/5

LTG Achieve by Jan 13, 2009. Progress: Good progress.

Client Education:

- Independent Home Exercise/Self Care Program.

LTG Achieve by Jan 13, 2009. Progress: Good progress. for UE use for driving, push/pull/lift at work

Document ID: 1A7001D7.008
Laura D. Prietto, PT,PT(SC Lic: 5511)

Status: Signed off (secure electronic signature)

Page 1 of 2

Corvel Capture 2/11/2009



Patient: Thomas Karabees
Acct #: 013-610238068

Visit Date: Dec 16, 2008

**Musculoskeletal Improvements In: Upper Left
Extremity Strength to:**

- Shoulder Extension 5/5
- Shoulder Flexion 5/5
- Shoulder External Rotation 5/5

Problem #3 Functional Tests: Occupational Tests: Maximal Lifting / Materials Handling.

• Floor to Knuckle Bilateral (12/16/08) at max, no 50 Pounds

• Knuckle to Shoulder: Left Side (12/16/08 no pain) 10 Pounds

• Pull: Bilateral (12/16/08 no pain, decr control) 100 Pounds

• Push: Bilateral (12/16/08 with pain, decr control) 40 Pounds

• Shoulder Range of Motion: Bilateral (12/16/08) 180 Pounds

LTG Achieve by Jan 13, 2009. Progress: Good progress, for lift, push/pull for work duties

Functional Improvements In: Maximal Lift / Material Handling:

• Floor to Knuckle Bilateral (12/16/08) at max, no 50 Pounds

• Knuckle to Shoulder: Left Side (met 12/16/08) 10 Pounds

• Pull: Bilateral (12/16/08 no pain, decr control) 100 Pounds

• Push: Bilateral 50 Pounds

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:

- 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.
- Resistive Activities:
 - Isokinetic. Isometric. Isotonic. Machines/Free Weights. Tubing/Bands.
- Modalities:
 - Cryotherapy. Interferential Stimulation. Moist Hot Pack. TENS Placement/Application. Ultrasound. US/HVPGS Combo.

Y. D. Pruet

Laura D. Pruet, 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
Clinkian: Laura D. Pruett, 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: Not Specified

Visit Date: Dec 15, 2008
FSC: Workers Compensation
Payor: WC OF SC
Pol/Claim#: 385528253
Insured: Care IQ
Employer: Trident Tech College
Case Mgr: Blake, Tiffany
Visits: 5
Cd/Ns: 0

Daily Note

Diagnosis: Left Shoulder

71941

JOINT PAIN-SHLDER

Subjective Examination

"I'm pretty sore"

ADL / Functional Status:

- Occupation: Instructor for Trident Tech, various industrial programs. Occupational requirements: sit/stand, climbing towers/trains, stairs, lift up to 50-60#, OH work, push/pull up to 100#. Current status: Work status: Full time / Full duty. (avoiding lifting/push/pull). Premorbid status: Basic care: Independent, dx of MS x10yrs with some associated weakness/balance deficits, states he occ uses cane for amb. Denies previous pain/difficulty related to L shoulder/UE.

ADL / Functional Status: ADL's Activities:

- Driving/Traveling: with pain/diff
- Lifting: light wt below shld ht
- Reaching: unable to reach
- Sleeping: diff positioning L UE

Chief Complaint: Pain:

- Current Severity: 5/10. (12/12/08). Severity at Worst: 9/10.

Mechanism of Injury:

- 10/31/08: Pt was carrying equipment (straps B across chest with equipment in each hand) and fell down 6-8 stairs at work, unsure of specifics or if he landed on L side or not.

Medical History:

- Past/Present Conditions: MS x10yrs (reports associated numbness B hands, decr balance, weakness/flexibility R>L), HTN controlled, hernia repair 1998.

Medical Management:

- Diagnostic Studies: x-rays neg per pt, scheduled for MRI today.

Objective Examination

Functional Tests: Occupational Tests: Maximal Lifting / Materials Handling:

- Knuckle to Shoulder: Left Side 0 Pounds
- Shoulder Overhead: Left (unilateral) 0 Pounds
- Push: Bilateral (unable 2" L) 0 Pounds

Muscle Testing: Upper Extremity MM:

	Left	Right
Shoulder Extension (L pain)	-3/5	5/5
Shoulder Extension (R pain)	5/5	5/5
Shoulder External Rotation (L pain)	+2/5	5/5
Shoulder External Rotation (R pain)	5/5	5/5
Elbow Extension (L pain)	5/5	5/5
Elbow Flexion (L pain)	5/5	5/5

Palpation:

- tenderness to palp L AC jt, supra/infraspinatus, subscap, teres minor tendons, bicep long head & mm belly, ant/mid delt.

Range of Motion:

	Left AROM	Left PROM	Right AROM
Extension (12/15/08)	160	178	165
Flexion (L pain)	140	160	165
Abduction (12/12/08)	70	75	56
External Rotation - 0 deg (L pain)	9	50	7
External Rotation - 0 deg (R pain)			
Internal Rotation - 0 deg (L pain)			



Patient: Thomas Karabets
Acct #: 013-610238068

Visit Date: Dec 15, 2008

• Scapulothoracic Joint

Time Elapsed: 5 Minutes, Grade: II/III, Body Position: S/I, Pressure: Oscillatory, Technique 1: All Gildes, Technique 2: Distraction, Charge As: Manual Therapy Techniques

Modalities:

- US/HVPGS Combo

Time Elapsed: 10 Minutes, Location: ant/mid delt/proximal bicep, Watts/cm2: 1.3, Clinical Use: Pre Activity, Charge As: E-Stim, Manual

Pt./Family Education:

- Patient Education (this visit)

Did Not Perform, Charge As: Self Care / Home Mgmt Training this Visit

Therapy Session Time

- Therapy Session Start Time

03:10 PM

- Therapy Session Stop Time

Documented Procedural Code Summary:

Description	Code	Units	Minutes
• Manual Therapy Techniques	97140	1	15
• Therapeutic Procedure	97110	1	13

Assessment:

Pt with no improvement with AROM left shld, some improvement with PROM per obj measurements taken today. No c/o pain with added functional reaching exc cones.

Plan

Daily Plan:

- Continue w/ Current Rehabilitation Program.

Kristina M. Cordie, PTA, PTA(SC Lic: 1825)

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 #: 013-610238058
DOB: Oct 13, 1948
Clinician: Laura D. Pruette, PT
Prim Phys: Seth P. Kupferman
Phy Phone: (843) 572-2663
Phy Fax: (843) 569-3367
Sec Phys: Not Specified
Inj. Date: 10/31/2008
Surg. Date: Not Specified

Corvel Capture 2/11/2009
Visit Date: Dec 12, 2008
FSC: Workers Compensation
Payor: WC OF SC
Pol/Claim#: 385528253
Insured: Care IQ
Employer: Trident Tech College
Case Mgr: Blake, Tiffany
Visits: 4
Cd/Ns: 0

Daily Note

Diagnosis Left Shoulder

71941

JOINT PAIN-SHLDER

Subjective Examination

ADL / Functional Status:

- Occupation: Instructor for Trident Tech, various industrial programs. Occupational requirements: sit/stand, climbing towers/trains, stairs, lift up to 50-60#, OH work, push/pull up to 100#. Current status: Work status: Full time / Full duty. (avoiding lifting/push/pull). Premorbid status: Basic care: Independent, dx of MS x10yrs with some associated weakness/balance deficits, states he occ uses cane for amb. Denies previous pain/difficulty related to L shoulder/UE.

ADL / Functional Status: ADL's Activities:

- Driving / Traveling: light wt below shld ht
- Lifting: unable to lift
- Reaching: diff positioning L UE
- Sleeping

Chief Complaint Pain:

- Current Severity: 5/10. (12/12/08). Severity at Worst: 9/10.

Mechanism of Injury:

- 10/31/08: Pt was carrying equipment (straps B across chest with equipment in each hand) and fell down 6-8 stairs at work, unsure of specifics or if he landed on L side or not.

Medical History:

- Past/Present Conditions: MS x10yrs (reports associated numbness B hands, decr balance, weakness/flexibility R>L), HTN controlled, hernia repair 1998.

Medical Management:

- Diagnostic Studies: x-rays neg per pt, scheduled for MRI today.

Objective Examination

Functional Tests: Occupational Tests: Maximal Lifting / Materials Handling:

- Floor to Knee: 0 Pounds
- Knee to Shoulder: Left Side 0 Pounds
- Shoulder Extension: 0 Pounds
- Push: Bilateral (unable 2" L) 0 Pounds

Muscle Testing: Upper Extremity MMT:

- | | Left | Right |
|---------------------------------------|------|-------|
| • Shoulder Flexion (L pain) | 3/5 | 5/5 |
| • Shoulder Extension (L pain) | 3/5 | 5/5 |
| • Shoulder External Rotation (L pain) | +2/5 | 5/5 |
| • Shoulder Internal Rotation (L pain) | 5/5 | 5/5 |
| • Elbow Extension (L pain) | 5/5 | 5/5 |
| • Elbow Flexion (L pain) | 5/5 | 5/5 |

Palpation:

- tenderness to palp L AC jt, supra/infraspinatus, subscap, teres minor tendons, bicep long head & mm belly, ant/mid delt.

Range of Motion:

- | | Left AROM | Left PROM | Right AROM |
|--|-----------|-----------|------------|
| • Extension (L pain) | 168 | 178 | 165 |
| • Flexion (L pain) | 143 | 160 | 165 |
| • Abduction (12/12/08) | 70 | 75 | 56 |
| • External Rotation - 0 deg (L pain) | 70 | 75 | 56 |
| • Internal Rotation - 0 deg (L pain) | 70 | 75 | 56 |
| • Internal Rotation - 90 deg (12/4/08) | 70 | 75 | 56 |

Special Tests: Muscle/Tendon:

Document ID: 1A7001D7.005

Status: Signed off (secure electronic signature)
Corlas A. Ross, PTA, PTA(SC Lic 1836); Laura D. Pruette, PT, PT(SC Lic 5511)

Page 1 of 3



Patient: Thomas Karabees
Acct #: 013-610238068

Visit Date: Dec 12, 2008

• Empty Can	Negative	Negative
• Hawkins Kennedy Impingement	Aggravates Symptoms	Negative
• Neer Impingement	Aggravates Symptoms	Negative
• Speed/Biceps	Negative	Negative

Treatments

Exercise Activities: Range of Motion:

• Pendulum
Time Elapsed: 3 Minutes, Repetitions: 20, Additional Detail: AP, M, W, L, R, Charge As: Therapeutic Exercise
Did Not Perform, Charge As: Therapeutic Exercise This Visit

Exercise Activities: Tubing/Bands:

• T-Bar Flexion (This Visit)
Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: Red, Resistance: Concentric/Eccentric, Charge As: Therapeutic Activities
• Prone Hor Abduction
Time Elapsed: 4 Minutes, Repetitions: 10, Sets: 1, Tubing/Band Color: 2, Resistance: Concentric/Eccentric, Additional Detail: Flex EXT, Charge As: Therapeutic Activities

• Pull Down
Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: Green, Resistance: Concentric/Eccentric, Charge As: Therapeutic Activities
• Rows
Time Elapsed: 4 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: Green, Resistance: Concentric/Eccentric, Charge As: Therapeutic Activities

• Side/Lying ER
Time Elapsed: 2 Minutes, Repetitions: 15, Sets: 1, Tubing/Band Color: 2, Additional Detail: ABD, Charge As: Therapeutic Activities
• Tubing/Bands 1
Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 3, Tubing/Band Color: 2, Resistance: Concentric/Eccentric, Description: Rows, Charge As: Therapeutic Activities

Exercise Activities: Flexibility:

• Capsular Stretch - Anterior
Time Elapsed: 2 Minutes, Repetitions: 2, Hold: 30 Seconds, Charge As: Therapeutic Exercise
• Capsular Stretch - Inferior
Time Elapsed: 3 Minutes, Repetitions: 2, Hold: 30 Seconds, Charge As: Therapeutic Exercise
• Capsular Stretch - Posterior
Time Elapsed: 3 Minutes, Repetitions: 2, Hold: 30 Seconds, Charge As: Therapeutic Exercise
• Flexibility Activity 1
Time Elapsed: 2 Minutes, Sets: 2, Technique: Active Assistive, Hold: 30 Seconds, Description: IR Towel stretch, Charge As: Therapeutic Exercise

Exercise Activities: Dynamic Training: C-K-C Activity:

• Wall Ball
Time Elapsed: 3 Minutes, Repetitions: 20, Additional Detail: C, W, Approximation, Charge As: Therapeutic Activities

Exercise Activities: Aerobic Conditioning:

• Aerometer (Walking)
Time Elapsed: 10 Minutes, Charge As: Therapeutic Activities

Manual Interventions: Range of Motion:

• Manual ROM
Time Elapsed: 5 Minutes, Additional Detail: With static stretch, Description: PROM all planes, Charge As: Manual Therapy Techniques

Manual Interventions: Upper Quarter Joint Complex:

• Glenohumeral Joint
Time Elapsed: 5 Minutes, Grade: II/III, Pressure: Oscillatory, Technique: Posterior/Inferior, Charge As: Manual Therapy Techniques
• Scapulothoracic Joint
Time Elapsed: 5 Minutes, Grade: II/III, Body Position: S/I, Pressure: Oscillatory, Technique 1: All Glides, Technique 2: Distraction, Charge As: Manual Therapy Techniques

Modalities:

• Cryotherapy (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

Visit Date: Dec 12, 2008

9 Patient Education (10/15/18)

Therapy Session Start Time: _____

02:00 PM

Description	Code	Units	Minutes
-------------	------	-------	---------

Description	Code	Units	Minutes
• Manual Therapy Techniques	97140	1	15
• Therapeutic Activities	97530	2	30
• Therapeutic Procedure	97130	1	15

Assessment
The patient tolerated today's treatment intervention without complaints of pain or difficulty.

Daily Plan:

- Daily Plan:**
• Continue w/ Current Rehabilitation Program. Advance as tolerated.

Colchester PTA

Corlas A. Ross, PTA, PTA(SC Lic: 1836)

Colas-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 Karabeos
Acct #: 013-610238068
DOB: Oct 13, 1948
Clinician: Laura D. Pruetto, 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: Not Specified

Visit Date: Dec 09, 2008
FSC: Workers Compensation
Payor: WC OF SC
Pol/Claim#: 385528253
Insured: Care IQ
Employer: Trident Tech College
Case Mgr: Blake, Tiffany
Visits: 3
Cd/Ns: 0

Corvel Capture 4/13/2009

Daily Note

Diagnosis Left Shoulder 71941 JOINT PAIN-SHLDER

Subjective Examination

"I lifted a 15# gear out to the side, aggravated it today but until then it was a lot better"

ADL / Functional Status:

• Occupation: Instructor for Trident Tech, various industrial programs. Occupational requirements: sit/stand, climbing towers/trains, stairs, lift up to 50-60#, OH work, push/pull up to 100#. Current status: Work status: Full time / Full duty. (avoiding lifting/push/pull). Premorbid status: Basic care: Independent; dx of MS x10yrs with some associated weakness/balance deficits, states he occ uses cane for amb. Denies previous pain/difficulty related to L shoulder/UE.

ADL / Functional Status: ADL's Activities:

- Driving/Traveling: with pain/diff
- Lifting: light wt below shld ht
- Reaching: unable OH
- Sleeping: diff positioning L UE

Chief Complaint: Pain:

- Current Severity: 5/10. Severity at Worst: 9/10.

Mechanism of Injury:

- 10/31/08: Pt was carrying equipment (straps B across chest with equipment in each hand) and fell down 6-8 stairs at work, unsure of specifics or if he landed on L side or not.

Medical History:

- Past/Present Conditions: MS x10yrs (reports associated numbness B hands, decr balance, weakness/flexibility R>L), HTN controlled, hernia repair 1998.

Medical Management:

- Diagnostic Studies: x-rays neg per pt, scheduled for MRI today.

Objective Examination

Functional Tests: Occupational Tests: Maximal Lifting / Materials Handling:

- Floor to Knuckle: Bilateral (unable 2* L) 0 Pounds
- Knuckle to Shoulder: Left Side 0 Pounds
- Shoulder to Overhead: Left (unable to fully reach OH actively) 0 Pounds
- Push: Bilateral (unable 2* L) 0 Pounds
- Pull: Bilateral (unable 2* L) 0 Pounds

Muscle Testing: Upper Extremity MMT:

- | | Left | Right |
|---------------------------------------|------|-------|
| • Shoulder Abduction (L pain) | 3/5 | 5/5 |
| • Shoulder Extension (L pain) | 3/5 | 5/5 |
| • Shoulder Flexion (L pain) | 3/5 | 5/5 |
| • Shoulder External Rotation (L pain) | +2/5 | 5/5 |
| • Shoulder Internal Rotation (L pain) | 4/5 | 5/5 |
| • Elbow Extension (L pain) | 5/5 | 5/5 |
| • Elbow Flexion (L pain) | 5/5 | 5/5 |

Palpation:

- tenderness to palp L AC jt, supra/infraspinatus, subscap, teres minor tendons, bicep long head & mm belly, ant/mld delt.

Range of Motion:

- | | Left AROM | Left PROM | Right AROM |
|--|-----------|-----------|------------|
| • Extension (L pain) | 65 | 75 | 88 |
| • Flexion (L pain) | 168 | 178 | 165 |
| • Abduction (L pain) | 133 | 135 | 165 |
| • External Rotation - 0 deg (L pain) | 70 | 75 | 56 |
| • Internal Rotation - 0 deg (L pain) | 9 | 50 | 7 |
| • Internal Rotation - 90 deg (12/4/08) | | 75 | |

Document ID: 1A7001D7.004

Status: Signed off (secure electronic signature)

Page 1 of 3

Kristina M. Cardle, PTA, PTA(SC Lic: 1825); Laura D. Pruetto, PT, PT(SC Lic: 5511)



Patient: Thomas Karabees
Acct #: 013-610238068

Corvel Capture 4/13/2009

Visit Date: Dec 09, 2008

Special Tests: Muscle/Tendon:

- Drop Arm-Rotator Cuff
- Empty Can
- Hawkins-Kennedy Impingement
- Neer Impingement
- Speed's Biceps

Left

Negative
Aggravates Symptoms
Aggravates Symptoms
Aggravates Symptoms
Negative

Right

Negative
Negative
Negative
Negative
Negative

Treatments

Exercise Activities: Range of Motion:

- Pendulum
- T-Bar Flexion

Time Elapsed: 3 Minutes, Repetitions: 20, Additional Detail: AP, ML, CW, CCW, Charge As: Therapeutic Exercise
Time Elapsed: 2 Minutes, Repetitions: 10, Hold: 2-3 Seconds, Additional Detail: and ER, Charge As: Therapeutic Exercise

Exercise Activities: Tubing/Bands:

- ER 0 deg
- Prone Hor Abduction
- Pull Downs
- Rows
- Sidelying ER
- Tubing/Bands 1

Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: red, Resistance: Concentric/Eccentric, Charge As: Therapeutic Activities
Time Elapsed: 4 Minutes, Repetitions: 10, Sets: 1, Tubing/Band Color: 2, Resistance: Concentric/Eccentric, Additional Detail: Flex EXT, Charge As: Therapeutic Activities
Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: Green, Resistance: Concentric/Eccentric, Charge As: Therapeutic Activities
Time Elapsed: 4 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: Green, Resistance: Concentric/Eccentric, Charge As: Therapeutic Activities
Time Elapsed: 2 Minutes, Repetitions: 15, Sets: 1, Tubing/Band Color: 2, Additional Detail: S/I ABD, Charge As: Therapeutic Activities
Time Elapsed: 2 Minutes, Repetitions: 10, Sets: 3, Tubing/Band Color: 2, Resistance: Concentric/Eccentric, Description: Rows, Charge As: Therapeutic Activities

Exercise Activities: Flexibility:

- Capsular Stretch - Anterior
- Capsular Stretch - Inferior
- Capsular Stretch - Posterior
- Flexibility Activity 1

Time Elapsed: 2 Minutes, Repetitions: 2, Hold: 30 Seconds, Charge As: Therapeutic Exercise
Time Elapsed: 3 Minutes, Repetitions: 2, Hold: 30 Seconds, Charge As: Therapeutic Exercise
Time Elapsed: 3 Minutes, Repetitions: 2, Hold: 30 Seconds, Charge As: Therapeutic Exercise
Time Elapsed: 2 Minutes, Sets: 2, Technique: Active Assistive, Hold: 30 Seconds, Description: IR Towel stretch, Charge As: Therapeutic Exercise

Exercise Activities: Dynamic Training: C-K-C Activity:

- Wall Ball

Time Elapsed: 3 Minutes, Repetitions: 20 each, Additional Detail: caw, cw, approximation, Charge As: Therapeutic Activities

Exercise Activities: Aerobic Conditioning:

- Argometer (Airdyne)

Time Elapsed: 10 Minutes, Charge As: Therapeutic Activities

Manual Interventions: Range of Motion:

- Manual ROM

Time Elapsed: 5 Minutes, Additional Detail: with static stretch, Description: PROM all planes, Charge As: Manual Therapy Techniques

Manual Interventions: Upper Quarter Joint Complex:

- Glenohumeral Joint
- Scapulothoracic Joint

Time Elapsed: 5 Minutes, Grade: II/III, Pressure: Oscillatory, Technique 1: Posterior/Inferior, Charge As: Manual Therapy Techniques
Time Elapsed: 5 Minutes, Grade: II/III, Body Position: S/I, Pressure: Oscillatory, Technique 1: All Glides, Technique 2: Distraction, Charge As: Manual Therapy Techniques

Modalities:

Document ID: 1A7001D7.004 Status: Signed off (secure electronic signature)
Kristina M. Cordle, PTA,PTA(SC Lic: 1825); Laura D. Pruette, PT,PT(SC Lic: 5511)

Page 2 of 3



Patient: Thomas Karabeer
Acct #: 013-610238068

Visit Date: Dec 09, 2008

- Cryotherapy (This visit)
- US/HVPGS Combo (This visit)

Did Not Perform, Charge As: Not Applicable This visit
Did Not Perform, Charge As: E-Stim, Manual 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
- Therapy Session Stop Time

12:55 PM
01:55 PM

Documented Procedural Code Summary:

Description	Code	Units	Minutes
• Manual Therapy Techniques	97140	1	15
• Therapeutic Activities	97530	2	30
• Therapeutic Procedure	97110	1	15

Assessment

Pt with only c/o mm soreness with added wt, no shld pain. Difficulty completing full range of active ER with resistance. Excellent progress with AROM per obj measures today. Pt refused modalities.

Plan

Daily Plan:

- Continue w/ Current Rehabilitation Program.

Kristina M. Cordle

Kristina M. Cordle, PTA, PTA(SC Lic: 1825)

Laura D. Pruette

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 Karabeas
Acct #: 013-610238068
DOB: Oct 13, 1948
Clinician: Laura D. Pruett, 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: Not Specified

Visit Date: Dec 04, 2008
FSC: Workers Compensation
Payor: WC OF SC
Pol/Claim#: 385528253
Insured: Care IQ
Employer: Trident Tech College
Case Mgr: Blake, Tiffany
Visits: 2
Cxl/Ns: 0

Corvel Capture 1/27/2009

Daily Note

Diagnosis Left Shoulder 71941 JOINT PAIN-SHLDER

Subjective Examination

ADL / Functional Status:

- Occupation: Instructor for Trident Tech, various industrial programs. Occupational requirements: sit/stand, climbing towers/trains, stairs, lift up to 50-60#, OH work, push/pull up to 100#. Current status: Work status: Full time / Full duty. (avoiding lifting/push/pull). Premorbid status: Basic care: Independent, dx of MS x10yrs with some associated weakness/balance deficits, states he occ. uses cane for amb. Denies previous pain/difficulty related to L shoulder/UE.

ADL / Functional Status: ADL's: Activities:

- Lifting: light wt below shld ht
- Sleeping: diff positioning L UE

Chief Complaints: Pain:

- Current Severity: 5/10. Severity at Worst: 9/10.

Mechanism of Injury:

- 10/31/08: Pt was carrying equipment (straps B across chest with equipment in each hand) and fell down 6-8 stairs at work, unsure of specifics or if he landed on L side or not.

Medical History:

- Past/Present Conditions: MS x10yrs (reports associated numbness B hands, decr balance, weakness/flexibility R>L), HTN controlled, hernia repair 1998.

Medical Management:

- Diagnostic Studies: X-rays neg per pt, scheduled for MRI today.

Objective Examination

Functional Tests: Occupational Tests: Maximal Lifting / Materials Handling:

- Knuckle to Shoulder: Left Side 0 Pounds
- Push: Bilateral (unable 2" L) 0 Pounds

Muscle Testing: Upper Extremity MMT:

- | | Left | Right |
|---------------------------------------|------|-------|
| • Shoulder Extension (L pain) | -3/5 | 5/5 |
| • Shoulder External Rotation (L pain) | +2/5 | 5/5 |
| • Elbow Extension (L pain) | 5/5 | 5/5 |

Palpation:

- tenderness to palp L AC jt, supra/infraspinatus, subscap, teres minor tendons, bicep long head & num belly, ant/mid delt.

Range of Motion:

- | | Left AROM | Left PROM | Right AROM |
|--|-----------|-----------|------------|
| • Flexion (L pain) | 129 | 178 | 165 |
| • External Rotation - 0 deg (L pain) | 20 | 75 | 56 |
| • Internal Rotation - 90 deg (12/4/08) | | 75 | |

Special Tests: Muscle/Tendon:

Left Right

Document ID: 1A7001D7.003

Status: Signed off (secure electronic signature)
Kristina M. Cordle, PTA, PTA(SC Lic: 1825); Laura D. Pruett, PT, PT(SC Lic: 5511)

Page 1 of 3



Patient: Thomas Karabees
Acct #: 013-610238068

Visit Date: Dec 04, 2008

• Empty Can	Negative	Negative
• Empty Can	Aggravates Symptoms	Negative
• Empty Can	Aggravates Symptoms	Negative
• Empty Can	Aggravates Symptoms	Negative
• Empty Can	Aggravates Symptoms	Negative

Treatments

Exercise Activities: Range of Motion:

• T-Bar Flexion	Time Elapsed: 2 Minutes, Repetitions: 10, Hold: 2-3 Seconds, Additional Detail: and ER, Charge As: Therapeutic Exercise
-----------------	---

Exercise Activities: Tubing/Bands:

• Rows	Time Elapsed: 4 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: Red, Resistance: Concentric/Eccentric, Charge As: Therapeutic Activities
• Rows	Time Elapsed: 4 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: Red, Resistance: Concentric/Eccentric, Charge As: Therapeutic Activities
• Rows	Time Elapsed: 4 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: Red, Resistance: Concentric/Eccentric, Charge As: Therapeutic Activities
• Rows	Time Elapsed: 4 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: Red, Resistance: Concentric/Eccentric, Charge As: Therapeutic Activities
• Rows	Time Elapsed: 4 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: Red, Resistance: Concentric/Eccentric, Charge As: Therapeutic Activities

Exercise Activities: Flexibility:

• Capsular Stretch - Inferior	Time Elapsed: 2 Minutes, Repetitions: 2, Hold: 30 Seconds, Charge As: Therapeutic Exercise
• Capsular Stretch - Inferior	Time Elapsed: 3 Minutes, Repetitions: 2, Hold: 30 Seconds, Charge As: Therapeutic Exercise
• Capsular Stretch - Inferior	Time Elapsed: 3 Minutes, Repetitions: 2, Hold: 30 Seconds, Charge As: Therapeutic Exercise
• Capsular Stretch - Inferior	Time Elapsed: 3 Minutes, Repetitions: 2, Hold: 30 Seconds, Charge As: Therapeutic Exercise
• Capsular Stretch - Inferior	Time Elapsed: 3 Minutes, Repetitions: 2, Hold: 30 Seconds, Charge As: Therapeutic Exercise

Exercise Activities: Dynamic Training: C-K-C Activity:

• C-K-C Activity	Time Elapsed: 3 Minutes, Repetitions: 20 each, Additional Detail: IR Towel stretch, Charge As: Therapeutic Exercise
------------------	---

Manual Interventions: Range of Motion:

• Manual ROM	Time Elapsed: 5 Minutes, Additional Detail: with the stretch, Charge As: Manual Therapy Techniques
--------------	--

Manual Interventions: Upper Quarter Joint Complex:

• Scapulothoracic Joint	Time Elapsed: 5 Minutes, Grade: II/III, Body Position: S/I, Pressure: Oscillatory, Technique 1: All Glides, Technique 2: Distraction, Charge As: Manual Therapy Techniques
-------------------------	--

Modalities:

• US/HVPGS Combo (for decr pain/inflam, incr tissue extensibility)	Time Elapsed: 10 Minutes, Location: ant/mid delt/proximal bicep, Watts/cm2: 1.3, Clinical Use: Pre Activity, Charge As: E-Stim, Manual
--	--

Pt./Family Education:

• Patient Education (Home)	Did Not Perform, Charge As: Self-Care/Home Mgmt/Training/Advice
----------------------------	---

Therapy Session Time



Patient: Thomas Karabees
Acct #: 013-610238068

Visit Date: Dec 04, 2008

Therapy Session Start Time: 08:50 AM
Therapy Session Stop Time: 08:55 AM

Documented Procedural Code Summary:

Description	Code	Units	Minutes
• Manual Therapy Techniques	97140	1	15
• Therapeutic Procedure	97110	1	15

Assessment

Pt with Improved passive IR ROM per obj measures. Good tol with added exs to progress with strengthening and ROM.

Plan

Daily Plan:

- Continue w/ Current Rehabilitation Program.

Kristina M. Cordie

Kristina M. Cordie, PTA, PT(SC Lic: 1825)

Laura D. Pruette

Laura D. Pruette, PT, PT(SC Lic: 5511)

Signed In the absence of the primary therapist.

Dec. 2, 2008 1:48PM
 Karabels, Thomas
 12/02/08

Select Physical Therapy

No. 0464 P. 6/7 87/13

OPTIMAL INSTRUMENT

Difficulty-Baseline

Instructions: Please circle the level of difficulty you have for each activity today.	Able to do without any difficulty	Able to do with little difficulty	Able to do with moderate difficulty	Able to do with much difficulty	Unable to do	Not applicable
1. Lying flat	(1)	2	3	4	5	6
2. Rolling over	1	2	(3)	4	5	6
3. Moving-lying to sitting	1	2	(3)	4	5	6
4. Sitting	(1)	2	3	4	5	6
5. Squatting	(1)	2	3	4	5	6
6. Bending/sloping	(1)	2	3	4	5	6
7. Balancing	1	(2)	3	4	5	6
8. Kneeling	(1)	2	3	4	5	6
9. Walking-short distance	(1)	2	3	4	5	6
10. Walking-long distance	(1)	2	3	4	5	6
11. Walking-outdoors	(1)	2	3	4	5	6
12. Climbing stairs	1	2	(3)	4	5	6
13. Hopping	(1)	2	3	4	5	6
14. Jumping	(1)	2	3	4	5	6
15. Running	1	2	3	(4)	5	6
16. Pushing	1	2	(3)	4	5	6
17. Pulling	1	2	(3)	4	5	6
18. Reaching	1	2	(3)	4	5	6
19. Grasping	1	(2)	3	4	5	6
20. Lifting	1	2	(3)	4	5	6
21. Carrying	1	2	(3)	4	5	6

22. Thinking about all of the activities you would like to do, please mark an "X" at the point on the line that best describes your overall level of difficulty with these activities today.



23. From the above list, choose the 3 activities you would most like to be able to do without any difficulty (for example, if you would most like to be able to climb stairs, kneel, and hop without any difficulty, you would choose: 1. 12 2. 8 3. 13)

1. 2 2. 18 3. 12

© 2005, 2000 American Physical Therapy Association. All rights reserved. No part of this instrument may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, or otherwise without prior permission of the American Physical Therapy Association. Contact permissions@apta.org or visit www.apta.org/publications.

Adapted/Revised in July 2005 and August 2006 with permission of APTA from Guccione AA, Mileanz TJ, De Vellis RF, et al. Development and testing of a self-report instrument to measure actions: Outpatient Physical Therapy Improvement in Movement Assessment Log (OPTIMAL). *Phys Ther*. 2005;85:515-530.

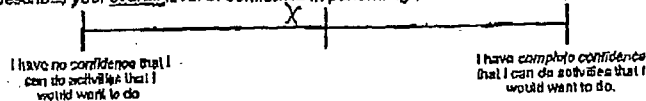
Dec. 2, 2008 1:48PM Select Physical Therapy
 Karabecus, Thomas
 12/02/08

No. 0464 P. 7/7

Confidence-Baseline

Instructions: Please circle the level of confidence you have for doing each activity today.	Fully confident in my ability to perform	Very confident	Moderate confidence	Some confidence	Not confident in my ability to perform	Not applicable
1. Lying flat	1	2	3	4	5	9
2. Rolling over	1	2	3	4	5	9
3. Moving-lying to sitting	1	2	3	4	5	9
4. Sitting	1	2	3	4	5	9
5. Squatting	1	2	3	4	5	9
6. Bending/scooping	1	2	3	4	5	9
7. Balancing	1	2	3	4	5	9
8. Kneeling	1	2	3	4	5	9
9. Walking-short distance	1	2	3	4	5	9
10. Walking-long distance	1	2	3	4	5	9
11. Walking-outdoors	1	2	3	4	5	9
12. Climbing stairs	1	2	3	4	5	9
13. Hopping	1	2	3	4	5	9
14. Jumping	1	2	3	4	5	9
15. Running	1	2	3	4	5	9
16. Pushing	1	2	3	4	5	9
17. Pulling	1	2	3	4	5	9
18. Reaching	1	2	3	4	5	9
19. Grasping	1	2	3	4	5	9
20. Lifting	1	2	3	4	5	9
21. Carrying	1	2	3	4	5	9

22. Thinking about all the activities you like to do, please mark an "X" at the point on the line that best describes your overall level of confidence in performing these activities today.



© 2005, 2008 American Physical Therapy Association. All rights reserved. No part of this instrument may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, or otherwise without prior permission of the American Physical Therapy Association. Contact permissions@apta.org or visit www.apta.org/publications.

Adapted/revised in July 2005 and August 2008 with permission of APTA from Guccione AA, Mielahn TJ, De Velis RF, et al. Development and testing of a self-report instrument to measure actions: Outpatient Physical Therapy Improvement in Movement Assessment Log (OPTIMAL). *Phys Ther*. 2005;85:515-530.



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 #: 013-610238058
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: Not Specified

Visit Date: Dec 01, 2008
FSC: Workers Compensation
Payor: WC OF SC
Pol/Claim#: 385528253
Insured: Care IQ
Employer: Trident Tech College
Case Mgr: Blake, Tiffany
Visits: 1
Cd/Ns: 0

Corvel Capture 1/27/2009

Initial Evaluation

Diagnosis Left Shoulder 71941 JOINT PAIN-SHLDER

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:

- Occupation: Instructor for Trident Tech, various industrial programs. Occupational requirements: sit/stand, climbing towers/trains, stairs, lift up to 50-60#, OH work, push/pull up to 100#.

ADL / Functional Status: ADL's Activities:

- Lifting: light wt below shld ht
- Sleeping: diff positioning L UE

ADL / Functional Status:

- Current status:
 - Work status: Full time / Full duty. (avoiding lifting/push/pull). Basic care: Modified Independence: Moderate symptoms.
- Premorbid status:
 - Work status: Full time / Full duty. Basic care: Independent, dx of MS x10yrs with some associated weakness/balance deficits, states he occ uses cane for amb. Denies previous pain/difficulty related to L shoulder/UE.

Chief Complaint: Pain:

- Current Severity: 5/10. Severity at Worst: 9/10. Severity at Best: 5/10.

Extremity Dominance:

- Right. (sometimes ambidexterous).

Mechanism of Injury:

- 10/31/08: Pt was carrying equipment (straps B across chest with equipment in each hand) and fell down 6-8 stairs at work, unsure of specifics or if he landed on L side or not.

Medical History:

- Past/Present Conditions: MS x10yrs (reports associated numbness B hands, decr balance, weakness/flexibility R>L), HTN controlled, hernia repair 1998.

Medical Management:

- Diagnostic Studies: X-rays neg per pt, scheduled for MRI today.

Rehabilitation Expectations/Goals:

- Normalize: Loss of Function.

Objective Examination

Functional Tests: Occupational Tests: Maximal Lifting / Materials Handling:

- Knuckle to Shoulder: Left Side 0 Pounds
- Push: Bilateral (unable 2" L) 0 Pounds

Muscle Testing: Upper Extremity MMT:

- | | Left | Right |
|---------------------------------------|------|-------|
| • Shoulder Flexion (L pain) | 5/5 | 5/5 |
| • Shoulder Extension (L pain) | -3/5 | 5/5 |
| • Shoulder External Rotation (L pain) | +2/5 | 5/5 |
| • Shoulder Internal Rotation (L pain) | 5/5 | 5/5 |
| • Elbow Extension (L pain) | 5/5 | 5/5 |

Palpation:

- tenderness to palp L AC jt, supra/infraspinatus, subscap, teres minor tendons, bicep long head & mm belly, ant/mid delt.

Document ID: 1A7001D7.001
Laura D. Pruette, PT,PT(SC Lic 3511)

Status: Signed off (secure electronic signature)

Page 1 of 4



Patient: Thomas Karabees
Acct #: 013-610238068

Visit Date: Dec 01, 2008

Range of Motion:	Left AROM	Left PROM	Right AROM
• Flexion (L pain)	129	178	165
• Abduction (L pain)	129	178	165
• External Rotation - 0 deg (L pain)	20	75	56
• Internal Rotation - 0 deg (L pain)	20	75	56
Special Tests: Muscle/Tendon:	Left	Right	
• Empty Can	Negative	Negative	
• Hawkins Kennedy Impingement	Aggravates Symptoms	Negative	
• Neer Impingement	Aggravates Symptoms	Negative	
• Speed's Tests	Negative	Negative	

Treatments

Exercise Activities: Range of Motion:

• T-Bar Flexion
Time Elapsed: 4 Minutes, Repetitions: 10, Hold.: 2-3 Seconds, Additional Detail: and ER, Charge As: Therapeutic Exercise

Exercise Activities: Tubing/Bands:

• Rows
Time Elapsed: 4 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: Red, Resistance: Concentric/Eccentric, Charge As: Therapeutic Activities

Exercise Activities: Flexibility:

• Capsular Stretch - Posterior
Time Elapsed: 3 Minutes, Repetitions: 2, Hold.: 30 Seconds, Charge As: Therapeutic Exercise

Manual Interventions: Range of Motion:

• Manual ROM
Time Elapsed: 10 Minutes, Additional Detail: with static stretch, Description: PROM all planes, Charge As: Manual therapy

Modalities:

• US/HVPGS Combo (for decr pain/inflam, incr tissue extensibility)
Time Elapsed: 10 Minutes, Location: ant/mid delt/proximal bicep, Watts/cm2: 1.3, Clinical Use: Pre Activity, Charge As: E-Stim, Manual

Pt./Family Education:

• Patient Education
Time Elapsed: 10 Minutes, Additional Detail: Involved anatomy/pathology, sleeping positioning, Description: IEP, Use of top activity/lifting instructions, Charge As: Self-Care, Home Mgt, Training

Therapy Session Time

• Therapy Session Start Time: 10:00 AM
• Therapy Session Stop Time: 11:10 AM
• Total Therapy Session Time: 70 Minutes

Documented Procedural Code Summary:

Description	Code	Units	Minutes
• Manual Therapy Techniques	97140	1	10
• Physical Therapy Evaluation	97001	1	10



Patient: Thomas Karabeas
Acct #: 013-610238068

Visit Date: Dec 01, 2008

• Self Care/Home Management Training	97535	1	8
• Therapeutic Procedure	97110	1	13

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.

Impairments Identified:

- ADL Function. Flexibility. Functional Activities. Joint Integrity/Mobility. Motor Function. Muscle Performance. Pain. Range of Motion. Soft Tissue Mobility. Weakness. Work Capacity.

Presentation:

- Symptoms consistent with referring diagnosis. L shoulder pain secondary to possible strain of RTC with biceps, deltoid, triceps involvement. Pending results of MRI for RTC integrity; objective testing in IE appears negative for complete tear. All PROM empty end feels.

Recommendations: Skilled Intervention: Required To:

- Decrease Pain. Improve Function. Increase Range of Motion. Increase Strength. Return to Premorbid State. Return to full work duty with minimized pain/difficulty.

Problems & Goals

Problem #1 Range of Motion.

LTG Achieve by Dec 22, 2008, for dressing, reaching at work

Range of Motion Improvements to: Shoulder:

Left AROM

• Flexion	155
• Extension	55
• External Rotation - 0 deg	55
• Internal Rotation	55

Problem #2 Muscle Testing: Upper Extremity MMT.

LTG Achieve by Dec 22, 2008.

Client Education:

- Independent Home Exercise/Self Care Program.

LTG Achieve by Dec 22, 2008, for UE use for driving, push/pull/lift at work

Musculoskeletal Improvements In: Upper

Left

Extremity Strength to:

• Shoulder Adduction	5/5
• Shoulder Extension	5/5
• Shoulder Flexion	5/5
• Shoulder External Rotation	5/5
• Shoulder Internal Rotation	5/5

Problem #3 Functional Tests: Occupational Tests: Maximal Lifting / Materials Handling.

LTG Achieve by Dec 22, 2008, for lift, push/pull for work duties

Functional Improvements In: Maximal Lift / Material Handling:

• Floor to Knuckle Bilateral	10 Pounds
• Knuckle to Shoulder: Left Side	10 Pounds
• Shoulder to Overhead: Left	50 Pounds
• Push: Bilateral	50 Pounds
• Pull: Bilateral	50 Pounds

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 3 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



Patient: Thomas Karabees
Acct #: 013-610238068

Visit Date: Dec 01, 2008

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.

• Resistive Activities:

• Isokinetic. Isometric. Isotonic. Machines/Free Weights. Tubing/Bands.

• Modalities:

• Cryotherapy. Interferential Stimulation. Moist Hot Pack. TENS Placement/Application. Ultrasound, US/HVPGS Combo. T.E.N. Stimulation.

L-D Pruett

Laura D. Pruett, 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 Karabeas
Acct #: 013-610238068
DOB: Oct 13, 1948
Clinician: Laura D. Pruette, PT
Prim Phys: Seth P. Kupferman
Phy Phone: (843) 572-2663
Phy Fax: (843) 569-3367
Sec Phy: Not Specified
Inj. Date: 10/31/2008
Surg. Date: Not Specified

Visit Date: Dec 01, 2008
FSC: Workers Compensation
Payor: WC OF SC
Pol/Claim#: 385528253
Insured: Care IQ
Employer: Trident Tech College
Case Mgr: Blake, Tiffany
Visits: 1
Cd/Ns: 0

Plan of Care

Diagnosis Left Shoulder 71941 JOINT PAIN-SHLDER

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: Full time / Full duty.

Chief Complaint:

- Pain: Severity at Best: 5/10.

Rehabilitation Expectations/Goals:

- Normalize: Loss of Function.

ADL / Functional Status:

- Occupation: Instructor for Trident Tech, various industrial programs. Current status: Work status: Full time / Full duty. (avoiding lifting/push/pull).

Chief Complaint: Pain:

- Current Severity: 5/10. Severity at Worst: 9/10.

Mechanism of Injury:

- 10/31/08: Pt was carrying equipment (straps B across chest with equipment in each hand) and fell down 6-8 stairs at work, unsure of specifics or if he landed on L side or not.

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.

Impairments Identified:

- ADL Function. Flexibility. Functional Activities. Joint Integrity/Mobility. Motor Function. Muscle Performance. Pain. Range of Motion. Soft Tissue Mobility. Weakness. Work Capacity.

Presentation:

- Symptoms consistent with referring diagnosis. L shoulder pain secondary to possible strain of RTC with biceps, deltoid, triceps involvement. Pending results of MRI for RTC integrity; objective testing in IE appears negative for complete tear. All PROM empty end feels.

Recommendations: Skilled Intervention: Required To:

- Decrease Pain. Improve Function. Increase Range of Motion. Increase Strength. Return to Premorbid State. Return to full work duty with minimized pain/difficulty.

Problems & Goals

Problem #1 Range of Motion.

	Left AROM	Left PROM	Right AROM
• Flexion (L pain)	129	185	165
• Extension (L pain)	42		88
• External Rotation - 0 deg (L pain)	20		36
• Flexion (L pain)	129	178	165
• Internal Rotation - 0 deg (L pain)	50		

LTG Achieve by Dec 22, 2008, for dressing, reaching at work

Range of Motion Improvements to: Shoulder:

	Left AROM
• Extension	70
• Flexion	155
• Abduction	125
• External Rotation - 0 deg	55
• Internal Rotation - 0 deg	55



Patient: Thomas Karabeos
Acct #: 013-610238068

Visit Date: Dec 01, 2008

Problem #2 Muscle Testing: Upper Extremity MMT.

	Left	Right
• Elbow Flexion(L pain)	5/5	5/5
• Shoulder Abduction(L pain)	5/5	5/5
• Shoulder Extension(L pain)	-3/5	5/5
• Shoulder External Rotation(L pain)	5/5	5/5
• Shoulder Flexion(L pain)	-3/5	5/5
• Shoulder Internal Rotation(L pain)	5/5	5/5

LTG Achieve by Dec 22, 2008.

Client Education:

- Independent Home Exercise/Self Care Program.

LTG Achieve by Dec 22, 2008. for UE use for driving, push/pull/lift at work

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

Problem #3 Functional Tests: Occupational Tests: Maximal Lifting / Materials Handling.

• Elbow to Knuckle: Bilateral(Unable to lift)	0 Pounds
• Push: Bilateral(Unable 2* L)	0 Pounds
• Shoulder Extension(Unable to fully reach)	0 Pounds
• Shoulder Flexion(Unable to fully reach)	0 Pounds

LTG Achieve by Dec 22, 2008. for lift, push/pull for work duties

Functional Improvements In: Maximal Lift / Material Handling:

• Elbow to Knuckle: Bilateral	10 Pounds
• Knuckle to Shoulder: Left Side	10 Pounds
• Shoulder Extension(Unable to fully reach)	10 Pounds
• Push: Bilateral	50 Pounds
• Pull: Bilateral	50 Pounds

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 3 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, 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, TENS Placement/Application, Ultrasound, US/HVPGS Combo, T.E.N. Stimulation.



Patient: Thomas Karabees
Acct #: 013-610238068

Visit Date: Dec 01, 2008

Corvel Capture 1/27/2009

4

L.D. Pruett

Laura D. Pruett, 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

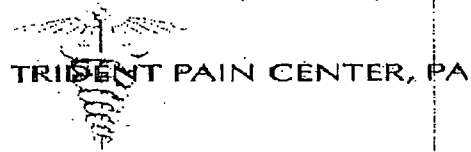
Physician Signature

Date

Document ID: 1A7001D7.002
Laura D. Pruett, PT, PT(SC Lic 5511)

Status: Signed off (secure electronic signature)

Page 3 of 3



Patient: KARABEES, THOMAS W
DOB: 10/13/1948 Age: 61 Y Sex: Male
PCP: JOHN W CAMPBELL, MD

Provider: J. Edward Nolan, MD
Date: 05/19/2010

Reason for Appointment

1. Neck pain
2. Shoulder pain
3. Low back pain
4. Leg pain
5. Buttocks pain
6. Foot pain

History of Present IllnessDescription of pain:

Location: neck, shoulders, lower back, buttocks, foot pain, legs to the knees. Onset of pain: fell down stairs, work injury. Date of injury: October 31, 2008. Nature: tingling, shooting, cramping. Severity: 6/10 overall. Timing: constant. Helping factors: physical therapy, position change. Aggravating factors: bending, lifting, turning head.

Driver:

Present in office: no.

Anticoagulants:

None: Patient denies anticoagulant use.

Current Medications

Zanaflex
Simcor
Benicar
Nexlun
aspirin

Past Medical History

Multiple Sclerosis

Surgical History

Shoulder surgery
Hernia

Family History

Father: alive
Mother: deceased

Social History

Education: Post-Graduate.

Patient: KARABEES, THOMAS W
DOB: 10/13/1948

Patient: Provider: J. Edward Nolan, MD
Date: 05/19/2010

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

<http://192.168.1.12:8080/mobiledoc/jsp/catalog/xml/printChartOptions.jsp?encounterID=...> 10/20/2010

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 fatigues, 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 leg weakness, arm weakness, tingling, numbness.

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, Ht 5'7", BP Initial 127/84, HR Initial 98, Temp Initial 97.3, PO2 Initial 95, 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. Motor Function: Coordination is normal. 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, decreased ROM, pain radiating into left shoulder.

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. Radiculopathy: moderate lumbar radiculitis pain with ROM in the left L5/S1 S1 nerve distribution to the knee, intermittent on right side.

Patient: KARABEES, THOMAS W
 DOB: 10/13/1948

Patient: Provider: J. Edward Nolan, MD
 Date: 05/19/2010

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

<http://192.168.1.12:8080/mobiledoc/jsp/catalog/xml/printChartOptions.jsp?encounterID=...> 10/20/2010

Assessments

1. LUMBAR DISC DISPLACEMENT - 722.10
2. LUMBAR FACET ARTHROPATHY - 721.3
3. MUSCLE SPASMS - 728.85
4. CERVICAL FACET ARTHROPATHY - 721.1
5. SHOULDER PAIN - 719.41

Treatment

1. LUMBAR DISC DISPLACEMENT

Patient returns today for follow-up evaluation. He reports that he received significant relief from the previous lumbar injection however work comp would not authorize further treatment through our office. Patient would benefit from a series of cervical injections as well as continued injection therapy for the lumbar region. He needs a lumbar back brace as well as a TENS unit for home use. Patient is currently in physical therapy at Select PT but is paying for it out of pocket. Patient is at maximum medical improvement for the lumbar spine but will require further treatment including injection therapy. He is not at maximum medical improvement for the cervical spine as he has not been authorized to receive treatment for this area.

Follow Up

No follow-up planned



Electronically signed by JOSEPH NOLAN on 10/20/2010 at 04:23 PM EDT

Sign off status: Pending

Patient: KARABEES, THOMAS W
DOB: 10/13/1948

Patient: Provider: J. Edward Nolan, MD.
Date: 05/19/2010

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

State of South Carolina
Before the
South Carolina Workers' Compensation Commission
WCC File No.: 0822094

Thomas W. Karabees,)
Claimant,)
vs.) HEARING
State Board for Tech &)
Comp Ed,) January 5, 2011
Employer,)
and)
State Accident Fund,)
Carrier, Defendants.)

Hearing reported by Deborah S. Thomas,
Certified Verbatim Reporter and Notary Public in and
for the State of South Carolina; said hearing held
before Commissioner T. Scott Beck, and in accordance
with the South Carolina Workers' Compensation Laws,
at the South Carolina Workers' Compensation
Commission, 2500 City Hall Lane, North Charleston,
South Carolina, on January 5, 2011, at the hour of
10:48 a.m.

ABACTIS REPORTING SERVICES
2117 PINE LAKE DRIVE
WEST COLUMBIA, SOUTH CAROLINA 29169
(803) 206-7390

ABACTIS REPORTING SERVICES

Appearances

Representing the Claimant:

THOMAS M. WHITE, ESQUIRE
Steinberg Law Firm, LLP
P.O. Box 1028
Goose Creek, South Carolina 29445

Representing the Defendants:

MARGARET MARY URBANIC, ESQUIRE
Clawson & Staubes, LLC
126 Seven Farms Drive
Suite 200
Charleston, South Carolina 29492

ABACTIS REPORTING SERVICES

CONTENTS

Page

Exhibit Index	3
THOMAS KARABEES	
Direct Examination by Mr. White	7
Cross Examination by Ms. Urbanic	31
ReDirect Examination by Mr. White	38
Certificate of Reporter	42
Word Index	

EXHIBIT INDEX
Marked at Page

Exhibits:
(None were proffered.)

ABACTIS REPORTING SERVICES

Karabees vs. State Board

This hearing is conducted in
accordance with the South Carolina Workers'
Compensation Commission Laws.

COMMISSIONER BECK: Today's date is
January 5, 2011. This is Workers' Compensation File
Number 0822094. The Claimant is Thomas W. Karabees
represented today by Attorney Tom White. The
Employer is the State Board for Tech and Comp
Education. The Carrier is State Accident Fund, both
represented today by Attorney Margaret Urbanic.

The date of accident is October 31st,
2008. The average weekly wage in this matter is
\$1,225.64. The compensation rate is \$661.29.

We are here today on Claimant's Form 50.
I received A.P.A.s from both the Claimant and the
Defendant in this matter. Are there any objections
to A.P.A.s, jurisdiction, venue or any other matter,
Mr. White?

MR. WHITE: None, Your Honor.

COMMISSIONER BECK: Ms. Urbanic?

MS. URBANIC: No, sir.

COMMISSIONER BECK: All right.
Without objection the Commission file becomes a part
of the record with the exception of self-serving
declarations and unstipulated medical reports.

ABACTIS REPORTING SERVICES

Karabees vs. State Board

1 During a prehearing conference in this
2 matter the respective positions of both parties was
3 discussed. It is my understanding as a result of
4 that prehearing conference that we are here today
5 for one purpose only and that is to determine Mr.
6 Karabees' entitlement to temporary total disability
7 benefits from April 11, 2009, to the present and
8 continuing.

9 The Claimant asserts that he is out of
10 work from April 11, 2009, to the present as a result
11 of admitted work injuries. The Defendants, on the
12 other hand, are denying his entitlement to temporary
13 total disability benefits asserting that the
14 Claimant is out of work due to preexisting multiple
15 sclerosis.

16 Mr. White, anything in addition that I
17 need to get on the record from the Claimant's
18 standpoint?

19 MR. WHITE: Your Honor, only one
20 thing. Your Honor, if you were to find that the
21 evidence doesn't support a finding as of April the
22 11th, 2009, our alternative date, Your Honor, would
23 be November 3rd, 2009, to start benefits. And that
24 would be based upon Dr. Nolan's report on Page 81.
25 And that is where he was initially evaluated the

ABACTIS REPORTING SERVICES

Karabees vs. State Board

1 first time he saw Nolan who is an authorized
2 treating physician. And from that point forward he
3 says he was not capable of working due to orthopedic
4 injuries.

5 COMMISSIONER BECK: All right.

6 MR. WHITE: We take the position
7 prior to that, Your Honor, it was due to not
8 providing treatment to all the affected body parts,
9 but the medicals totally support from that day
10 forward.

11 COMMISSIONER BECK: All right. Ms.
12 Urbanic, anything further?

13 MS. URBANIC: No, sir.

14 COMMISSIONER BECK: All right.
15 Mr. White, you may call your first witness, sir.

16 MR. WHITE: Your Honor, I would call
17 Mr. Karabees.

18 COMMISSIONER BECK: All right. Mr.
19 Karabees, we are going to have you come up here and
20 have a seat in this chair right here, please. Would
21 you raise your right hand, please. Raise your right
22 hand, please. Do you swear or affirm the testimony
23 you are about to give today is the truth, the whole
24 truth, and nothing but the truth, sir?

25 MR. KARABEES: Yes, sir.

ABACTIS REPORTING SERVICES

Karabees vs. State Board

1 COMMISSIONER BECK: All right.
2 Please state your full name for the record.

3 MR. KARABEES: Thomas William
4 Karabees, Junior.

5 COMMISSIONER BECK: All right.
6 Mr. White?

7 MR. WHITE: Thank you, Your Honor.
8 And, Your Honor, with your permission I'll stand
9 over here --

10 COMMISSIONER BECK: Yes, sir.

11 MR. WHITE: -- so he can speak up and
12 look your way. And I'll lead him through a lot of
13 this.

14 WHEREUPON:

15 THOMAS KARABEES, being duly sworn and
16 cautioned to speak the truth, the whole truth and
17 nothing but the truth, testifies as follows:

18 DIRECT EXAMINATION

19 BY MR. WHITE:

20 Q. Tom, you are 62 years old?

21 A. Yes, sir.

22 Q. Born October 13th, 1948?

23 A. Yes, sir.

24 Q. I think you've been married 32 years,
25 three kids, several grandchildren?

ABACTIS REPORTING SERVICES

Karabees vs. State Board

1 A. Yes, sir.

2 Q. And what year did you graduate from high
3 school?

4 A. '66.

5 Q. And what year did you graduate from
6 college?

7 A. '71.

8 Q. What college and what was your major?

9 A. Okay. My undergraduate was from Northern
10 Michigan University. And my major was mathematics.
11 My graduate degrees, Pepperdine University. And
12 that would be -- I'm trying to think of the dates.
13 That would be late '70s. I can't give the exact
14 date.

15 And then I graduated from the University
16 of Evansville in -- oh, that was in Administration,
17 I'm sorry. Pepperdine was Administration. And then
18 I graduated from the University of Evansville,
19 Indiana. And my degree -- my Masters Degree was in
20 Computer Systems Engineering.

21 Q. And just to go back just a bit.

22 Pepperdine University, you were sent there by the
23 Marine Corps?

24 A. Yes, sir.

25 Q. And you have a Masters in Administration?

ABACTIS REPORTING SERVICES

Karabees vs. State Board

- 1 A. Yes, sir.
 2 Q. And you were sent to the University of
 3 Evansville by Trident Technical College. And you
 4 have a Masters in Computer Systems Engineering?
 5 A. Yes, sir.
 6 Q. Is that correct? Okay. So tell us, after
 7 college did you join the Marines?
 8 A. Actually I was -- joined the Marines after
 9 my senior year in college.
 10 Q. And you were in the Marines for how long?
 11 A. Almost 10 years. Eight years.
 12 Q. And saw service overseas, Vietnam?
 13 A. Yes, sir.
 14 Q. I think you were in charge of nuclear
 15 security in the Philippines and you worked as a
 16 combat engineer?
 17 A. Yes, sir.
 18 Q. And got out as a lieutenant?
 19 A. Yes, sir.
 20 Q. No service-related disability?
 21 A. No service-related disabilities.
 22 Q. And after the Marines you went to work at
 23 Trident Technical College?
 24 A. Yes, sir.
 25 Q. And you've been there since 1978?

ABACTIS REPORTING SERVICES

Karabees vs. State Board

- 1 A. Yes, sir.
 2 Q. And you worked there until April the 11th,
 3 2009?
 4 A. Yes, sir.
 5 Q. So 31 years at Trident Technical College?
 6 A. Yes, sir.
 7 Q. Approximately. And tell us, you were
 8 teaching there?
 9 A. I was teaching at Tech my first year or so
 10 while I was still in the Marine Corps. The Marine
 11 Corps worked it out that I could work over at Tech.
 12 And then I moved to full-time faculty until I left
 13 Tech.
 14 Q. And take us through, I mean, your job.
 15 What were you teaching at Tech?
 16 A. When I first came to Tech full-time I was
 17 teaching mathematics and physics. And then I was
 18 promoted to the head of the Department of Math and
 19 Science at that time.
 20 And then after being there for a few years
 21 I opted to go to Con Ed which is Continuing
 22 Education Industrial Programs. So I had an
 23 opportunity to work in industries throughout, well,
 24 basically the whole state and sometimes out of
 25 state.

ABACTIS REPORTING SERVICES

Karabees vs. State Board

- 1 Q. And you were doing an apprenticeship
 2 programs in industries for students?
 3 A. Apprenticeship programs in electrical,
 4 mechanical, chemical technology. Now, these are the
 5 most recent ones. And I ran and taught railroading,
 6 trains, because people now have to be certified to
 7 operate even yard tugs, small trains in the yard
 8 like in a shipyard or some of these plants. Also I
 9 was teaching safety since I am a 1910501 certified
 10 instructor and safety inspector.
 11 Q. And if we come forward to 2008 when you
 12 were injured, you were actually working offsite at
 13 that plant which is the DuPont plant here?
 14 A. Yes, sir.
 15 Q. And also working at Robert Bosch?
 16 A. Robert Bosch. I had worked in most of the
 17 industries in the tri-county area, the larger
 18 industries.
 19 Q. Okay. Tell me just right before
 20 October 31st of 2008 the jobs you were doing. I
 21 realize there is not a real job description for what
 22 you did, but physically what did your job involve?
 23 What did you have to do?
 24 A. Depending upon which apprentice program I
 25 was working with, the electrical I was running --

ABACTIS REPORTING SERVICES

Karabees vs. State Board

- 1 teaching them how to run controllers, P.L.C., if you
 2 are familiar with P.L.C.s. Running cables, running
 3 production lines at plants. For the most part it's
 4 an electrically-based plant. We do have steam
 5 there.
 6 And one of the apprentice programs I did
 7 have out there was the production -- utilities
 8 production. I teach them how to hook up steam
 9 lines, run steam lines, run boilers.
 10 On the electrical side I would teach them
 11 how to put in, extract, troubleshoot motors,
 12 electric motors. And then there were the mechanical
 13 folks. I was teaching them everything to do with
 14 conveyer belts, motors that I would use. Hydraulic
 15 schematic systems.
 16 And then, of course, there was the
 17 chemical folks. And because that is a chemical
 18 plant. And I was running -- teaching them how to
 19 run the process over there.
 20 Then in addition to all of that -- I mean,
 21 this is a full-time job over there. I was -- I
 22 helped them run the railroad, certifying the
 23 operator on the trains they had out there. I
 24 actually run the engines, hook up cars. And all of
 25 that dealt with -- and climb under cars to hook them

ABACTIS REPORTING SERVICES

1 up, the couplings and that stuff. Climbing up at
2 the top and showing them how to load the tanks, the
3 cars out there.

4 Q. Can you tell me how much climbing were you
5 having to do and what type of lifting did you have
6 to do?

7 A. Well, over on the chemical side I would go
8 up -- I would have to literally climb upstairs about
9 six stories at times. In fact, when we built that
10 tower I could look down and see them building the
11 new Cooper River bridge we were so high up there.
12 It was nice to be able to watch the construction
13 while everybody else talked about it, but we did
14 that.

15 Over at the T.P.C. is where they mix some
16 of the polymer material. And we were -- and
17 storage. Climb there. That is about four
18 stories -- stairs. Stairs. There is no elevators.
19 That was built before elevators were needed.

20 Then my normal day-to-day operations with
21 the other apprentice programs, maybe four floors,
22 five floors having to go up the stairs. Sometimes
23 having to carry motors. Normally we -- they do have
24 an elevator in that building, in the production
25 building, but those are not to be used for

ABACTIS REPORTING SERVICES

1 personnel. It's for moving equipment. So normally
2 in the production building I was able to go up and
3 down in elevators to carry heavy, heavy equipment.
4 And then transport it, you know, push it or pull it
5 or lift it to the particular sites.

6 Q. How about climbing on trains? Would you
7 have to climb trains?

8 A. Had to climb trains in -- not only to the
9 engine, prime mover, but also to the individual
10 hopper cars. The cars of the train. Had to climb
11 up the side of those up to the top because that is
12 where you fill the hoppers. So we would have to
13 climb up and down there. I would do that maybe two,
14 three days a week, 24 hours a day.

15 I'm like a lot of college folks. I don't
16 work just the daytime. We work second shift, third
17 shift at these different plants. And I would be
18 there on weekends. So my normal workday, and they
19 can check this at H.R. if they want to, my normal
20 workday was 10 hours a day. And it was probably
21 five to six days a week.

22 Q. You said that you had to lift motors and
23 stuff. What type of weight would you lift by
24 yourself, up to how many pounds?

25 A. Probably 50 or 60 pounds was normal. If I

ABACTIS REPORTING SERVICES

1 got -- if I couldn't lift it, I would get somebody
2 else to help me move it to a carrier. And then we
3 would move it out. Sometimes the carts could not
4 move up to a particular area, so we would have to
5 move it sometimes several feet and then lift it up,
6 but we tried as much as possible to use mechanical
7 advantages, blocks, pulleys, took those steps for
8 the heavier type engines. Some of those motors are
9 close to 30 horsepower. So you are talking several
10 hundred pounds we are having to lift, not manually
11 lift them, but with pulleys and come-alongs.

12 Q. Prior to October 31st, 2008, had you ever
13 had a Workers' Compensation case before?

14 A. No, I did not.

15 Q. Have you ever been involved in any sort of
16 personal injury litigation, got hurt in a car wreck
17 and made a claim?

18 A. Never.

19 Q. Had you had any previous injuries to your
20 neck or your low back or your left shoulder prior to
21 October 31st, 2008?

22 A. No, sir.

23 Q. And in doing the job that you just
24 described prior to October 31st, 2008, could you do
25 that job without any restrictions or limitations

ABACTIS REPORTING SERVICES

1 even though you had been previously diagnosed with
2 multiple sclerosis?

3 A. I could do that up to the day I -- well,
4 until the day I left Tech other than the time that I
5 had surgery. And I say do that. I could have. I
6 didn't because I was no longer out at DAC. I was at
7 DuPont. And I was still having to lift a little
8 bit, but I had students do most of the lifting and
9 toting. I would stand up there and lecture.

10 Q. You also -- outside activities. Did you
11 have any other activities you were involved in that
12 required physical activities before this injury?

13 A. Yes, sir. I was a Boy Scout leader, Troop
14 777, Goose Creek, South Carolina. We went camping
15 every month, the third weekend of the month. And
16 that meant sometimes walking or, of course, always
17 sleeping on the ground. We did things like hiked
18 North Carolina, South Carolina, and Georgia on the
19 Appalachian Trail. I took the kids out on stuff
20 like that. So I was active -- physically active
21 until that injury with the Scouts. I've had to step
22 down. I don't want to put the kids in harm's way if
23 I can't do something.

24 Q. Now, at the time of this injury,
25 October 31st, 2008, up until that day did you miss

ABACTIS REPORTING SERVICES

Karabees vs. State Board

- 1 any days from work due to multiple sclerosis?
- 2 A. No.
- 3 Q. You were under the care of Dr. Lucas and
- 4 had been seeing him, I believe, since 2001, I
- 5 believe; is that correct?
- 6 A. Yes, sir.
- 7 Q. And if I look at specifically, Tom, at
- 8 some notes, it looks like you were seeing Dr. Lucas
- 9 about every six months.
- 10 MR. WHITE: And specifically, Your
- 11 Honor, I'm looking at Page 30 of our A.P.A. which is
- 12 a note March of 2008.
- 13 BY MR. WHITE:
- 14 Q. And it says here that, Tom, that you had
- 15 some falls and difficulties at work. And that was
- 16 March of '08. And then it kind of goes through an
- 17 entire exam. Tell us what that was about. What was
- 18 he talking about in that note?
- 19 A. Okay. It's the fall. Whenever you are
- 20 climbing up and down ladders and anything else, it
- 21 wasn't like falling, falling down. It was more like
- 22 kind of stumbling sometimes when you are carrying
- 23 things. That was -- that was about it right there.
- 24 There was no actual fall where you fell any
- 25 distance. Sometimes you have to put your hand out

ABACTIS REPORTING SERVICES

Karabees vs. State Board

- 1 on a wall or on a rail to hold up.
- 2 With climbing up and down the stairs out
- 3 there, like over in the Admin Building and other
- 4 places, a lot of places have no elevator because
- 5 they were built before OSHA and, of course, the
- 6 A.D.A. regulations later on, dictated that they had
- 7 to have elevators and that type of stuff. So it was
- 8 kind of -- sometimes you would go up -- you walk up
- 9 about four flights of stairs you get a little --
- 10 you've got to take a break.
- 11 Q. Now, it looks like you went back to see
- 12 Dr. Lucas about six months later, which would be
- 13 your normal visit.
- 14 MR. WHITE: And that is on Page 29 of
- 15 the A.P.A.s, Your Honor.
- 16 BY MR. WHITE:
- 17 Q. This would be the last visit before your
- 18 injury; is that correct?
- 19 A. Yes.
- 20 Q. It says here that you are doing fairly
- 21 well. That your right leg may be faintly weaker
- 22 than it has been in the past, but he still doesn't
- 23 take you out of work or put you under any specific
- 24 restrictions; is that correct?
- 25 A. Correct.

ABACTIS REPORTING SERVICES

Karabees vs. State Board

- 1 Q. And that was the last time you were seen
- 2 before you were injured?
- 3 A. Right. I see Dr. Lucas every six months
- 4 so he can fill the script or give me a new script
- 5 for the Avonex.
- 6 Q. Now, tell us just briefly what happened on
- 7 October 31st, 2008.
- 8 A. Okay. The building -- the Admin Building,
- 9 as I said, does not have an elevator because it was
- 10 built before Federal law. And since they haven't
- 11 renovated the place, they don't have to put one in
- 12 until then. About 0700 in the morning, 7:00 o'clock
- 13 in the morning, I received a call. I was usually
- 14 there about 6:00 in the morning, 6:30. And I
- 15 received a call that my class that I was going to
- 16 teach on -- well, not class. It wasn't a particular
- 17 class. Oh, it was toxic materials, carrying and
- 18 operating around toxic materials.
- 19 And they gave me a call, the supervisor on
- 20 that shift gave me a call and asked me to come over
- 21 to the Manufacturing Building from the Admin
- 22 Building. I already had class, everything all set
- 23 up for the class which was supposed to start at
- 24 7:00. I get a call. I said, okay. I'll be over.
- 25 I grabbed the laptop and the projector,

ABACTIS REPORTING SERVICES

Karabees vs. State Board

- 1 put them in their cases. Stretched them across.
- 2 There is a rule over there that you must have at
- 3 least one hand on the handrail if you are doing
- 4 stairs. That goes back from the old DuPont days.
- 5 And so I took off from the second level
- 6 where I was, second floor, and going down the
- 7 stairs. Now, those stairs have been carpeted for
- 8 probably 20 -- over 25 years, the same carpeting.
- 9 It was frayed. The carpeting was frayed. And I
- 10 assume, and I know that is not a good term to use,
- 11 but, you know, you don't think about it.
- 12 I caught my -- because we have to wear
- 13 safety shoes. I caught my safety shoes on some of
- 14 the threads that are coming across because it's worn
- 15 on the stairway. And went over. And I fell down
- 16 about a flight, flight and a half down the stairs
- 17 and hit a wall. But I did not break the equipment.
- 18 I did not break the equipment, just myself.
- 19 Q. Now, as far as the medical care, and I
- 20 think Commissioner Beck has your medical records and
- 21 we won't go through all of those specifically, but
- 22 you saw Dr. Cupperman initially. And I think
- 23 shortly after the injury had to have shoulder
- 24 surgery to your left shoulder; is that correct?
- 25 A. Yes, sir.

ABACTIS REPORTING SERVICES

Karabees vs. State Board

- 1 Q. That was in January 20th, 2009?
- 2 A. Yes, sir.
- 3 Q. And then after that surgery Dr. Cupperman
- 4 sent you to Dr. Wilson who is in his own practice to
- 5 treat your neck and back problems?
- 6 A. Yes, sir.
- 7 Q. And you could only get treatment for your
- 8 low back because the neck and the mid-back were
- 9 denied; is that correct?
- 10 A. That's correct.
- 11 Q. And you were eventually referred to Dr.
- 12 Nolan who you've been seeing since November of 2009;
- 13 is that correct? I'm sorry. November -- yes.
- 14 A. '09?
- 15 Q. Yes. Since November -- November 2009, the
- 16 first visit; is that correct?
- 17 A. That sounds about right.
- 18 Q. And if you read through his records,
- 19 initially he could only treat your low back because
- 20 the other body parts were being denied?
- 21 A. Right.
- 22 Q. Now, did you work up until the time of
- 23 your surgery, which was January 20th of '09?
- 24 A. Yes.
- 25 Q. And how long were you out of work

ABACTIS REPORTING SERVICES

Karabees vs. State Board

- 1 pneumatics, drive trains over there. And I was
- 2 still having to climb -- go underneath benches, over
- 3 benches, lean up over -- to show the people what was
- 4 going on. So I got to a point where I could not
- 5 even do that, stand up over a bench for a period of
- 6 time without being in a great deal of pain.
- 7 Q. Now, you actually went back to see Dr.
- 8 Lucas I think on March 19th of 2009 which was before
- 9 you left work.
- 10 MR. WHITE: Your Honor, that is on
- 11 Page 27 of the A.P.A.s.
- 12 BY MR. WHITE:
- 13 Q. And in that visit it says that
- 14 neurologically you are doing fine. You've had no
- 15 multiple sclerosis attacks or flairs and no new
- 16 complaints, no difficulties related to your multiple
- 17 sclerosis. And then notes that you had fallen and
- 18 were seeing Dr. Wilson for your other injuries?
- 19 A. Correct.
- 20 Q. So at that point had there been any effect
- 21 at all from this fall on your multiple sclerosis?
- 22 A. I don't believe so, no.
- 23 Q. And did the decision to leave work on
- 24 April the 11th, 2009, have anything to do with your
- 25 multiple sclerosis or was that under the directions

ABACTIS REPORTING SERVICES

Karabees vs. State Board

- 1 following your surgery?
- 2 A. Well, I took off in November, December
- 3 from DAC because I just knew I could not do that
- 4 anymore, do all of that climbing. And so I was move
- 5 moved back over to Bosch. And I worked up to the
- 6 day of my surgery, actually the day before the
- 7 surgery. And then when Dr. Cupperman released me to
- 8 go back to full duty, I went back to Bosch and
- 9 worked over there until the 11th of April.
- 10 Q. And the time that you were out of work
- 11 following your shoulder surgery, you elected to take
- 12 sick leave and use your personal time, sick time --
- 13 A. That's correct. I just used my sick leave
- 14 because I had so much sick leave. I lost sick leave
- 15 when I left Tech. I probably only used about 30 or
- 16 40 days in, what, 31 years. I don't believe in
- 17 being sick.
- 18 Q. So tell me about as you went back to work
- 19 after your shoulder surgery, and you had recovered
- 20 from that, what led up to you leaving work on April
- 21 the 11th, 2009? And how did it relate to this
- 22 injury?
- 23 A. Well, even because I wasn't out at DAC and
- 24 having to do as much climbing and lifting of --
- 25 going over to Bosch I was teaching hydraulics,

ABACTIS REPORTING SERVICES

Karabees vs. State Board

- 1 of Dr. Lucas that you leave work then?
- 2 A. Actually I had planned on working until I
- 3 could not work any longer which was five or six more
- 4 years, but the reason I left on the 11th of April is
- 5 because I could not do the jobs that I was tasked to
- 6 do with industries being in the industrial program.
- 7 Q. And tell me about any discussions that you
- 8 may have had with people in Human Resources about
- 9 leaving April the 11th. And what was your reason
- 10 for leaving and how it related to your job injury?
- 11 A. When I went downstairs from Dr. Frohman's,
- 12 the president's office, I talked to her that day. I
- 13 went down to H.R. to talk about how I could retire
- 14 whenever. And at that time, since I had enough
- 15 years in service to leave, in fact I could have left
- 16 years before that, but I didn't. I kept working. I
- 17 hate not working. And I went down and I was briefed
- 18 that I was eligible for regular retirement and that
- 19 I could also do the Workman's Comp retirement or
- 20 Workman's Comp benefits.
- 21 MS. URBANIC: I'm going to object. I
- 22 mean, I don't think -- Workers' Comp retirement. I
- 23 mean, I don't know -- who is he talking to? It's
- 24 hearsay.
- 25 COMMISSIONER BECK: Could you clarify

ABACTIS REPORTING SERVICES

Karabees vs. State Board

- 1 who you were speaking to with regard to that?
- 2 THE WITNESS: Cindy, right? It's
- 3 Candy. I think it's Candy. It's Candy. And she
- 4 was saying that I could do my regular retirement or
- 5 I could take that -- because I was leaving. I was
- 6 telling her why I was leaving because I just
- 7 couldn't do my job any longer. And it was related
- 8 to the accident. And she said, well, you can go
- 9 Workman's Comp and file for them also. In fact,
- 10 there is a regulation that I would have to wait a
- 11 certain amount of time for the paperwork to go
- 12 through before I could receive any type of income
- 13 from that, but I knew I couldn't go back to work.
- 14 So that would mean I would have to wait for two,
- 15 three months for it to clear the system before I
- 16 could even start receiving any benefits. Can't live
- 17 like that, you know, with no income.
- 18 BY MR. WHITE:
- 19 Q. So you elected to go ahead and retire at
- 20 that time?
- 21 A. Yes, sir.
- 22 Q. You mentioned a Candy. Looking at
- 23 Defendant's prehearing brief, they list as a witness
- 24 a Candy Marlow. Is that who you were talking about?
- 25 A. Yes.

ABACTIS REPORTING SERVICES

Karabees vs. State Board

- 1 Q. Okay. And she's in Human Resources?
- 2 A. Yes, sir.
- 3 Q. At the time that you retired, I know we've
- 4 got the records of Dr. Wilson. You were still
- 5 seeing Dr. Wilson, but again the neck and the
- 6 mid-back were not being authorized --
- 7 A. Correct. They were not authorized by
- 8 Workman's Comp, yet.
- 9 Q. The restrictions that Dr. Wilson put you
- 10 under in his deposition although they are not in his
- 11 notes was you couldn't lift over 25 pounds and you
- 12 had limited bending, twisting, and stooping. Could
- 13 you do the job at DAC and at Robert Bosch with those
- 14 restrictions?
- 15 A. No.
- 16 Q. Tell us why not.
- 17 A. Well, first off, 25 pounds is not much.
- 18 Just the projector and the laptop and the books, you
- 19 know, that I would have to carry just to do regular
- 20 class would be over 25 pounds. Working, again, in
- 21 industries, you have to do -- you have to crawl
- 22 under things, crawl over things, work at a workbench
- 23 to show the people how things were working. And
- 24 that is just not -- I'm a hands-on person. So when
- 25 you are training somebody to be an electrician or a

ABACTIS REPORTING SERVICES

Karabees vs. State Board

- 1 mechanic or mechanical maintenance or chem tech, you
- 2 want to give a lot of hands-on, but you've got to be
- 3 there to do that type of stuff. And you just can't
- 4 talk about it. So you have to show, speak, and then
- 5 have them demonstrate. And I just couldn't do that
- 6 any longer.
- 7 Q. Also what medication were you on at the
- 8 time?
- 9 A. I was on Oxycontin. Well, I was taking
- 10 generic because that is cheaper. I realize that
- 11 Workers' Comp was paying for it, but I still wanted
- 12 to go to the cheaper cost product. And most
- 13 industries don't like to have you on site working if
- 14 you are on Oxycontin. So I would not take the
- 15 Oxycontin when I went to Bosch. And then later on
- 16 towards the end of the work period I would pop my
- 17 Oxycontin and get back into -- so I was feeling all
- 18 right.
- 19 Q. At the time you decided to retire in April
- 20 of 2009, did you have an attorney at that point?
- 21 A. No, I did not.
- 22 Q. Why did you eventually get a lawyer?
- 23 A. Well, a couple of reasons, one of which is
- 24 that the Workman's Comp folks, the insurance
- 25 carrier, refused to do M.R.I.s of my middle and my

ABACTIS REPORTING SERVICES

Karabees vs. State Board

- 1 neck. My middle back and my neck. And the remark
- 2 was made by the folks up there --
- 3 MS. URBANIC: Object.
- 4 BY MR. WHITE:
- 5 Q. Tell us who the folks are specifically.
- 6 A. Okay. Yeah, I'm sorry. I can't give
- 7 names, so we won't say that, but --
- 8 Q. This would be an adjustor that you were
- 9 speaking to --
- 10 A. Yes.
- 11 Q. -- from the State Accident Fund?
- 12 A. The adjustor. And he basically said,
- 13 well, if I wanted M.R.I.s I would have to do it
- 14 myself. And they also said that they wouldn't talk
- 15 to me if I got a lawyer. So what did that open up?
- 16 Got to get a lawyer. Don't like being told I can't
- 17 talk to a lawyer.
- 18 Q. So you eventually got an attorney. And at
- 19 that point you were referred over to Dr. Nolan who
- 20 you began seeing in November of 2009; is that
- 21 correct?
- 22 A. That sounds correct.
- 23 Q. And have been under his care ever since?
- 24 A. Yes, sir.
- 25 Q. And has Dr. Nolan at any time released you

ABACTIS REPORTING SERVICES

Karabees vs. State Board

- 1 to go back to any sort of work?
- 2 A. No.
- 3 Q. Has Dr. Lucas -- even though we've taken
- 4 Dr. Lucas' deposition, has he given you any
- 5 treatment whatsoever for anything related to this
- 6 fall and the injuries from the fall?
- 7 A. No.
- 8 Q. And as far as Dr. Wilson goes, he's no
- 9 longer seeing you because he has referred you to Dr.
- 10 Nolan for follow-up care?
- 11 A. Correct.
- 12 Q. And you've been released by Dr. Cupperman?
- 13 A. Correct.
- 14 Q. So since basically November of 2009, when
- 15 you started seeing Dr. Nolan, has there been any
- 16 other treating physician that has been able to
- 17 address your ability to work or whether you should
- 18 be working other than Dr. Nolan?
- 19 A. No, sir.
- 20 Q. So tell me I guess since you left work in
- 21 April of 2009, just tell us the problems that you
- 22 are having and the conditions that you are still
- 23 suffering from and how those would have prevented
- 24 you from doing your job up to the present time?
- 25 A. Well, again my lower back, I just got a

ABACTIS REPORTING SERVICES

Karabees vs. State Board

- 1 MR. WHITE: That is all the questions
- 2 I have, Your Honor.
- 3 COMMISSIONER BECK: All right. Ms.
- 4 Urbanic?
- 5 MS. URBANIC: Thank you.
- 6 CROSS EXAMINATION
- 7 BY MS. URBANIC:
- 8 Q. Mr. Karabees, you have been treating with
- 9 Dr. Lucas since 2001; is that right?
- 10 A. Yes, ma'am.
- 11 Q. Okay. He is your neurologist. He follows
- 12 you for your multiple sclerosis, correct?
- 13 A. Correct.
- 14 Q. Okay. And you see him, you said, about
- 15 every six months or so, roughly?
- 16 A. Yes. Get the script re-signed.
- 17 Q. And do you recall seeing him on
- 18 September 20th of 2007?
- 19 MS. URBANIC: This is Page 31 of the
- 20 Claimant's A.P.A. submissions.
- 21 BY MS. URBANIC:
- 22 Q. Where you had a discussion, a long and
- 23 frank discussion, with Dr. Lucas about continuing to
- 24 work and the struggle that you were having with
- 25 working. And Dr. Lucas said that he would support

ABACTIS REPORTING SERVICES

Karabees vs. State Board

- 1 shot. Dr. Nolan just gave me a steroid shot in my
- 2 lower back yesterday at 4:30, but I'm unable to bend
- 3 over, to lift. My neck -- two weeks ago -- two
- 4 weeks ago yesterday Dr. Nolan had given me a shot in
- 5 my neck. So that is helping me function just doing
- 6 routine activities, you know, getting in and out of
- 7 cars and trying to drive down the road, but my lower
- 8 back again is in a great deal of pain.
- 9 I'm not a doctor, so I can't say, but I
- 10 think that's aggravating just walking and doing
- 11 anything the lower back because I can't -- actually
- 12 I like this seat. I said that before. I like this
- 13 seat because it's nice and firm so it does hold my
- 14 back in place. Out in the anteroom we had a -- I
- 15 leaned up against the wall because I've found that
- 16 if I lean against the wall my back doesn't bother me
- 17 as much.
- 18 Q. The jobs that you were doing at Trident,
- 19 either DAC America or Robert Bosch or back at
- 20 Trident, would you be able to do those jobs in your
- 21 present condition?
- 22 A. No, there is no way.
- 23 Q. And you are happy with the care of Dr.
- 24 Nolan and intend to stay under his care?
- 25 A. I plan on it.

ABACTIS REPORTING SERVICES

Karabees vs. State Board

- 1 you in any disability application?
- 2 A. Yes.
- 3 Q. Okay. And that would have been September
- 4 of 2007?
- 5 A. I guess. I don't have the exact dates.
- 6 Q. Okay. And then you would have seen him
- 7 again on March 20th of 2008. And do you recall
- 8 talking to Dr. Lucas about how much longer you would
- 9 really be able to continue to work because of your
- 10 gradual decline and M.S.?
- 11 MS. URBANIC: This is Page 30 of the
- 12 Claimant's.
- 13 THE WITNESS: Again, I don't have
- 14 any -- but, you know, you would like to know how
- 15 long you are going to have good quality of life.
- 16 And work was a part of my good quality of life.
- 17 BY MS. URBANIC:
- 18 Q. Okay. And you testified on direct you
- 19 were having some problems falling prior to this fall
- 20 of October 31st of 2008?
- 21 A. I would say tripping rather than falling.
- 22 The word fall is negative in this respect.
- 23 Q. Okay. And you currently get Social
- 24 Security Disability?
- 25 A. Yes, ma'am.

ABACTIS REPORTING SERVICES

Karabees vs. State Board

- 1 Q. And that is based on your multiple
2 sclerosis?
3 A. Yes, ma'am.
4 Q. And you've attained that since
5 October 31st of 2008? You started getting that fall
6 of 2009, Social Security? Does that sound right?
7 A. It was December of '09.
8 Q. You've started in December --
9 A. Well, actually I didn't receive it until
10 '10 because the process. That is when I submitted
11 for it because I wasn't getting anything else.
12 Q. Right. You don't get it instantly?
13 A. Right.
14 Q. Okay. But you get it because of your
15 multiple sclerosis, correct?
16 A. I believe that is -- that was one of
17 the -- I also put down there about the injuries when
18 I had to fill out the forms, but it is the multiple
19 sclerosis, yes.
20 Q. Okay. Now, you continued to work after
21 this fall October 31st of 2008. You said --
22 A. Yes, ma'am.
23 Q. You said you switched from DAC to Bosch?
24 A. Yes, ma'am.
25 Q. And you worked up to your shoulder

ABACTIS REPORTING SERVICES

Karabees vs. State Board

- 1 surgery --
2 A. Yes, ma'am.
3 Q. -- at Bosch. And you continued working
4 until April of 2009?
5 A. Yes, ma'am.
6 Q. Okay. And you filled out the paperwork to
7 retire from Trident Tech; is that right?
8 A. Yes.
9 Q. And you would agree that you filled out
10 the paperwork for a regular retiree based on your
11 30-some years of service?
12 A. Well, I couldn't work anymore, so I said,
13 yes. That is the only way that I could have an
14 income.
15 Q. Okay. Well, this is Page 181 of the
16 Defendant's prehearing brief, Mr. Karabees. And
17 I apologize for the kind of tiny print.
18 A. Yes.
19 Q. It's a copy of it. But if I can direct
20 you up to this top left corner, and it says -- and I
21 have to get close to you. I apologize. But there
22 are three choices; regular retiree, disability
23 retiree, and police retiree, right?
24 A. It's definitely not police.
25 Q. Right. You're not police. And you

ABACTIS REPORTING SERVICES

Karabees vs. State Board

- 1 checked off regular retiree, correct?
2 A. Yes, ma'am.
3 Q. And this is your signature on the form?
4 A. Yes, ma'am.
5 Q. Okay. And you've continued seeing Dr.
6 Lucas --
7 A. Continuously, yes.
8 Q. He's still your neurologist as we are
9 sitting here?
10 A. He's still my neurologist.
11 Q. Okay.
12 A. I have an appointment next month on the
13 5th.
14 Q. Okay. Very good. And your multiple
15 sclerosis, I mean, it's a progressive disease that
16 has unfortunately progressed since 2001, since your
17 initial diagnosis?
18 A. Like most diseases, yes. Dr. Lucas has me
19 on Interferon Beta-1 Alpha. It's called Avonex, but
20 I give that -- a weekly shot to myself with a 1-1/4
21 Number 23 gauge needle. So I give that weekly to
22 myself. And I have not -- I have to do that in a
23 window. There is a window that you have to give it
24 to yourself in like if I say it's a weekly type
25 thing, I have to within a couple hours of that time.

ABACTIS REPORTING SERVICES

Karabees vs. State Board

- 1 And that is I'm not going to say cured, but any of
2 the -- it's diminished any regression, physical
3 regression, that I've had from the M.S.
4 Q. Okay. And do you recall Dr. Wilson, who
5 treated you -- he's the orthopedist who treated you?
6 A. Right.
7 Q. And do you recall seeing him in July of
8 2009?
9 MS. URBANIC: This is on Page 65 of
10 the Claimant's A.P.A. submissions.
11 BY MS. URBANIC:
12 Q. Where you were discussing some pain in
13 your neck. And you told Dr. Wilson --
14 MS. URBANIC: This is in the bottom
15 of the first paragraph, Commissioner.
16 BY MS. URBANIC:
17 Q. -- you are unsure if the pain is coming
18 from your neck or from your multiple sclerosis. Do
19 you recall having that conversation with Dr. Wilson?
20 A. I sure do.
21 Q. Okay.
22 A. But they had no medical proof that it was
23 the injury.
24 Q. And you were able to drive today?
25 A. Yes.

ABACTIS REPORTING SERVICES

Karabees vs. State Board

1 Q. Okay. No doctor has told you not to
2 drive?
3 A. No.
4 Q. Okay. Are you able to use the computer?
5 I think you told me in your deposition you spend a
6 good deal of your day doing stuff on the computer?
7 A. I can do that.
8 MS. URBANIC: Okay. And I think that
9 is about all the questions. Give me one second.
10 BY MS. URBANIC:
11 Q. Did you have a prior skiing accident that
12 injured your right knee back in like 1968?
13 A. 1968? Yes.
14 Q. Okay. And do you recall counseling with
15 Dr. Lucas whether you were going to need right knee
16 replacement?
17 A. We talked about it, yes.
18 Q. Okay. And that to some degree affects
19 your mobility, your right knee, because you've not
20 had that surgery?
21 A. No, I've not. You know, I asked Dr. Lucas
22 because I trust him. He's a knowledgeable person.
23 A lot of people in the medical profession think
24 highly of him. So I wanted to get his input on if I
25 had to have knee replacement, which I don't have to

ABACTIS REPORTING SERVICES

Karabees vs. State Board

1 believe?
2 A. Yes.
3 Q. Because you were there for the deposition.
4 Finally, you were asked by Ms. Urbanic about the
5 forms when you retired.
6 MR. WHITE: Looking at Page 180, Your
7 Honor, of the Defendants' A.P.A.s.
8 BY MR. WHITE:
9 Q. You had mentioned a Candy Marlow. Was she
10 the one that actually signed that form there, Candy
11 Marlow? Is that who you are talking about?
12 A. Yes.
13 Q. And as you went through this process of
14 filling out the retirement paperwork, was that done
15 at her direction?
16 A. Say again?
17 Q. Was this done at her direction, after
18 discussions with her?
19 A. At her direction retired?
20 Q. Right. In other words, you discussed with
21 her the forms --
22 A. Yes, sir. Yes, sir.
23 Q. And she then filled them out and you
24 signed them?
25 A. Right.

ABACTIS REPORTING SERVICES

Karabees vs. State Board

1 have, who should I go to because you only want the
2 best. It's a one shot.
3 MS. URBANIC: All right. That is all
4 the questions I have at this time.
5 COMMISSIONER BECK: Anything further,
6 Mr. White?
7 MR. WHITE: Just briefly.
8 REDIRECT EXAMINATION
9 BY MR. WHITE:
10 Q. Tom, Ms. Urbanic had asked you about your
11 discussion with Dr. Wilson about pain in the neck
12 and you were unsure where it was coming from?
13 A. Right.
14 Q. You weren't able to get the M.R.I. done to
15 your neck I don't believe until November of 2009 all
16 though --
17 A. Correct. So I couldn't make an
18 intelligent decision. I'm one of these people that
19 plan things out. And I wanted to know. He asked.
20 I couldn't tell if it was from the accident. I
21 thought it was from the accident, but you can never
22 tell because I didn't have that problem before the
23 accident.
24 Q. And that has actually been addressed by
25 Dr. Nolan in his deposition and in his notes, I

ABACTIS REPORTING SERVICES

Karabees vs. State Board

1 Q. Okay.
2 A. I was just right at her desk.
3 Q. And was that at the time that you had the
4 discussion about the option of going out on
5 Workman's Comp or --
6 A. Yes. Yes, sir.
7 Q. Okay. And at the time you didn't have an
8 attorney?
9 A. I did not have an attorney.
10 MR. WHITE: That is all I have, Your
11 Honor.
12 COMMISSIONER BECK: Anything further,
13 Ms. Urbanic?
14 MS. URBANIC: No, Your Honor.
15 COMMISSIONER BECK: All right. You
16 may step down sir. Thank you very much.
17 THE WITNESS: Thank you, Your Honor.
18 COMMISSIONER BECK: Mr. White, any
19 other witnesses, sir?
20 MR. WHITE: No, Your Honor.
21 COMMISSIONER BECK: Ms. Urbanic?
22 MS. URBANIC: No, sir.
23 COMMISSIONER BECK: All right. That
24 will conclude this proceeding. Thank you all very
25 much.

ABACTIS REPORTING SERVICES

Karabees vs. State Board

1 (Whereupon, the hearing
2 was concluded at 11:30 a.m.)
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

ABACTIS REPORTING SERVICES

Karabees vs. State Board

Certificate of Reporter

1
2
3 I, Deborah S. Thomas, Certified Verbatim
4 Reporter and Notary Public in and for the State of
5 South Carolina, do hereby certify that I reported
6 the hearing of Karabees vs. State Board on the 5th
7 day of January, 2011: that the witnesses were first
8 duly sworn, and that the foregoing 41 pages
9 constitute a true and correct transcription of the
10 said hearing.
11

12 I further certify that I am neither
13 attorney nor counsel for, nor related to or employed
14 by, any of the parties connected with this action,
15 nor am I financially interested in said cause.
16

17 I further certify that the original of
18 said transcript shall be hereafter delivered to
19 Commissioner T. Scott Beck, South Carolina Workers'
20 Compensation Commission, 1333 Main Street, 5th
21 Floor, Columbia, South Carolina 29201.
22

23 In witness whereof I set my hand and seal
24 this 14th day of April, 2011.
25

Deborah S. Thomas, CVR
My Commission and Notary Public for the
expires 1/4/18 State of South Carolina

ABACTIS REPORTING SERVICES

State of South Carolina
Before the
South Carolina Workers' Compensation Commission
WCC File No.: 0822094

Thomas W. Karabees,	)	
Claimant,	)	
vs.	)	HEARING
State Board for Tech & Comp Ed.,	)	
Employer,	)	January 4, 2012
and	)	
S.C. State Accident Fund,	)	
Carrier, Defendants.	)	

Hearing reported by Deborah S. Thomas,
Certified Verbatim Reporter and Notary Public in and
for the State of South Carolina; said hearing held
before Commissioner T. Scott Beck, and in accordance
with the South Carolina workers' Compensation Laws,
at the South Carolina Workers' Compensation
Commission, 500 N. Main Street, Summerville, South
Carolina, on January 4, 2012, at the hour of 12:45
p.m.

ABACTIS REPORTING SERVICES
2117 PINE LAKE DRIVE
WEST COLUMBIA, SOUTH CAROLINA 29169
(803) 206-7390

Appearances

Representing the Claimant:

THOMAS M. WHITE, ESQUIRE
The Steinberg Law Firm, LLP
Page 1

4 1-4-12 karabees hearing_1.txt
5 P.O. Box 1028
6 Goose Creek, South Carolina, 29445

7 Representing the Defendants:

8 MARGARET MARY URBANIC, ESQUIRE
9 Clawson & Staubes, LLC
10 126 Seven Farms Drive
11 Suite 200
12 Charleston, South Carolina 29492
13
14
15
16
17
18
19
20
21
22
23
24
25

8

3

1	CONTENTS	
2		Page
3	Exhibit Index	3
4	THOMAS W. KARABEES	
5	Direct Examination by Mr. White	7
6	Cross Examination by Ms. Urbanic	28
7	ReDirect Examination by Mr. White	41
8	Certificate of Reporter	43
	Word Index	

* * * * *

Page 2

9

EXHIBIT INDEX

10 Exhibits: Marked at Page

11 (None were proffered.)

12

13

* * * * *

14

15

16

17

18

19

20

21

22

23

24

25

4

1 This hearing is conducted in
2 accordance with the South Carolina Workers'
3 Compensation Commission Laws.

4 COMMISSIONER BECK: Today's date is
5 January 4th, 2012. This is Workers' Compensation
6 File Number 0822094. The Claimant is Thomas W.
7 Karabees represented today by Attorney Tom White.
8 The Employer is State Board for Tech and Comp Ed.
9 The Carrier is State Accident Fund both represented
10 today by Attorney Margaret Urbanic.

11 The date of accident is October 31st,
12 2008. The average weekly wage is \$1,225.64. The
13 compensation rate is \$661.29.

14 We are here today on Claimant's Form 50.

15 I've received A.P.A.s from both the Claimant and
16 Defendant in this matter. Are there any objections
17 to A.P.A.s, jurisdiction, venue, or any other
18 matter, Mr. White?

19 MR. WHITE: None from the Claimant,
20 Your Honor.

21 COMMISSIONER BECK: Ms. Urbanic?

22 MS. URBANIC: No, Your Honor.

23 COMMISSIONER BECK: All right.

24 Without objection the Commission file becomes a part
25 of the record with the exception of self-serving

5

1 declarations and unstipulated medical reports.

2 During a prehearing conference in this
3 matter the respective positions of both the parties
4 was discussed. From the standpoint of the Claimant,
5 Mr. Karabees asserts that he attained maximum
6 medical improvement on March 8, 2011, per Dr.
7 Nowlin. That he is entitled to an award of
8 permanent and total disability under either 42-9-10
9 or 42-9-30. And that he is entitled to causally --
10 lifetime causally-related medical care.

11 Mr. White, anything in addition to that
12 with regard to the Claimant's position, sir?

13 MR. WHITE: No, Your Honor.

14 COMMISSIONER BECK: All right. From
15 the standpoint of the Defendants, they concur with
16 the M.M.I. date of March 8, 2011, but contend that
17 the Claimant is only entitled to an award of
18 permanent partial disability to his left shoulder

1-4-12 karabees hearing_1.txt
19 and back and future medical care per the
20 recommendations of the authorized treating
21 physician.
22 Ms. Urbanic, anything in addition to that
23 with regard to the Defendants' position, ma'am?
24 MS. URBANIC: No, that's correct,
25 Your Honor.

6

1 COMMISSIONER BECK: All right.
2 MS. URBANIC: And I understand Mr.
3 White is not asking for a lump sum at this time.
4 COMMISSIONER BECK: My understanding
5 is he is not asking for the lump sum or the Utica
6 pro rated language in the --
7 MR. WHITE: We are reserving that for
8 later, if needed.
9 COMMISSIONER BECK: Okay. Mr. White,
10 your first witness is Mr. Karabees?
11 MR. WHITE: Yes, sir, Your Honor.
12 COMMISSIONER BECK: Deb, is he going
13 to be all right sitting there or do you want to use
14 that microphone.
15 COURT REPORTER: If he speaks up loud
16 that is fine where he is.
17 COMMISSIONER BECK: Why don't we put
18 you at the microphone, that way I won't have a
19 problem hearing you as well.
20 MR. WHITE: Do you want me to bring
21 the microphone over?
22 MR. KARABEES: No. This is all
23 right.

24 COMMISSIONER BECK: All right. Mr.
25 karabees, do you swear or affirm that the testimony 7

1 you are about to give today is the truth, the whole
2 truth, and nothing but the truth, sir?

3 MR. KARABEES: Yes, sir.

4 COMMISSIONER BECK: All right.

5 Please state your full name for the record.

6 MR. KARABEES: Thomas William
7 Karabees, Junior.

8 COMMISSIONER BECK: All right. Mr.
9 White?

10 MR. WHITE: Thank you, Your Honor.
11 And, Your Honor, I will lead Tom through a lot of
12 this since we've already testified once before.

13 WHEREUPON:

14 THOMAS KARABEES, being duly sworn and
15 cautioned to speak the truth, the whole truth and
16 nothing but the truth, testifies as follows:

17 DIRECT EXAMINATION

18 BY MR. WHITE:

19 Q. Tom, you are 63 years of age?

20 A. Correct.

21 Q. Born October 13th, 1948?

22 A. Correct.

23 Q. Married 33 years. Three kids, three
24 grandkids?

25 A. Correct.

8

1 Q. And what year did you finish high school?

2 A. 1966.

3 Q. And after that you went to Northern
4 Michigan?

5 A. University, yes.

6 Q. Graduated what year?

7 A. '71.

8 Q. Got a degree in what?

9 A. Mathematics.

10 Q. You also, I think, were sent by the United
11 States Marine Corps later to go to Pepperdine
12 University?

13 A. Yes, sir.

14 Q. And you graduated from there what year?

15 A. Eighty -- excuse me. '75.

16 Q. And got a degree in what?

17 A. Administration.

18 Q. And I think Trident Technical College sent
19 you to the University of Evansville. And you
20 graduated from there in 1985 with a Masters in
21 Computer Systems Engineering?

22 A. Yes, sir.

23 Q. And would that be your educational
24 background?

25 A. Yes, sir.

9

1 Q. All right. When did you join the Marines?

2 A. Actually '71 was when I went on active
3 duty.

4 Q. Okay. And that was when you finished
5 college, you went straight into the Marines?

6 A. Right.

7 Q. All right. And how many years were you
Page 7

8 active duty with the United States Marines?

9 A. Seven years.

10 Q. And saw duty in Vietnam, and I think did
11 was it combat engineering?

12 A. Yes, sir.

13 Q. Also worked as doing nuclear security in
14 the Philippines?

15 A. Yes, sir.

16 Q. And when you got out of the Marines what
17 was your rank?

18 A. Lieutenant.

19 Q. And any awards or accommodations while in
20 the Marines?

21 A. The Society of American Military
22 Engineers, I was chosen as the outstanding junior
23 engineering officer in the Armed Forces.

24 Q. And do you have any service-related
25 disability?

10

1 A. No, sir.

2 Q. And when you left the Marines in 1978,
3 where did you go to work?

4 A. Trident Tech.

5 Q. And have you worked there or did you work
6 there continually from 1978 until you left after
7 this injury in April of 2009?

8 A. Yes, sir.

9 Q. And you worked there a total of 31 years?

10 A. I believe so.

11 Q. Okay. I think last time you testified
12 that you began teaching math and physics, but then

13 started doing industrial programs?

14 A. That is correct.

15 Q. And I believe you told me you did those
16 for maybe the last 17 years that you worked there?

17 A. Correct.

18 Q. And that was working in industry and doing
19 apprenticeship programs with various industries in
20 the area?

21 A. Yes, sir.

22 Q. And who are some of the companies that you
23 work for?

24 A. DuPont, Robert Bosch, Gates Rubber, Alumax
25 which is now Alcoa, DAK America, Cummings.

11

1 Q. And tell us just doing on-site
2 instruction, physically what did you have to do?
3 What were the requirements?

4 A. It depended upon the industry that I was
5 at. I taught for the most part -- trained folks in
6 both mechanical, electrical, and later on chemical
7 procedures engineering.

8 Q. And did you have to do any particular
9 lifting or climbing?

10 A. Yes, sir.

11 Q. Tell us about that.

12 A. You know, depending upon which field I was
13 working with, I would have to lift motors, relay
14 systems, climb -- I trained at DAK America's, prior
15 to that it was DuPont, that is why I mix them up. I
16 also trained railroading, so that meant I had to
17 climb on top of trains and hopper cars, freight.

18 cars. I did -- in the chemical division we had to
19 climb a tower which is so tall that when you got on
20 top of the tower you can actually look down on the
21 Cooper River Bridge from an angle. It's kind of
22 tall, but you have to climb. The elevator only goes
23 so far.

24 At places like Bosch I trained mechanical
25 apprentices for the most part. And I was -- I also ¹²

1 taught the safety there, but with the mechanical
2 part we had to go in and climb inside some of the
3 machinery, either down underneath or over, through,
4 whatever, to show and do -- teach them how to repair
5 it.

6 Q. Now, prior to October 31st, 2008, the date
7 of this injury, had you ever had a workers' Comp
8 claim before?

9 A. No, sir.

10 Q. Ever been involved in any sort of
11 automobile wreck, personal injury litigation, or
12 anything --

13 A. No, sir.

14 Q. Ever had any previous injuries to your
15 neck, low back, or left shoulder?

16 A. No, sir.

17 Q. Now, you were first diagnosed it looks
18 like from the records of Dr. Lucas with multiple
19 sclerosis in October of 2001?

20 A. Yes, sir.

21 Q. And this injury was October 2008. During
22 those seven years did you see Dr. Lucas over that

23 period of time?

24 A. Yes, sir. We had a standing appointment
25 every six months.

13

1 Q. And during that seven years did you miss
2 one day of work due to your multiple sclerosis?

3 A. No, sir.

4 Q. And did Dr. Lucas ever take you out of
5 work or put you under any restrictions with work due
6 to your multiple sclerosis?

7 A. No, sir.

8 Q. Were you restricted in any way in doing
9 the jobs that you just described for us as part of
10 your job at Trident Tech?

11 A. No, sir.

12 Q. You could do all aspects of the job?

13 A. Do all aspects.

14 Q. Now, it looks like you were last seen by
15 Dr. Lucas on September the 18th of 2008.

16 MR. WHITE: Which is again Page 29 of
17 the A.P.A.S, Your Honor.

18 BY MR. WHITE:

19 Q. Which is the last visit before your
20 injury. At that time tell me what was the status of
21 your multiple sclerosis.

22 A. I'll use the term in remission. I had not
23 had flare-ups in a long time. And I think it was
24 under control.

25 Q. Okay. Tell me -- and at that point he

14

1 just wanted to see you again in six months and that
2 was standard?

3 A. Yes, sir. Every six months.

4 Q. Tell me in addition to the work you were
5 doing, what about on a personal basis in your
6 personal life what were you doing physically?

7 A. Well, I was a Scout Master. Started a
8 Troop 777 at the church. 777, God's perfect number
9 for what it's worth. And we went camping every
10 month, the third weekend of every month we went
11 camping. And we had some activities such as either
12 camping itself or hiking. Did take some of the
13 boys, the older boys, on a hike along the
14 Appalachian Trail. We hiked the Palmetto Trail. I
15 was also a B.S.A., Boy Scouts of America, lifeguard
16 and water instructor. And so we were able to go
17 canoeing, kayaking also because of my credentials.
18 And I also taught for a nonprofit group Konew. It's
19 a martial arts. And I taught martial arts for
20 several years.

21 Q. And were you doing those activities up
22 until the date of the injury on October 31st, 2008?

23 A. Yes, sir.

24 Q. Scout once a month, every third weekend
25 you were camping or gone?

15

1 A. Hiking or camping or something like that.

2 Q. Were you limited in those activities in
3 any way because of your multiple sclerosis?

4 A. Multiple sclerosis? No.

5 Q. Now, the first visit after this fall --

6 MR. WHITE: And, again, that is
7 Page 27 of the A.P.A.s, Your Honor.

8 BY MR. WHITE:

9 Q. It looks like you saw Dr. Lucas on
10 March 19th, 2009, which was almost five months after
11 your fall. What was the status of your multiple
12 sclerosis at that point?

13 A. It hadn't gotten any worse. It was
14 gaining -- maintaining.

15 Q. So no new problems, no flare-ups?

16 A. No, sir.

17 Q. Okay. Tell me, I think when you got
18 injured I think you were 60 years old. What were
19 your plans for work?

20 A. Well, I had planned on working until
21 basically I could no longer work. Social Security
22 said 68. And I figured that was -- you are still a
23 young kid at 68. Just keep working until you can't
24 work anymore.

25 Q. So there were no plans to leave at any 16

1 time --

2 A. No, sir.

3 Q. -- you had set up? All right. Tell me --
4 this is an admitted case, but October 31st I think
5 you fell down some steps carrying a laptop and
6 projector; is that correct?

7 A. Yes, sir.

8 Q. And you heard my comments to Commissioner
9 Beck, that you had injuries to your left shoulder,
10 neck, and back. And while you've had some other

11 body parts, those have been the main problems that
12 you've had trouble with?

13 A. Yes, sir.

14 Q. Okay. And I think it's admitted as to
15 those body parts. And the records are already
16 submitted, but just to kind of briefly go through,
17 Dr. Kupferman did surgery on your left shoulder?

18 A. Yes, sir.

19 Q. And you also treated with a spine
20 specialist, Dr. Wilson, who referred you to Dr.
21 Nowlin?

22 A. Yes, sir.

23 Q. And I think you've been under Dr. Nowlin's
24 care I believe since January -- I'm sorry. December
25 of 2009; is that correct?

17

1 A. Yes, sir.

2 Q. So he's been your treating physician now
3 for over two years?

4 A. Yes, sir.

5 Q. And he was authorized, I believe, by
6 Workman's Comp to be your treating physician. And
7 you've seen him exclusively now, I think, for at
8 least the last year, year and a half; is that
9 correct?

10 A. Yes, sir.

11 Q. Okay. And tell us as far as work, I think
12 after you fell did you continue working until you
13 had your shoulder surgery?

14 A. Yes, sir. The accident was on 31 October.
15 I continued to work until 11 April.

16 Q. well, I think that you had your surgery
17 January 20th, '09?

18 A. Right. well, I was employed at that time,
19 yes.

20 Q. Right. So how long were you out of work
21 with your shoulder surgery?

22 A. About three weeks.

23 Q. And then after that you went back to doing
24 your regular job?

25 A. Yes, sir. I went to Robert Bosch to do

18

1 some training out there.

2 Q. And tell me kind of what occurred between
3 your surgery date with your shoulder and you
4 eventually leaving work in April of 2009?

5 A. I was -- I found that I was unable to
6 climb under things, climb over things, and push
7 carts, lift motors, and this is what we were doing.
8 But the mechanical -- electrical and mechanical
9 people out there, their apprentice program. And I
10 just couldn't do it any longer.

11 Q. And when you left work in April, what was
12 the last day you worked?

13 A. I believe it was the 11th of April.

14 Q. And that was about less than a month after
15 you had seen Dr. Lucas on March 19, 2009?

16 A. Yes, sir.

17 Q. And in that visit had he in any way
18 instructed you to leave work or said that you needed
19 to go out of work due to your multiple sclerosis?

20 A. No, sir.

21 Q. Did your leaving work in April of 2009
22 have anything to do with your multiple sclerosis?

23 A. None whatsoever.

24 Q. And when you said that you were having
25 trouble climbing over things and doing your job

19

1 duties, why could you not do those things and what
2 was the problem?

3 A. Well, okay. Lifting and pushing, this
4 left shoulder still bothers me tremendously, but
5 getting down underneath a piece of equipment,
6 sometimes there is not a whole lot of clearance.
7 You are on your belly having to low crawl underneath
8 to show somebody something or the same thing going
9 over the top of a piece of equipment. Sometimes you
10 have to get a ladder to climb up there. And it's
11 kind of rough taking a ladder and going on the top
12 of a piece of equipment.

13 Q. So as of April 2009 were you able to still
14 do your job?

15 A. Not safely.

16 Q. And that is when you left?

17 A. That is when I left.

18 Q. And we had testimony at the last hearing
19 as to the conversations you had with people at
20 Trident Tech about leaving. I don't know if we need
21 to get back into those based upon the previous
22 findings, but you've been out of work since then; is
23 that correct?

24 A. Yes, sir.

25 Q. And under the previous court order, you've

20

1 been receiving temporary total disability benefits
2 back to November -- I know they are not current, but
3 they paid you from November of 2009; is that
4 correct?

5 A. Yes, sir.

6 Q. All right. Has Dr. Nowlin at any time
7 since then released you to go back to work in any
8 capacity?

9 A. No, sir.

10 Q. And are you still seeing Dr. Nowlin?

11 A. Yes, sir.

12 Q. And what is he doing for you now?

13 A. Just before Christmas he gave me a steroid
14 shot in my neck. And he -- the 16th, which is
15 Monday I believe, two weeks, I'll have a steroid
16 shot in the lower lumbar area to help relieve the
17 pain symptoms.

18 Q. You also, I think, are still in physical
19 therapy off and on?

20 A. Yes. I'm in physical therapy. He's
21 authorized me 18 visits. Workman's Comp only does
22 them in multiple of sixes. So we do the six visits
23 and then we wait for them to approve the next six.

24 Q. When was your last physical therapy visit?

25 A. Yesterday.

21

1 Q. You also told me you had a TENS unit that
2 you were using?

3 A. Yes. I have a TENS unit that I use for my
4 back and my shoulder, but mostly for my back and my

5 neck.

6 Q. Now, tell us as far as your pain goes,
7 where is your worst pain?

8 A. Sustaining pain is the lower back.

9 Q. And how often do you have pain in your low
10 back?

11 A. Most of the time.

12 Q. And can you tell us on a scale of zero no
13 pain, 10 being so bad you go to the emergency room,
14 kind of the base line pain level that is in your
15 back?

16 A. Probably five on a daily basis.

17 Q. And does it go above five?

18 A. On occasions it does.

19 Q. And what will make it elevate above five?

20 A. Things like washing dishes, vacuuming. I
21 know it's housework, but I don't mind doing it. And
22 doing -- prepping for cooking. If I stand and have
23 to cut a lot of things over the sink where I have to
24 bend over, that bothers me.

25 Q. And are you having any pain that radiates 22

1 into your legs?

2 A. Yes, sir. I have -- the nerve --
3 sciatica. That is what it is. The sciatic nerve in
4 both legs. In the beginning it was mostly on the
5 left side. Now it's to the right side, but when we
6 give shots, Dr. Nowlin gives me shots for those.

7 Q. And can you tell us how often you have the
8 pain into the legs and give us a pain rating for the
9 legs.

10 A. Well, it's been cold, we notice. I think
11 cold makes it a little bit worse, but I would say a
12 four or five in that sometimes.

13 Q. I notice that you have a cane today. And
14 why do you have a cane?

15 A. Mostly for stability. If I -- because I
16 don't -- the back doesn't -- lower back doesn't
17 function real well, sometimes traversing unlevel
18 ground like the parking lot, stepping off a curb, or
19 having to walk like I did across the grass to this
20 building because we couldn't get in front. I use
21 the cane to help me stabilize.

22 Q. In going through the records of Dr. Lucas
23 on the multiple sclerosis, had he ever prescribed a
24 cane for your multiple sclerosis?

25 A. No, he had not.

23

1 Q. Did you ever need a cane for your multiple
2 sclerosis?

3 A. No.

4 Q. Tell me about your cervical problems.
5 What pain do you have and can you describe it for
6 us?

7 A. I have in my cervical area -- a lot of it
8 is over here on the right side. And across where --
9 you draw a line across from shoulder to shoulder,
10 right at that point. One of the things I have a
11 difficult time doing is actually turning my head so
12 I'm waiting for some cop to give me a ticket for not
13 having my seat belt on when I back out because when
14 I back out I have to take and turn my whole body in

Page 19

15 the seat to see. And I pull the seat belt on and
16 take off, but that is my big thing right there.

17 Q. And what about the pain in your neck, can
18 you describe it for us?

19 A. You mean frequency or --

20 Q. How often and on a scale of zero to 10?

21 A. It hurts -- it hurts every day. Zero to
22 10, probably a four. It does wake me up sometimes
23 at night.

24 Q. And tell us about your left shoulder where
25 you had surgery?

24

1 A. My left shoulder? Well, that is one of
2 those background pains, probably a three. And it's
3 continuous. It limits my ability to lift anything
4 with the left arm.

5 Q. Tell me, there is some discussion in Dr.
6 Nowlin's notes about sitting, standing, walking.
7 Tell us about sitting. What problems do you have in
8 sitting?

9 A. I'm not too bad in this seat, but if I sit
10 in the pews at the church, excuse, they are wooden
11 and they don't have any cushion. And my back by the
12 time I get done with mass I'm hurting a great deal.
13 In fact, that is why I have my wife drive us to
14 church. I used to drive. Now she does it so that
15 when I leave church, she drives the car up. I hop
16 in and we go home.

17 Q. Tell me if you were in a work situation
18 trying to sit at a work station, how long can you
19 sit for normally?

20 A. Comfortably probably up to about 30
21 minutes.

22 Q. And how about standing, if you were
23 attempting to work in a standing position?

24 A. If I was just standing -- when I stand for
25 the most part I like to lean against a wall, my back 25

1 up against a wall for support. If I was to stand,
2 probably 30 minutes, you know. When I walk -- when
3 I walk -- I don't walk a lot. In fact, I've gained
4 23 -- over 24 pounds since the accident. If I go
5 shopping at all I make sure even though I could
6 probably go without a cart, I grab a cart real quick
7 because I can lean up against it.

8 Q. And how long can you walk for?

9 A. Again, I would say probably a good days 30
10 minutes.

11 Q. And what do you do to get relief from your
12 pain?

13 A. Often times -- well, at home, because I'm
14 not out on the road, I have a chair. One of those
15 like Lazy Boy chairs that the legs come up. That
16 way I can kind of lay back and watch television or I
17 have to lay down sometimes.

18 Q. Tell me in an average day what percentage
19 of the day do you spend reclining either in a
20 recliner or a bed say between 8:00 in the morning
21 and 6:00 at night, in a 10-hour period?

22 A. Probably 50 percent of the time.

23 Q. And if you are reclining and you've been
24 reclining and you are able to get up to go do

25 something, how long can you go before you have to 26

1 recline again?

2 A. You know --

3 Q. If you can change positions as well.

4 A. Right. If I can change positions maybe an
5 hour at max.

6 Q. Tell me, as you mentioned, lifting, how
7 much can you lift without increasing your pain
8 levels?

9 A. My right side I have no problem at all.
10 It does hurt the lower back when I kind of bend over
11 and lift it up, but my left side I'm lucky if --
12 well, we did physical therapy yesterday. And they
13 evaluated me. And I could probably lift
14 eight pounds to 10 pounds.

15 Q. Tell me about other activities, bending,
16 squatting, stooping, kneeling?

17 A. Again, like I said, bending over is a
18 problem. I can't -- I'm not talking about bending
19 like that. I'm just talking about at a 30-degree
20 angle from horizontal. But I can't -- I can't do
21 that for long periods of time. I can't wash a full
22 load of dishes. Put it that way.

23 Q. Tell me, do you have good days, bad days?

24 A. Yes. Actually the last couple of days
25 have been kind of stiff. When it gets cold out like 27

1 it has the last couple of days, I tend to stiff in
2 my lower back right now. In fact, my lower back is

3 bothering me. That is why I did wear a heavy coat
4 to your office so I would have some warmth because
5 this doesn't give you much warmth when the wind
6 comes through. But I do have good days, bad days.

7 Q. How many bad days a week on an average do
8 you have?

9 A. Probably one or two bad days.

10 Q. I mean, Dr. Nowlin talks about missing an
11 excessive amount of time that you were trying to
12 work. Would there be some days you wouldn't be able
13 to go at all if you were attempting to work?

14 A. Yes, sir.

15 Q. And how often would that be?

16 A. Maybe once out of a five-day week.

17 Q. Tell me kind of your day now. What do you
18 do. You said you watch T.V. in your recliner?

19 A. That is basically it. One of the reasons
20 I'm pushing physical therapy, it gives me a reason
21 to get out of bed in the morning. On Mondays,
22 Wednesdays, and Fridays -- yesterday was Tuesday,
23 but they were closed on Monday, so I did it on
24 Tuesday. I'll go to physical therapy, come home.
25 Usually lay down for about a half an hour, 45

28

1 minutes. Get up and sit at the television and
2 vegetate.

3 Q. Tell us about just work. I mean, you've
4 done work in the past teaching math and stuff like
5 that at Trident Tech. Do you feel like there is any
6 capacity that you could get back to work in in your
7 present condition?

8 A. I don't believe so. Even teaching math, I
9 was always somebody that had to move around and show
10 how math worked. And that could be a problem.

11 Q. In your present condition can you do a
12 combination of sitting, standing, and walking to get
13 through an eight-hour day?

14 A. If I -- in an eight-hour day, if I could
15 do all of those things I might make it through
16 there, but someplace in there, a couple times, maybe
17 three times during that period of time, that
18 eight-hour day, I would have to sit in a lounge
19 chair type thing or lay down.

20 MR. WHITE: That is all the questions
21 I have, Your Honor.

22 COMMISSIONER BECK: Ms. Urbanic?

23 MS. URBANIC: Thank you.

24 CROSS EXAMINATION

25 BY MS. URBANIC:

29

1 Q. Mr. Karabees, can you hear me okay?

2 A. Sure can.

3 Q. Because I feel like I'm kind of far away
4 from you there. Okay. Well, you've been diagnosed
5 with M.S. since 2001?

6 A. Yes, ma'am.

7 Q. That was by Dr. Lucas. Is that correct?

8 A. Yes, ma'am.

9 Q. Okay. Do you recall when you first went
10 to Dr. Lucas for the diagnosis back in October of
11 2001? You were talking about foggiess of your
12 thoughts?

13 MS. URBANIC: And this is on Page 48
14 of the Claimant's A.P.A. submissions, Commissioner.

15 THE WITNESS: I don't remember the
16 details, but I'll take your word for it.

17 BY MS. URBANIC:

18 Q. Okay. Do you recall having pain in your
19 right leg and numbness in your right foot?

20 A. Yes.

21 Q. And you would agree with me multiple
22 sclerosis is a progressive disease. It gets --

23 A. Negative.

24 Q. You don't agree with that?

25 A. I do not agree with that.

30

1 COMMISSIONER BECK: Can you tell me
2 what page you are referencing?

3 MS. URBANIC: I'm sorry,
4 Commissioner. It's Page 48 of Claimant's A.P.A.
5 submissions.

6 COMMISSIONER BECK: Mine goes from 47
7 to 49.

8 MR. WHITE: Your Honor, I just
9 noticed Page 48 is right after 49. I apologize.

10 COMMISSIONER BECK: Got it.

11 MR. WHITE: I just noticed that.

12 COMMISSIONER BECK: Okay.

13 THE WITNESS: would you like to have
14 a math course?

15 MR. WHITE: Someone could use one in
16 my office.

17 COMMISSIONER BECK: All right.

18 BY MS. URBANIC:

19 Q. Mr. Karabees, you don't think that your
20 multiple sclerosis has been progressive over time?

21 A. Willard's wife -- I'm going to separate.
22 Willard's wife -- Mitt. Mitt Romney's wife also has
23 multiple sclerosis. It's in remission. When you
24 say remission, what that means is it doesn't
25 progress. And I don't think mine has progressed a

31

1 great deal.

2 Q. Okay. Do you recall talking to Dr. Lucas
3 when you had your diagnosis of multiple sclerosis
4 about some depression with it?

5 A. Yes, ma'am.

6 MS. URBANIC: Okay. And that would
7 have been back in -- on Page 47 on October 23rd of
8 2001. Actually I might have written down the wrong
9 page, so I apologize, Commissioner.

10 BY MS. URBANIC:

11 Q. Do you recall in August of 2002, this is
12 on Page 43, about having problems with your gait and
13 balance and reporting that to Dr. Lucas?

14 A. Yes, ma'am.

15 Q. Okay. And you've had ongoing problems
16 with your right leg as it relates to your multiple
17 sclerosis; is that right?

18 A. I'm not going to say it's from the
19 multiple sclerosis.

20 Q. Okay. Well, you also need to have your
21 right knee replaced?

22 A. That was caused by an accident that I

1-4-12 karabees hearing_1.txt
23 received at DAK America's. And I reported it while
24 working. I ended up breaking my nose, my right
25 hand. And I just had my teeth finally permanently 32

1 capped. That was all from that accident. And I did
2 report it to Tech, and Tech did not do anything.
3 And, no, I don't need to get my knee replaced I
4 don't think.

5 Q. Okay. Well, did you call and talk to Dr.
6 Lucas about a possible replacement back in --

7 A. We talked about it and we -- and I talked
8 to Dr. Kupferman.

9 Q. Right.

10 A. Because he is a knee joint specialist.
11 And he says, no, you don't need to have your knee
12 replaced. Just you need to watch it every once in
13 awhile. You've banged it up.

14 MS. URBANIC: Okay. This is on
15 Page 33 of the A.P.A.s, Commissioner.

16 BY MS. URBANIC:

17 Q. Do you recall in September of 2007, which
18 would have been 13 months prior to this accident,
19 discussing with Dr. Lucas your having to struggle
20 with work and you had a long discussion with Dr.
21 Lucas about it and Dr. Lucas told you he would
22 support you in a disability application?

23 A. I don't remember the details on that,
24 so -- but if you say it's so, it's so.

25 Q. Okay. And on your physical examination 33

1 there your gait was abnormal. Dr. Lucas noted under
Page 27

2 the physical exam you could not walk heel to toe.
3 You don't recall that?

4 A. Oh, that is a question? Okay.

5 Q. Yes.

6 A. I didn't know if -- actually I don't
7 remember that, but as I said, if you say it's so,
8 it's so.

9 Q. Okay. If it's in Dr. Lucas' records, you
10 would agree with that?

11 A. I would agree with it, yes, ma'am.

12 Q. Okay. And then on Page 30 of the A.P.A.s
13 on March 20th, 2008, do you recall again discussing
14 with Dr. Lucas how much longer you will be able to
15 work? You talked about this at length with him. He
16 stated you had worked far beyond the average patient
17 with his difficulty with multiple sclerosis. He
18 also noted you had a number of falls and
19 difficulties at work. Gradual progressive
20 difficulties.

21 A. I'll take your word for that, but I wanted
22 to know how long I could work because I wanted to
23 work until, you know, get a general idea how long I
24 would be able to work. And actually I was doing
25 better there.

34

1 Q. Did you also on September 18th of 2008,
2 recall discussing with Dr. Lucas that your right leg
3 may be weaker?

4 A. Again, I can't remember the dates, but
5 whatever Dr. Lucas has written down, yes.

6 MS. URBANIC: That is on Page 29 of
Page 28

7 the A.P.A.s, Commissioner.

8 BY MS. URBANIC:

9 Q. On Page 26 of the A.P.A. submissions, this
10 is September 17th, 2009, so I guess about a year
11 after the accident with Dr. Lucas, do you recall Dr.
12 Lucas discussing with you that for over a year he
13 has been suggesting to you, patient, that your
14 symptoms are too severe for you to be able to work?

15 A. I don't remember that at all.

16 Q. Specifically you were a fall risk, has
17 fatigue, and now cognitive difficulties. You
18 applied to Social Security disability benefits, and
19 Dr. Lucas supported you on that?

20 A. I applied for Social Security after my
21 injury of -- the accident. All the doctors that had
22 checked me over; Kupferman, Wilson, and of course at
23 the time I didn't have Nowlin, but Lucas all agreed
24 that they would support me if I wanted to go for it.

25 Q. Okay. And you received Social Security

35

1 disability because of your multiple sclerosis; is
2 that correct?

3 A. Actually I did the paperwork for my Social
4 Security. And it went right through. And most --
5 the paperwork told about the accident. And I also
6 had to cover the multiple sclerosis. So I don't
7 know what the government -- the federal government,
8 they are very -- the cause -- what they determined
9 their result on.

10 Q. Well, do you understand one of the
11 findings of fact from the prior hearing that was a

12 year ago tomorrow was that you were already on
13 social security disability because of your multiple
14 sclerosis? Do you understand --

15 A. I'm going to say yes. As I said, I don't
16 know what the federal -- they had -- the accident --
17 when I was doing all the paperwork, the Social
18 Security disability I -- my primary concern was
19 because of the accident. And I said the M.S., you
20 know, was also involved in that. Not in the
21 accident, but for my desire to go for Workman's Comp
22 or whatever it is called. Disability. Social
23 Security disability.

24 Q. Now, this accident occurred on
25 October 31st of 2008, correct?

36

1 A. Yes, ma'am. It was a Friday.

2 Q. Okay. And I know you said that you
3 continued working following this accident at Trident
4 Tech for some time, right?

5 A. Yes, ma'am.

6 Q. Okay. You were actually suspended
7 immediately following this accident because of
8 unprofessional behavior; is that right?

9 A. Yes, ma'am. I lost my temper because I
10 had just had an accident and I barked at a student.
11 And you don't do that no matter what the problem is.
12 And, in fact, that happened probably not --
13 suspended, but barking at the student happened
14 within probably 30 minutes, 40 minutes after the
15 accident because I was on my way to class. That was
16 the particular class.

17 They approached me on Monday because it
18 was on Friday. On Monday I told the H.R. person at
19 DAK what had happened. Of course their medical
20 people at DAK were also there. Their safety officer
21 was also there. That was on that Friday because as
22 soon as I got hurt I reported it. So the -- I was
23 suspended. I'll say suspended. I guess that is the
24 term, for I don't remember the exact amount of time.
25 However, it was interesting that it took

37

1 over two months from October 31st until January for
2 them to do anything about my arm which I couldn't
3 lift at all. So, yes, I did get -- I did get in
4 trouble for barking at a student, but I was in so
5 much pain I just -- I reacted rather than think
6 things through.

7 Q. Okay. And you were sent to Dr. Kupferman
8 for your shoulder?

9 A. Yes, ma'am.

10 Q. Okay. He did surgery in January of 2009.
11 And he released you back to work at Trident Tech; is
12 that right?

13 A. Yes, ma'am.

14 Q. Okay. And you continued to work that
15 semester in the early part of 2009; is that right?

16 A. Yes, ma'am.

17 Q. And you ultimately retired from Trident
18 Tech due to your years in service, as a regular
19 retiree. That is how you completed your paperwork;
20 is that right?

21 A. There is only one way to do it. And that

22 is either retire or quit.

23 Q. Okay. You would agree with me you retired
24 from Trident Tech?

25 A. Yes, ma'am.

38

1 Q. Okay. And you haven't seen Dr. Kupferman
2 since I believe May of 2009.

3 MS. URBANIC: I'm looking at the 14-B
4 on Page 51, Commissioner Wilson. Or Commissioner
5 Wilson. I'm sorry. Commissioner Beck. I don't
6 know where I got that.

7 BY MS. URBANIC:

8 Q. Is that right? You haven't seen Dr.
9 Kupferman since May of 2009?

10 A. I guess it was May.

11 Q. You haven't seen anybody else for your
12 shoulder since Dr. Kupferman; is that correct?

13 A. Correct.

14 Q. Okay. And Dr. Kupferman, we have his
15 14-B. He did not assign any -- he didn't assign any
16 restrictions to you, is that your understanding,
17 with regards to your left shoulder?

18 A. At that time, yes.

19 Q. Okay. Well, nobody has seen you for your
20 left shoulder since then?

21 A. Well -- never mind. I won't go there.

22 Q. I mean, Dr. Nowlin sees you for your
23 spine; is that right?

24 A. Yes, ma'am.

25 Q. Now, your attorney has submitted a

39

1 vocational report from David Price. Do you recall
2 having that done sometime earlier -- well, I guess
3 in 2011?

4 A. Right. At the end of the year.

5 Q. At the time that you had the voc
6 assessment done, do you recall indicating to
7 Mr. Price that you had just taken your injection for
8 your multiple sclerosis?

9 A. Yes, ma'am. That was on a Thursday. I
10 gave myself the injection on Wednesday, the day
11 before. That Friday, the next morning I was in
12 Emergent Care. I had a synal infection, yes.

13 Q. You were feeling poorly from the injection
14 when you had the voc assessment done?

15 A. That and the synal infection that we had
16 to get medicine for, antibiotics for the next day.
17 But, yeah, I couldn't even focus.

18 Q. At the time of voc assessment?

19 A. Yes, ma'am.

20 Q. Okay. And Mr. Price noted that in his
21 assessment, but I wanted to make sure that you
22 understood that. And the only surgery you've had is
23 your shoulder surgery. You never had any back
24 surgery; is that right?

25 A. Yes, ma'am.

40

1 Q. Were you able to drive yourself here to
2 the hearing site?

3 A. Yes, ma'am.

4 Q. Okay. And you live in Goose Creek?

1-4-12 karabees hearing_1.txt

- 5 A. No, ma'am.
- 6 Q. I'm sorry. Where do you live?
- 7 A. Right down the street.
- 8 Q. Okay. You go to church in Goose Creek; is
- 9 that right?
- 10 A. Go to church in Goose Creek.
- 11 Q. That is where I got that. And I think
- 12 this hearing started -- it was after 12:30. I want
- 13 to say about 12:45. Does that sound about right?
- 14 A. I reckon, yeah.
- 15 Q. And it's about 1:30 right now?
- 16 A. Yes, ma'am.
- 17 Q. Okay. And you've been sitting the entire
- 18 time?
- 19 A. No, ma'am.
- 20 Q. No?
- 21 A. You haven't been watching?
- 22 Q. Well --
- 23 A. Because I'm sitting here going like this.
- 24 Q. You are raising yourself up?
- 25 A. Yes, ma'am.

41

- 1 MS. URBANIC: Okay. Double check my
- 2 notes.
- 3 COMMISSIONER BECK: Yes, ma'am.
- 4 MS. URBANIC: I think that is all the
- 5 questions I have, Commissioner.
- 6 COMMISSIONER BECK: Mr. White,
- 7 anything further?
- 8 MR. WHITE: Just two brief questions.
- 9 REDIRECT EXAMINATION

10 BY MR. WHITE:

11 Q. Tom, the pain you described into your
12 legs, did that exist prior to October 31st, 2008?

13 A. No, sir.

14 Q. Can you distinguish that from any weakness
15 from the multiple sclerosis? Can you describe the
16 pain for us?

17 A. Yes, ma'am. Yes, sir. With the sciatic
18 nerves it's kind of a sharp pain. Okay? I mean,
19 it's like fire going down your legs.

20 Q. And Social Security, you completed the
21 application yourself, listed all of your doctors,
22 and got accepted?

23 A. That's correct.

24 Q. You didn't have to get an attorney. They
25 didn't turn you down?

42

1 A. No, they did not turn me down.

2 Q. And do you get paperwork saying why they
3 decided to give it to you or do they just award it
4 to you?

5 A. They just awarded it to me. They didn't
6 say anything.

7 MR. WHITE: That's all I have, Your
8 Honor.

9 COMMISSIONER BECK: Anything further?

10 MS. URBANIC: No, Your Honor.

11 COMMISSIONER BECK: All right. Any
12 other witnesses?

13 MR. WHITE: None, Your Honor.

14 MS. URBANIC: No, Your Honor.

15 COMMISSIONER BECK: That will
16 conclude this proceeding. Thank you all very much.
17 (Whereupon, the hearing
18 was concluded at 1:31 p.m.)
19
20
21
22
23
24
25

43

1 Certificate of Reporter
2

3 I, Deborah S. Thomas, Certified Verbatim
4 Reporter and Notary Public in and for the State of
5 South Carolina, do hereby certify that I reported
6 the hearing of Karabees vs. State Board on the 4th
7 day of January, 2012: that the witnesses were first
8 duly sworn, and that the foregoing 42 pages
9 constitute a true and correct transcription of the
10 said hearing.

11 I further certify that I am neither
12 attorney nor counsel for, nor related to or employed
13 by, any of the parties connected with this action,
14 nor am I financially interested in said cause.

15 I further certify that the original of
16 said transcript shall be hereafter delivered to
17 Commissioner T. Scott Beck, South Carolina Workers'
18 Compensation Commission, 1333 Main Street, 5th
19 Floor, Columbia, South Carolina 29201.

20 In witness whereof I set my hand and seal
21 this 31st day of March, 2012.
22
23
24
25

My Commission
expires 1/4/18

Deborah S. Thomas, CVR
and Notary Public for the
State of South Carolina

1-4-12 karabees hearing_1.txt

20

21

22

23

24

25

9
1

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

Thomas W. Karabees,)
Claimant,) Claim No. 0822094
-vs-)
State Board for Tech. &)
Comp. Education,)
Employer,))
and)
State Accident Fund,)
Carrier/))
Defendants.))
- - - - -)

COPY

FULL COMMISSION PANEL HEARING

- - - - -
Tuesday, July 17th, 2012
2:01 p.m. - 2:24 p.m.
- - - - -

The Full Commission Panel Hearing was held before the South Carolina Workers' Compensation Commission at the South Carolina Workers' Compensation Commission, 1333 Main Street, 5th Floor, Columbia, South Carolina, on the 17th day of July, 2012, before Jill H. Vickers, Certified Court Reporter and Notary Public in and for the State of South Carolina.

APPEARANCES:COMMISSION PANEL:

Avery Wilkerson, Chairman
 Susan Barden
 Derrick Williams

Thomas M. White, Esquire.
 Steinberg Law Firm
 118 S. Goose Creek Blvd.
 Goose Creek, South Carolina 29445
 Attorney for the Claimant

Margaret M. Urbanic, Esquire.
 Clawson & Staubes
 126 Seven Farms Drive, Suite 200
 Charleston, South Carolina 29492
 Attorney for the Defendants

INDEX:PageARGUMENTS:

MS. URBANIC	3
MR. WHITE	11
MS. URBANIC	19
CERTIFICATE	23

1 **COURT REPORTER:** Today is July 17th,
2 2012. This is South Carolina Workers'
3 Compensation Number 0822094. This is the case of
4 Thomas W. Karabees, Claimant, versus State Board
5 for Tech. & Comp. Education, Employer, and the
6 State Accident Fund is the Carrier.

7 The Appellant is the Defendant represented
8 by Margaret M. Urbanic. The Respondent is
9 represented by Thomas M. White.

10 Each side is allowed ten minutes for oral
11 argument and three minutes in reply. You are
12 requested to argue the grounds of exception and
13 stay within the record.

14 **MS. URBANIC:** Thank you, Commissioners.
15 We have appealed this order on several issues.
16 The main issue is whether or not the single
17 Commissioner was correct in finding the Claimant
18 was permanently and totally disabled. This case
19 is a little bit unusual in the fact that the
20 Claimant had Multiple Sclerosis and had been
21 diagnosed with Multiple Sclerosis since 2001. In
22 the record, we have the depositions of several
23 doctors. The one I'm going to really point out to
24 you is that of Dr. Lućas, who was his Neurologist,
25 who's treated him for Multiple Sclerosis since

1 2001 since he was diagnosed with it. The Claimant
2 was diagnosed with Multiple Sclerosis in 2001.
3 Dr. Lucas, his deposition was taken, and we had a
4 hearing actually back in 2011, and at that time,
5 that hearing was just over an issue of temporary
6 total benefits. And it was actually before the
7 same single Commissioner. And in that order,
8 because I know Tom is going to stand up here and
9 point out that order to you all, so I wanted to
10 talk about it first. There's a finding of fact
11 from that 2011 order about the fact that the
12 Claimant never missed work due to his Multiple
13 Sclerosis. And what I'd point out to you in
14 Dr. Lucas's deposition which is that in the
15 Claimant's Pre-hearing Brief, and it's Page 13 of
16 his Brief, Page 6 of the deposition, where
17 Dr. Lucas was being questioned, and he testified
18 he wasn't going to tell them that he couldn't
19 work. I don't disagree with the fact that he
20 didn't miss work because of the Multiple
21 Sclerosis. And I think when you look at what
22 Dr. Lucas said is that, throughout his records, he
23 notes repeatedly before this fall, the injury of
24 October 31st, 2008 is that "Wow, this guy has been
25 working longer than most people would have with MS

1 with his symptoms. You know, I talked with him
2 about, should he go out on disability, how long is
3 he going to continue to work." All those
4 discussions are over and over in the records prior
5 to October 31st, 2008. Dr. Lucas sees him about
6 every six months, sees him on a regular basis.

7 COMMISSIONER BARDEN: Has he been
8 written out completely now?

9 MS. URBANIC: Yes, he's out completely.

10 COMMISSIONER BARDEN: He's out
11 completely.

12 MS. URBANIC: He retired from Trident
13 Tech.

14 COMMISSIONER BARDEN: He was working
15 full time before?

16 MS. URBANIC: He was working as an
17 instructor at Trident Tech, and he fell down some
18 stairs on October 31st, 2008. He ended up having
19 shoulder surgery in early 2009, and then he took
20 -- he had been with Trident Tech. for 20 plus
21 years, so he took retirement, and during that
22 school year, which would have been April, I want
23 to say, of 2009, he filled out the paperwork for
24 retirement, and he admitted he just took his full
25 time and the service, took retirement. He ends up

1 going to Dr. Nolan for pain management, because
2 when he fell down the stairs, he injured his
3 shoulder and injured his back and his neck.

4 COMMISSIONER BARDEN: But he's unable to
5 perform any work of any description, right?

6 MS. URBANIC: Right. Commissioner, in
7 fact, Tom got -- or Mr. White got a Voc. Report.
8 It's in his APA's, and I think it was Dr. Price
9 who did the Voc. Report, and he points out there
10 are two reasons why this can't work, one because
11 he fell down the stairs, and two because of his
12 Multiple Sclerosis. And our argument is, really,
13 he can't work because of his Multiple Sclerosis.
14 And I think Dr. Lucas who's the benefit of seeing
15 this guy since 2001, at least twice a year, and
16 had noted many times before this accident, "Gosh,
17 I can't believe he's still working. I don't know
18 how long he's going to be able the keep working.
19 We talked about disability. We talked about all
20 of that." There are various references, and I
21 pointed them out in my Brief, about he started to
22 have some cognitive -- as part of the MS process
23 with, you know, remembering things. Different
24 things were affecting his ability to work, but in
25 his deposition, Dr. Lucas said, "I was never going

1 to tell him he couldn't work", and I think it's
2 just the doctor marveling at, "Wow, this guy has
3 really worked more than most people would have
4 with MS at this stage where it is in the process".

5 COMMISSIONER WILKERSON: But he was
6 continuing to work full time until he fell. Is
7 that correct?

8 MS. URBANIC: Well, he went back to work
9 after he fell, Commissioner. He took voluntary
10 retirement in April of 2009, and he actually --
11 and what's in the order from 2001, which is the
12 law of the case, because that's no longer under
13 appeal or whatever, it noted in that order in
14 Finding of Fact 6 that he was getting Social
15 Security Disability of his MS, although, that
16 Commissioner felt that wasn't dispositive on
17 anything, but I would point out to you that he did
18 go back to work. He took time off from work in
19 early '09 because of the shoulder surgery, and
20 that was the only surgery he needed from this
21 incident. He didn't have any back or neck
22 surgery. He took his years of retirement in April
23 of 2009, which he admitted that's how he filled
24 out the form and had the different options to --
25 you know, State employees have different ways to

1 fill out the form. He admitted he took it because
2 he was able to take his years in service, and then
3 the order for TT when we actually had to pick up
4 the TT, which he had been on a running award, is
5 November of 2009, and that's when Dr. Nolan, the
6 pain management doctor, got involved with his care
7 and started to treat him. So, the Commissioner
8 ordered it from when Dr. Nolan first saw him, as
9 far as that.

10 So, you know, my position is that, you know,
11 you have two different things going on here. You
12 have a person with previous Multiple Sclerosis
13 that was not affected by the fall, and Dr. Lucas
14 indicated that very clearly in his deposition.
15 Dr. Nolan, his deposition was taken, and what I
16 would point out to you is Dr. Nolan didn't really
17 know the extent of the Claimant's Multiple
18 Sclerosis. He kind of said, "I didn't really know
19 what it was. I'd defer to Dr. Lucas. You know,
20 here's what I know about his injuries from the
21 fall."

22 So, you know, had this fall not happened,
23 based on the records we have from Dr. Lucas, all
24 of the records from before he was seen in
25 September of 2007, you know, where Dr. Lucas

1 testified in his deposition, you know, "Even if he
2 kept pushing it, couldn't continue to work for
3 much longer." That's Page 15 of the APA's. "I
4 can't tell you with 100 percent accuracy, you
5 know, something, you know, six months to a year at
6 best that he'd be able to continue working". And
7 that was in September of 2007.

8 So, you know, it's a weird predicament the
9 case is in, but I think when you look at the
10 record of Dr. Lucas's records, that clearly this
11 man, had he not fallen, would have had to come out
12 of work because of his Multiple Sclerosis, which
13 is why he got Social Security Disability which was
14 noted in the prior order from 2011, that he
15 shouldn't have been found P&T from this accident.
16 He should have just been found under 42-930 for
17 the injuries to his shoulder and to his spine as a
18 result of it, and those issues kind of all
19 intertwine. And the Voc. Report, as I said,
20 mentioned that -- they noted in the Voc. Report
21 which was the only Voc. Report submitted by
22 Dr. Price that there were two reasons why he
23 couldn't work.

24 So, I feel like the carrier should be given
25 the benefit of, if somebody can't work for a

1 condition unrelated to their fall or their
2 Workers' Comp. accident, then I don't know why
3 we're being, you know, required to pay permanent
4 total when this gentleman would have been working
5 regardless at this time. I'm sure wishful
6 thinking, the Claimant would like to think that he
7 was invincible. And you'll note if you look at
8 Dr. Lucas's testimony again -- "I don't know if MS
9 is a progressive disease". The note indicated the
10 progressing. The Claimant testified he didn't
11 feel like it was, but you know, I would rely on
12 the medical records in the notes as far as what
13 the doctor saw as to how that disease progressed,
14 and that it really would have affected and was
15 starting to affect his ability to work, and
16 there's numerous notations of that in Dr. Lucas's
17 records. Dr. Nolan who I know in the 2012 order,
18 there was some reference to the treating
19 physician, Dr. Nolan, which he is a treating
20 physician, but what Dr. Nolan said -- he hadn't
21 really factored in the Multiple Sclerosis. He
22 only looked at the injuries on the job, and that's
23 on Page 145 of the Claimant's APA's submissions.
24 So, I think you have to look at what his condition
25 was prior to the fall and how that would have

1 affected him in reaching a fair decision. Thank
2 you.

3 COMMISSIONER WILKERSON: Mr. White.

4 MR. WHITE: May it please the
5 Commission. When we requested that the defendants
6 pay temporary total after my client had gone out
7 of work because of this injury, they denied that,
8 and we had to go to a hearing, and we tried that
9 issue on the exact same argument, that he was out
10 of work because of his Multiple Sclerosis. That
11 was heard by the single Commissioner. We won
12 that. They appealed it, and it came before the
13 Full Commission, and the Full Commission issued an
14 order, and that order was not appealed by the
15 defendant. And that order says, "The Claimant has
16 suffered from Multiple Sclerosis since 2001, that
17 he worked full time until he went out of work due
18 his injuries; these injuries from this job injury,
19 and at no time was he taken out of work by a
20 doctor due to his Multiple Sclerosis". That was
21 not appealed by the defendants. That's Finding of
22 Fact Number 5 in the Full Commission Order.

23 If I could hand up -- rather than have to
24 look through the APA's, I've just got a few that I
25 pulled out, if we could pass those up, I'm sure.

1 ... but obviously, this Claimant was not a normal
2 -- the Claimant was -- well, we'll look at these
3 first. He was seeing Dr. Lucas. We submitted all
4 the records of Dr. Lucas going back to 2001, and
5 he was only seeing Dr. Lucas every six months for
6 his Multiple Sclerosis. And the first thing I've
7 handed up to you is a note from Dr. Lucas dated
8 September 18th, 2008. Now, this is only six weeks
9 before his injury. There's not a single
10 restriction in any of these records from
11 Dr. Lucas. He never takes him out of work. He
12 never misses a day of work. So, six weeks before
13 his injury, he says he generally is doing fairly
14 good, to come back in six months. There's
15 absolutely nothing in here about him having any
16 problems at work, him not being able to work or
17 him going to be missing work in the future. The
18 next note, which is March 19th, 2009, is after --
19 the first time he was seen after the fall, and
20 this is just six months later at his regular six
21 month check-up with Dr. Lucas, and this is after
22 the fall, and Dr. Lucas says "Neurologically, he's
23 doing fine. He's no Multiple Sclerosis attacks or
24 affairs. Apparently, around Halloween he fell and
25 hurt his shoulder, and he's seeing Dr. Wilson and

1 had an MRI of his spine, and his multiple
2 Sclerosis is stable." Now, this is only three
3 weeks before he went out of work. Now, he went
4 out of work in April of 2009. So, this is March
5 of 2009, three weeks before his discharge date
6 when he left work. There's nothing in here about
7 his missing work. So, the defendant's keep saying
8 "He's out of work because of his Multiple
9 Sclerosis", but there's not one medical record
10 anywhere in this file that says he's missed any
11 work due to his Multiple Sclerosis. This guy was
12 a little unusual. I mean, he was in the Marines
13 for eight years. You know, he has two college
14 degrees, has a master's degree. He was active
15 duty in Vietnam. He did Nuclear Security in the
16 Philippines. He got out of the marines as a
17 Lieutenant. He was named the "Outstanding Junior
18 Engineering Officer in the Armed Forces" when he
19 was in the military. I mean, this guy is not your
20 normal Claimant. As soon as he got out of the
21 Marines, he went to work at Trident Technical
22 College, and he worked there for 32 years -- 31
23 years. He taught Math and Physics, but he really
24 wanted to be in the field, so he began doing
25 industrial programs, and this guy ran the programs

1 when they took the students out into the field,
2 and they worked at Bosch, and they worked at Gates
3 and Alcoa. This injury actually occurred -- he
4 was working at Dack at the time, although it
5 happened at Trident. They worked at Cummings.
6 So, they're taking these students out, and he's
7 teaching them chemical, electrical and all types
8 of engineering, and they're having to pull motors
9 out, climb on freight cars, climb this, climb
10 that, and when he tried to go back to work after
11 his shoulder surgery when he was treating with the
12 doctors, he just couldn't do it. I mean, he
13 couldn't do it. And his testimony was, "I left
14 work because I could not do my job, and I had
15 enough time in to retire. I never planned to
16 retire. I was going to keep working as long as I
17 could have, and I would have left when I couldn't
18 no longer physically work." We've got Dr. Lucas's
19 note from three weeks before that, and his
20 Multiple Sclerosis is stable.

21 Now, the defendants agreed for Dr. Nolan to
22 be the authorized treating physician. I mean,
23 that was -- by agreement, by court order, that's
24 the doctor. So, Nolan treats him, and on the next
25 page of what I submitted, Dr. Nolan says on

1 October 12th, 2010, and this is uncontradicted, "I
2 do not feel he can work in his present condition
3 due to multiple injuries from a fall in October of
4 2008. It's my medical opinion that Mr. Karabees'
5 inability to work is directly related to his work
6 injury and not to his Multiple Sclerosis, because
7 he was working without any significant limitations
8 prior to his work injury". And he goes on to say
9 in the last sentence that I've highlighted, "It's
10 also my medical opinion that Mr. Karabees would be
11 able to continue to work in his previous
12 occupation with his Multiple Sclerosis had he not
13 been injured in October of 2008". And that's
14 exactly what he was doing. He had Multiple
15 Sclerosis for seven years before he got injured,
16 never missed a day, never had any restrictions
17 from any doctor. And that was before he reached
18 maximum medical improvement.

19 And the last thing that we put in here, and
20 this is the reason that I believe he was found
21 totally disabled, is the last paragraph, "I do not
22 feel he can work in his present condition due to
23 multiple injuries from the fall. He would not be
24 able to sit, stand or walk for prolonged periods
25 and has to lie down periodically throughout the

1 day which is not conducive to gainful employment.
2 He would most likely miss an excessive amount of
3 work due to his pain."

4 The only evidence they have was Dr. Lucas
5 never treated him for any of this. Dr. Lucas was
6 just his ongoing Neurologist who he had been
7 seeing for nines years at that point, and they
8 took his deposition, and Dr. Lucas was
9 basically -- this guy is not your normal guy. I
10 mean, he was going to work as long as he could
11 have. Dr. Lucas said in his deposition on Page
12 13, "Nobody was going to tell him when he had to
13 stop work. He was just go-getter". Page 14,
14 "Everyone is different on how far they'll keep
15 pushing themselves". Page 15, "He'll keep pushing
16 on". Number 20, "He never had any neck or back or
17 shoulder problems related to his Multiple
18 Sclerosis". Page 21, "The shoulder, the neck and
19 the back injuries ..." -- you know, even Dr. Lucas
20 agreed instead of forcing him to leave work. And
21 so, Dr. Lucas was projecting into the future that,
22 eventually, he wouldn't have been able to work
23 from his Multiple Sclerosis, but his Multiple
24 Sclerosis, by the medical records that we've
25 submitted, was stable when he fell. It was stable

1 before he fell. Six weeks before, we've got the
2 records. It was stable after he fell and three
3 weeks before he quit work. Dr. Lucas never
4 addresses his inability to work. He just says
5 maybe in the future he wouldn't have been able to.
6 But we have Dr. Lucas saying that this guy was
7 going to continue to work as long as he could, and
8 we've got the authorized treating physician by
9 court order saying he's out because of these
10 injuries, and Multiple Sclerosis has nothing to do
11 with it. I've already proven this at the first
12 hearing that we won on appeal that they didn't
13 take up any higher. And we already have a finding
14 that he was out due to these injuries only and
15 nothing to do with Multiple Sclerosis, and then,
16 finally, the authorized treating physician takes
17 him out. I mean, I think that the defendants have
18 nothing to argue except Dr. Lucas saying,
19 eventually, he would have gone out from his
20 Multiple Sclerosis.

21 You know, we take our Claimants as we get
22 them. I've got plenty of Claimants that are laid
23 up not trying to work. This is not the guy. This
24 guy -- I mean, he never had a Comp. case in his
25 life, never had an auto wreck in his life, never

1 had any claims. This guy, before his injury with
2 his Multiple Sclerosis was leading a Boy Scout
3 Troop that were going hiking, as we've talked
4 about every month. He was a water instructor. He
5 taught Martial Arts, and he was not limited in any
6 of these activities. You know, I don't know what
7 the guy is supposed to do. Then he couldn't do
8 any of this after his injury. It had nothing to
9 do with his Multiple Sclerosis. They can't
10 present one record from Dr. Lucas in an office
11 record where it talks about him being put on
12 restrictions or taken out of work because of his
13 Multiple Sclerosis. All they can say is,
14 eventually, he's going to go out because of that.
15 I mean, this guy may have worked another ten
16 years. I don't know. But unfortunately, he got
17 hurt, and the treating doctors had said that he
18 went out of work because of his injury. And I
19 think it's clear and it's totally supported by the
20 doctors.

21 I think Dr. Nolan's record alone gives us
22 total disability, and he makes it very clear that
23 it has nothing to do with his Multiple Sclerosis.
24 Let me look at my notes real quick. Yeah, his
25 testimony was "no intent of retiring".

1 As to him getting Social Security
2 Disability, you know, he applied for Social
3 Security and just got it. I mean, he didn't have
4 to have a lawyer go into a hearing. They just
5 gave it to him, and his age -- he was already in
6 his 60's, and they gave it to him. And there's no
7 paperwork in here saying "Multiple Sclerosis".
8 There never was an official favorable decision
9 like we see in a denied case.

10 And he continues to see Dr. Nolan, and
11 Dr. Nolan was his treating physician for two
12 years, and the previous award of temporary total
13 started when Dr. Nolan said he couldn't work, and
14 that was what the single Commissioner ordered in
15 the first order.

16 So, I think that it certainly should be
17 affirmed, and I think the evidence totally
18 supports our position.

19 **COMMISSIONER WILKERSON:** In reply?

20 **MS. URBANIC:** Briefly. I would like to
21 direct your attention to APA Pages 30 and 31.
22 These are both notes of Dr. Lucas. Page 31 is
23 from September 20th of 2007, and in the bottom
24 paragraph, Dr. Lucas noted, "He has continued to
25 work but is having more of a struggle with it. We

1 had long and frank discussion about this, and I
2 would support him in any disability application.
3 He's able to keep working purely at this point due
4 to pushing himself, and certainly reducing his
5 workload and stressors may help his MS, as well."
6 And that was September 20th of 2007. And his
7 visit which is March 20th, 2008, again, Dr. Lucas
8 notes, "He certainly worked far beyond the average
9 patient with his difficulties with MS". So, there
10 are indications in Dr. Lucas's notes about his
11 problems working due to his Multiple Sclerosis..

12 When we took his deposition, Dr. Lucas's
13 deposition, it was back in May of 2010, and at
14 that time, Dr. Lucas had testified, and this is on
15 Page 19 of APA Page 12 of the deposition, and I
16 asked him, "So I'm clear, it's your opinion to a
17 reasonable degree of medical certainty that Mr.
18 Karabees is disabled and unable to work due to his
19 Multiple Sclerosis", and his response was "Yes,
20 ma'am", because at that time, he was in the
21 process of filling out some disability paperwork
22 and that sort of thing. He indicated that he had
23 applied. Dr. Lucas didn't know what happened to
24 his paperwork, per the testimony.

25 So, there is testimony in there from

1 Dr. Lucas that he cannot work from Multiple
2 Sclerosis, and in May of 2010 when his deposition
3 was taken, he agreed that he was -- even though he
4 didn't say he was taking him out at that time, but
5 he felt from a medical point of view that this man
6 couldn't work because of his MS. And again, going
7 back to Page 13 of his deposition where I know Tom
8 keeps saying, "There's nothing before this date of
9 loss saying, you know, check the box, he's out due
10 to his MS", and if there was something, I would
11 have pointed it out to y'all. I'm well aware that
12 there was nothing, but the records are there that
13 there were problems with him working, and
14 Dr. Lucas said he wasn't going to tell him not to
15 work. I'm sure there's a huge psychological
16 benefit if you have a progressive disease to keep
17 working and not sit at home on your couch and
18 think about your disease process.

19 So, I think the evidence is there that this
20 gentleman cannot work because of his Multiple
21 Sclerosis, and this should be 42-930 case. Thank
22 you.

23 COMMISSIONER WILKERSON: That concludes
24 the hearing.

25 (Whereupon, the Full Commission Panel Hearing

concluded at 2:24 o'clock p.m.)

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

STATE OF SOUTH CAROLINA)

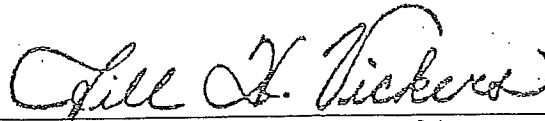
: C-E-R-T-I-F-I-C-A-T-E

COUNTY OF RICHLAND)

I, Jill H. Vickers, Certified Court Reporter and Notary Public, certify that I did have the Full Commission Panel Hearing before me at 2:01 p.m., on Tuesday, July 17th, 2012, at the South Carolina Workers' Compensation Commission, 1333 Main Street, 5th Floor, Columbia, South Carolina; that the foregoing pages constitute a true and accurate transcript of the proceedings held at that time and place.

I further certify that I am not of counsel or kin to any of the parties to this cause of action, nor am I interested in any manner in its outcome.

IN WITNESS WHEREOF I have hereunto set my hand and seal this 5th day of November, 2012.



Notary Public for South Carolina.
My commission expires July 5th, 2016.

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

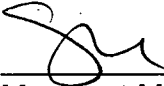
WCC File No. 0822094
Appellate Case No. 2012-213196

Thomas Karabees, Jr., Employee Respondent,
v.
State Board for Tech. & Comp. Education, Employer, and State Accident
Fund.....Appellants.

CERTIFICATE OF COUNSEL

The undersigned hereby certifies that the Record on Appeal contains
all material proposed to be included by any of the parties and not any other
material.

April 12, 2013



Margaret M. Urbanic
126 Seven Farms Dr.
Suite 200
Charleston, SC 29492
(843) 577-2026
Attorney for Appellants

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

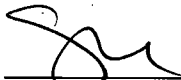
WCC File No. 0822094
Appellate Case No. 2012-213196

Thomas Karabees, Jr., Employee Respondent,
v.
State Board for Tech. & Comp. Education, Employer, and State Accident
Fund.....Appellants.

CERTIFICATE OF COUNSEL

The undersigned hereby certifies that the Record on Appeal contains
all material proposed to be included by any of the parties and not any other
material.

April 12, 2013



Margaret M. Urbanic
126 Seven Farms Dr.
Suite 200
Charleston, SC 29492
(843) 577-2026
Attorney for Appellants

RECEIVED

APR 16 2013

SC Court of Appeals