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THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM THE SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION

Appellate Panel

WCC #1118193

Patricia Johnson, Employee, ... Appellant,

-vs-

Staffmark, Employer, and New Hampshire Insurance
Company, Carrier, ... Respondent.

RECORD ON APPEAL

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Attorneys for the Appellant

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SC Court of Appeals

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STATE OF SOUTH CAROLINA
BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO.: 1118193

Patricia Johnson,

Claimant,

v.

Staffmark,

Employer,

and

New Hampshire Insurance Company,

Carrier,

Defendants.

DECISION AND ORDER

HEARING: The Hearing in this matter was held in Columbia, South Carolina, on March 27, 2012.

APPEARANCES: The claimant was represented by George Sink, P.A., with Patrick Scarlett, Esquire, appearing.

The defendants were represented by Sowell Gray Stepp & Laffitte, L.L.C. with Grady L. Beard, Esquire, appearing.

PURPOSE OF HEARING: To determine issues pursuant to the Forms 50 and 51.

DECISION AND ORDER: By Gene McCaskill, Commissioner

FILED: May 16, 2012

APA SUBMISSIONS

The following medical reports and exhibits were submitted on behalf of the claimant pursuant to the Administrative Procedures Act:

Physician	Practice	Dates of Service	Page Numbers
1.	Fairfield County EMS	12/21/11	Page 1
2.	Sisters of Charity Providence Hospital	12/21/11	Pages 2-10
3.	Doctor's Care	12/22/11	Pages 11-12
4. William C. James, M.D.	Midland Orthopaedics, P.A.	12/22/11- 02/22/12	Pages 13-34
5. William C. James, M.D.	Palmetto Health Baptist	01/03/12- 01/04/12	Pages 35-37
6. William C. James, M.D.	Palmetto Health Baptist	01/19/12- 01/24/12	Pages 38-43
7. Bertrand Gue, M.D.	Orangeburg-Calhoun Free	01/25/12	Pages 44-45
8.	The Regional Medical Center	01/26/12- 02/02/12	Pages 46-47
9. John G. Robinson, M.D.	Palmetto Health Baptist	01/26/12	Pages 48-51

Exhibits	Date of Reports	Page Numbers
10. Subpoena for employee manual, accompanying responses		Pages 52-65
11. Payroll records		Pages 66-67
12. Subpoena for pictures of scene or opportunity to inspect		Pages 68-69

The following additional medical reports and exhibits were submitted on behalf of the defendants pursuant to the Administrative Procedures Act

Physician	Practice	Dates of Service	Page Numbers
1.	The Regional Medical Center	06/24/10	Pages 1 - 24

Exhibits	Date of Reports	Page Numbers
A. Claimant's Deposition.	02/22/2012	

STIPULATIONS

The parties stipulated at the Hearing to the following:

1. The purpose of the Hearing is to determine issues pursuant to the Forms 50 and 51.
2. Notice of the Hearing was timely and properly served upon all parties of interest.
3. The South Carolina Workers' Compensation Commission has jurisdiction over this matter, and venue set in Richland County is proper by agreement of the parties for this Hearing.
4. The South Carolina Workers' Compensation Commission file is made a part of the record with the exception of any self-serving declarations or unstipulated medical reports.
5. The claimant alleges an injury by accident on December 21, 2011, involving her left foot and left leg.
6. The claimant's average weekly wage is \$382.30, resulting in a compensation rate of \$254.88.

STATEMENT OF THE CASE

This is a denied claim. The claimant alleges she sustained a compensable work-related accident on December 21, 2011, when she slipped and fell in the doorway of the entrance of Lang-Mekra, where she had been assigned to work by her employer. The claimant alleges that as a result of the fall she sustained injuries to her left foot and left leg. The claimant requests payment for all causally-related medical care; additional medical treatment; temporary total disability benefits from December 21, 2011 and continuing; and a finding of compensability pursuant to the "Personal Comfort Doctrine."

It is the position of the defendants that the claim is not compensable under Section 42-1-160, as the claimant was not injured within the course and scope of her employment, and her alleged injuries are idiopathic in nature, as claimant's left ankle simply gave out due to personal reasons and, therefore, all benefits requested under the Act with regard to this alleged accident should be denied as a matter of law. The defendants contend the claim should also be barred from pursuit of any benefits based upon the intoxication defense (§42-9-60) and maintain the claimant did not provide her employer with a complete list of the medication, including opiates, which she was prescribed. In addition, the defendants also contend

the claimant failed to acknowledge her pre-existing injury to her left foot/ankle and requests a determination as to the extent of pre-existing disability, if the claim is found compensable.

Accordingly, the primary issues for determination are (1) whether the claimant sustained a compensable injury by accident within the course and scope of her employment; (2) whether claimant's alleged injury is idiopathic; (3) whether the claimant is entitled to medical treatment as alleged; (4) whether claimant is barred from pursuit of benefits due to intoxication defense; (5) if compensable, a determination as to the extent of pre-existing disability; and (6) whether the claimant is entitled to any other benefits under the Act.

EVIDENCE OF THE CASE

The undersigned has carefully considered all of the evidence presented by the parties in this claim, including the claimant's testimony during the Hearing, the Hearing testimony of Terrance Green, as well as the medical records and exhibits properly submitted by the parties pursuant to the APA. From this evidence, the following is specifically noted:

A. HEARING TESTIMONY

I. CLAIMANT'S TESTIMONY

The claimant testified on her on behalf at the Hearing before the undersigned. The claimant testified she graduated from high school and has held positions in basic manufacturing, machine operation and assembly. See H.T., p. 10. The claimant testified she began working for the employer approximately two and one-half months prior to her alleged accident at the Lang-Mekra facility in Ridgeway. Id. The claimant testified she was getting ready for a break, went to her vehicle, walked back into the doorway, and slipped and fell. See H.T., p. 12. She testified she was taken to Providence Hospital Northeast, where she was administered pain medication. See H.T., pp. 15-17. The claimant testified she had surgery on her left ankle on January 3, 2012, performed by Dr. William James. See H.T., p. 16. The claimant testified she developed blood clots following her surgery. See H.T., p. 17. The claimant testified she has had prior

problems with her left ankle/foot including swelling. See H.T., p. 18. The claimant testified that currently she has throbbing and aching pain in her left foot. See H.T., p. 20.

On cross-examination, the claimant testified her medications include Buspar, Klonopin (Clonazepam) and blood pressure medication. See H.T., p. 23. The claimant testified she was unsure whether Staffmark was aware of her opiate medication specifically. See H.T., p. 25. With regard to her prior June 28, 2010, injury to her left foot, the claimant testified she was not made aware of her diagnosis of arthritis, bone spur or the enthesophytes in her Achilles tendon, at the time of the injury. See H.T., p. 34. Claimant admitted she was aware that two of the medication she took prior to the accident were opiates. See H.T., p. 33. With regard to her alleged work accident, the claimant testified she was unaware of any witnesses to her fall. See H.T., p. 36, 37. She further testified her supervisor, Terrance Green, did assist her after the fall and she did tell him that when she walked into the door, she slipped and fell. See H.T., p. 37. The claimant contended that the history of accident reported in the Providence Hospital report was not accurate. See H.T., p. 39. When questioned extensively regarding whether she advised her medical providers that she slipped on a wet floor, the claimant testified she could not recall what she told her medical providers regarding her alleged injury. See H.T., pp. 40-43. However, the claimant consistently testified that she slipped and fell when she returned to the building. See H.T., p. 43. The claimant was also questioned about her receipt of unemployment benefits the entire time she was working for the employer. See H.T., p. 55.

II. TESTIMONY OF TERRANCE GREEN

Terrance Green appeared and testified as a witness called by the defendants. Mr. Green testified he is employed as a supervisor for Lang Mekra. See H.T., p. 60. He testified the claimant worked for the staffing company, Staffmark, at Lang Mekra, as an assembly line worker under his supervision. See H.T., p. 61. Mr. Green testified he and others completed an investigation of the incident involving the claimant's fall. See H.T., p. 61. He testified that the investigation concluded the area from the concrete inside the

building was completely dry on the date of the alleged accident. Id. Mr. Green also testified there were no eyewitnesses to the claimant's fall. See H.T., p. 63. Mr. Green testified the claimant did not advise him that she was taking medications classified as narcotics or opiates prior to the alleged accident. See H.T., p. 62. He further testified it would be important to know that an employee is taking certain medications while working around machinery. See H.T., p. 63. Finally, Mr. Green testified the claimant never told him of her prior left ankle injury, including arthritis and Achilles tendon issues. See H.T., p. 64.

B. APA SUBMISSIONS

I. MEDICAL EVIDENCE

The claimant presented to Providence Hospital on December 21, 2011, with complaints of ankle pain. See Claimant's APA #2, p. 2. Specifically, the claimant reported "she was walking through a doorway when she felt a twisting sensation and had a sharp pain in her left ankle." Id. The claimant was diagnosed with a left fibula spiral fracture and posterior malleolus fracture. See Claimant's APA #2, p. 5. On December 22, 2011, the claimant presented to Doctors Care with complaints of left ankle pain after falling, while walking through a doorway at work. See Claimant's APA #3, p.11. The claimant was also administered a drug test on 12/22/11, which returned positive for opiates. The claimant was then referred to Midlands Orthopaedics, where she was initially treated by Dr. Robert DaSaliva and later treated by Dr. William C. James, III. See Claimant's APA #3, p.13.

On December 28, 2011, Dr. James recommended an internal fixation of the claimant's left ankle; however, due to the claimant's possible sinus infection, he advised postponement of the surgery until claimant had the opportunity to follow-up with her primary care physician regarding her sinus infection. See Claimant's APA #4, p. 18. On January 3, 2012, the claimant underwent an open reduction and internal fixation of a left ankle trimalleolar fracture with placement of syndesmosis screw, performed by Dr. James. See Claimant's APA #5, p. 35.

Following the claimant's surgery, on January 19, 2012, she was admitted to Palmetto Health Baptist with diffuse swelling throughout her left foot and was diagnosed with left lower extremity postoperative deep venous thrombosis. See Claimant's APA #6, p. 38. The claimant was discharged on January 24, 2012, upon completing anticoagulation therapy. See Claimant's APA #6, p. 41.

Pre-Existing Condition(s)

The claimant was admitted to The Regional Medical Center on June 28, 2010, with complaints of left foot/ankle pain and swelling and no indication of a recent injury. See Defendants' APA#1, p. 1. The claimant was diagnosed with foot sprain. See Defendants' APA#1, p. 6. An x-ray of the claimant's complete left foot revealed degenerative changes with a small plantar calcaneal bone spur and small enthesophyte at the Achilles tendon. See Defendants' APA#1, p. 24. There was also soft tissue prominence; edema versus obesity. Id.

II. DEPOSITION TESTIMONY OF THE CLAIMANT

The claimant testified she was 49 years of age and a graduate of Orangeburg Wilkinson High School in Orangeburg, South Carolina. See Deposition of Claimant, p. 6. The claimant testified she was hired by Staffmark on September 8, 2011, as a packer at the Lang Mekra plant. See Deposition of Claimant, p. 11. Her supervisor was Terrance Green and her hourly rate of pay was \$10/hr. See Deposition of Claimant, p. 10. The claimant testified she had high blood pressure for several years and was taking medication for same. See Deposition of Claimant, p. 16.

With regard to her work accident, the claimant testified her alleged accident occurred on December 21, 2011. See Deposition of Claimant, p. 18. She testified she was returning from the parking lot during her lunch break, when she stepped into the building and fell on the floor. Id. She testified the floor was damp because it had been raining that day and the parking lot was wet. See Deposition of Claimant, p. 20. She

testified that she immediately felt pain in her left ankle and could see that it was visibly twisted under her. See Deposition of Claimant, p. 21. The claimant testified she was unsure if there were any witnesses to her fall. Id. The claimant testified she did not move until the ambulance arrived and took her to Providence Hospital Northeast, where she was given morphine and her ankle was placed in a splint. See Deposition of Claimant, pp. 22,23. She testified the following day she presented to Midlands Orthopaedic and saw Dr. DaSilva, who confirmed that she would need surgery. See Deposition of Claimant, p. 23. The claimant testified her surgery was delayed because of swelling to her ankle and a sinus infection she developed. See Deposition of Claimant, p. 25. The claimant testified Dr. James performed ankle surgery on January 3, 2012. See Deposition of Claimant, p. 26. Finally, the claimant testified her ankle was still very painful; however, she has started to bear weight on her ankle. She testified she gets assistance from her family for her daily needs. See Deposition of Claimant, p. 30.

FINDINGS OF FACT

The undersigned has carefully considered and reviewed all of the evidence presented by the parties in this claim, including the claimant's Hearing and deposition testimony; the Hearing testimony of Terrance Green; the medical evidence and exhibits and the legal positions argued on behalf of both parties.

From this evidence, IT IS FOUND AS A FACT THAT:

1. Both the claimant and the defendant/employer are subject to the South Carolina Workers' Compensation Act, as the claimant was a covered employee and defendant/employer was a covered employer at the time in question.
2. The claimant fell on December 21, 2011, while working for Staffmark at Lang Mekra. This finding is based upon the testimony of the claimant, Terrance Green and the medical evidence.
3. The claimant's testimony regarding the injury differs from the statement she gave to Providence Hospital on the day of the injury. While she now says that she slipped and fell on a wet concrete floor, she reported on the day of the injury that "...she was walking through a doorway when she felt a twisting sensation and had a sharp pain in her left ankle." Her new explanation of injury is inconsistent compared to her original history of accident. This finding is based upon the Providence Hospital report of December 21, 2011, and the medical evidence of the claimant.

4. The claimant has a history of prior medical issues with her left ankle. This finding is based upon the medical evidence submitted from Orangeburg Regional Medical Center.
5. There were no witnesses to the fall. The finding is based upon the testimony of the claimant and Terrance Green.
6. Terrance Green, the Claimant's supervisor, who assisted her after the fall, testified that the concrete floor was not wet. This finding is based upon the Hearing testimony of Mr. Green.
7. There is nothing in the record that supports the Claimant's assertion that she fell on a wet concrete floor. This finding is based upon the Hearing testimony of Terrance Green and the medical evidence in the record.
8. Given the past medical history of the left ankle and the lack of any evidence to a work-related fall, the Claimant's fall was the result of an idiopathic failure of the left ankle. This finding is based upon all the medical evidence in the record and the testimony of Terrance Green.
9. As such, the Claimant is not entitled to any compensation or medical care under the act. This finding is based upon the above Findings of Fact.

CONCLUSIONS OF LAW

Based upon the foregoing Findings of Fact, and as provided by the Code of Laws of South Carolina, § 42-17-40, it is the determination of this Commissioner that:

1. Pursuant to Section 42-1-130, the claimant was a covered employee at the time in question; and under § 42-1-140, the defendant employer was a covered employer.
2. Pursuant to Section 42-1-160, the claimant failed to meet her burden of proving she sustained a compensable injury by accident arising out of and in the course of her employment with the defendant employer and in fact her alleged injury was the result of an idiopathic failure of her left ankle.
3. Pursuant to Section 42-9-10, the claimant is not entitled to compensation for temporary total disability.
4. Pursuant to Section 42-9-30, the claimant is not entitled to permanent partial disability.
5. Pursuant to Section 42-15-60, the defendants are not responsible for any past, ongoing or future medical care.

ORDER

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED, that the Findings of Fact and Conclusions of Law are incorporated herein as if set forth verbatim. The claim is **DENIED** in its entirety.

No Hearing costs are assessed in this matter.

IT IS SO ORDERED.

SOUTH CAROLINA WORKERS' COMPENSATION
COMMISSION



Commissioner Gene McCaskill

CERTIFICATE OF SERVICE

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

May 16, 2012

By: Kellie Lindler, Administrative Assistant to Commissioner McCaskill

APPELLATE PANEL
DECISION AND ORDER
OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO.: 1118193

PATRICIA JOHNSON, EMPLOYEE CLAIMANT/APPELLANT

VS.

STAFFMARK, EMPLOYER,

AND

NEW HAMPSHIRE INSURANCE COMPANY, CARRIER DEFENDANTS/RESPONDENTS.

Appellate Panel Review Hearing
held in Columbia, South Carolina,
on September 18, 2012, per notices
timely and properly served upon
all parties of interest.

Appellate Panel Decision and Order

filed, 11-15-12

APPEARANCES:

CLAIMANT/APPELLANT represented by Paula Howker Amick, Esquire, and
Patrick Scarlett, Esquire, of Columbia, South Carolina; and

DEFENDANTS/RESPONDENTS represented by Grady L. Beard, Esquire, of
Columbia, South Carolina.

STATEMENT OF THE CASE

This is an appeal by the claimant from the Decision and Order of Commissioner Gene McCaskill, filed May 16, 2012.

The claimant appeals the Decision and Order of Commissioner Gene McCaskill, finding she was not entitled to benefits under the Act, as the accident in question did not constitute a compensable injury by accident. The defendants, Staffmark and New Hampshire Insurance Company, maintain the Hearing Commissioner properly denied the claimant benefits pursuant to the Act.

By way of background, the claim is before the South Carolina Workers Compensation Commission pursuant to Form 50 filed on January 19, 2012. It is the position of the claimant that she sustained a compensable injury to her left foot and left leg on December 21, 2011. Accordingly, the claimant sought payment for all causally-related medical care; additional medical treatment; temporary total disability benefits from December 21, 2011 and continuing; and a finding of compensability pursuant to the "Personal Comfort Doctrine."

Pursuant to the Form 51 filed on February 2, 2012, the defendants denied the claim in its entirety. It is the position of the defendants that the claim is not compensable under Section 42-1-160 as the claimant has not met her burden of proving she was injured within the course and scope of her employment. Furthermore, the defendants maintain the claimant's alleged injuries are idiopathic in nature as the claimant's ankle gave out due to personal reasons and therefore, all benefits requested under the Act with regard to the alleged accident must be denied as a matter of law. The defendants also maintain the claim should be barred based upon the intoxication defense, Section 42-9-60, as the claimant failed to provide a complete list of her medication, including prescribed opiates. Finally, the defendants assert the claimant failed to acknowledge her pre-existing injury to her left foot/ankle, and request a determination as to the extent of pre-existing disability if the claim is found compensable.

A Hearing on the matter was held on March 27, 2012, before Commissioner Gene McCaskill ("Single Commissioner"). By way of the Decision and Order dated May 16, 2012, the Single

Commissioner determined the claimant failed to meet her burden of proving she sustained a compensable injury by accident arising out of and in the course of her employment and, in fact, her alleged injury was the result of an idiopathic failure of her left ankle. The Single Commissioner further determined the claimant was not entitled to compensation for temporary total disability and permanent partial disability. Finally, the Single Commissioner held the defendants were not responsible for any past, ongoing or future medical care.

By way of Form 30 filed with the Commission on May 16, 2012, the claimant appealed the Order of the Single Commissioner to the Full Commission Appellate Panel based upon the following grounds:

1. Did the Commissioner err in finding the Claimant is not entitled to any compensation or medical care under the Act?
2. Did the Commissioner err in finding the Claimant's fall was the result of an idiopathic failure of the left ankle?
3. Did the Commissioner err in finding a lack of any evidence that this fall arose out of the Claimant's employment?
4. Did the Commissioner err in finding that a June 2010 medical visit by Claimant with complaints about the left ankle are related to and the cause of the December 2011 fall at work?
5. Did the Commissioner err in not finding the Claimant suffered a compensable injury?
6. Did the Commissioner err in not finding the nature of the injury itself is inconsistent with an idiopathic fall?
7. Did the Commissioner err in not finding the record established that the floor was wet or slick, where the employer representative acknowledged seeing a footprint on the floor near where the Claimant fell and the Claimant otherwise testified that it [had been] raining outside and she slipped as a result when she entered the building and stepped on the cement floor?
8. Did the Commissioner err in finding the Claimant's testimony was inconsistent with the history given to medical providers?
9. Did the Commissioner err in finding there was nothing in the record to support that the Claimant fell on a wet cement floor?

10. Did the Commissioner err in finding the Claimant's past medical history supported she suffered an idiopathic fall?
11. Did the Commissioner err in not reviewing the evidence, and in not stating the facts and reasonable inferences therefrom, in a light most favorable to Claimant?
12. Did the Commissioner err in not awarding the Claimant benefits under the Act?

The defendants respectfully requested the Appellate Panel to affirm the Decision and Order of the Single Commissioner in its entirety, based upon the following grounds:

1. The Single Commissioner properly found the claimant's fall was not an injury by accident arising out of and in the course of her employment.
2. The Single Commissioner properly found the claimant's fall was idiopathic in nature.
3. The Single Commissioner properly determined the claimant's past medical history regarding her left ankle contributed to the idiopathic failure of her left ankle.

After careful review in the instant case of all grounds raised, the evidence in the record, and oral arguments from both counsel, the Commission finds that, by unanimous vote, the Decision and Order of the Hearing Commissioner must be **Affirmed** in its entirety.

FINDINGS OF FACT

The Appellate Panel has carefully considered and reviewed all of the evidence presented by the parties in this claim, including the claimant's Hearing and deposition testimony; the Hearing testimony of Terrance Green; the medical evidence and exhibits and the legal positions argued on behalf of both parties. From this evidence, IT IS FOUND AS A FACT THAT:

1. Both the claimant and the defendant/employer are subject to the South Carolina Workers' Compensation Act, as the claimant was a covered employee and defendant/employer was a covered employer at the time in question.
2. The claimant fell on December 21, 2011, while working for Staffmark at Lang Mekra. This finding is based upon the testimony of the claimant, Terrance Green and the medical evidence.
3. We find the claimant's testimony regarding the injury differs from the statement she gave to Providence Hospital on the day of the injury. While she now says that she

slipped and fell on a wet concrete floor, she reported on the day of the injury that "...she was walking through a doorway when she felt a twisting sensation and had a sharp pain in her left ankle." Her new explanation of injury is not credible as compared to her original history of accident. This finding is based upon the Providence Hospital report of December 21, 2011, and the medical evidence of the claimant.

4. We find the claimant has a history of prior medical issues with her left ankle. This finding is based upon the medical evidence submitted from Orangeburg Regional Medical Center.
5. We find there were no witnesses to the fall. The finding is based upon the testimony of the claimant and Terrance Green.
6. We find that Terrance Green, the Claimant's supervisor, who assisted her after the fall, testified that the concrete floor was not wet. This finding is based upon the Hearing testimony of Mr. Green.
7. We find there is nothing in the record that supports the Claimant's assertion that she fell on a wet concrete floor. This finding is based upon the Hearing testimony of Terrance Green and the medical evidence in the record.
8. Given the past medical history of the left ankle and the lack of any evidence to a work-related fall, we find the Claimant's fall was the result of an idiopathic failure of the left ankle. This finding is based upon all the medical evidence in the record and the testimony of Terrance Green.
9. As such, the Claimant is not entitled to any compensation or medical care under the act. This finding is based upon the above Findings of Fact.

CONCLUSIONS OF LAW

Based upon the foregoing Findings of Fact, and as provided by the Code of Laws of South Carolina, § 42-17-40, it is the determination of this Commissioner that:

1. Pursuant to Section 42-1-130, the claimant was a covered employee at the time in question; and under § 42-1-140, the defendant employer was a covered employer.
2. Pursuant to Section 42-1-160, the claimant failed to meet her burden of proving she sustained a compensable injury by accident arising out of and in the course of her employment with the defendant employer and in fact her alleged injury was the result of an idiopathic failure of her left ankle.
3. Pursuant to Section 42-9-10, the claimant is not entitled to compensation for temporary total disability.
4. Pursuant to Section 42-9-30, the claimant is not entitled to permanent partial disability.
5. Pursuant to Section 42-15-60, the defendants are not responsible for any past, ongoing or future medical care.

ORDER

IT IS, THEREFORE, ORDERED, that the Decision and Order of the Hearing Commissioner filed in the above-captioned matter on May 16, 2012, is hereby **AFFIRMED**, and the claimant's claim for workers compensation benefits is **DENIED**.

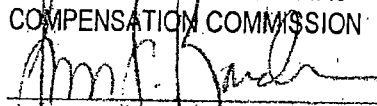
AND IT IS SO ORDERED.

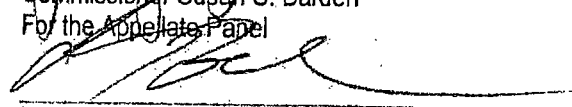
CERTIFICATE OF SERVICE

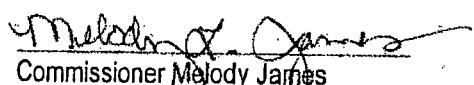
This is to certify the undersigned has this date served this order in the above entitled action upon all parties to this cause by sending an electronic copy hereof by electronic mail addressed to the attorney or attorneys for said parties or by depositing a copy hereof, postage paid, in the United States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

By Valerie Deller on November 15, 2012

SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION


Commissioner Susan S. Barden
For the Appellate Panel


Commissioner T. Scott Beck


Commissioner Melody James



Claimant's Name: Patricia Johnson SSN: 247-25-7728 Employer's Name: CBS Personnel Holdings/ Staffmark
Address: 1028 Glenfield Circle, Apt. G 14 Address: 9003 Two Notch Road, Suite 5
City: Orangeburg State: SC Zip: 29118 City: Columbia State: SC Zip: 29223
Home Phone: (803) 290-3345 Work Phone: () Insurance Carrier: New Hampshire Ins.
TPA : Avizent / Frank Gates
Preparer's Name: Patrick Scarlett, Esquire Law Firm: George Sink, P.A. Injury Lawyers Preparer's Phone #: (803) 929-1920

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

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

Date of Injury or Illness: **12-21-11**

☒ Injury ☐ Illness ☐ Repetitive Trauma

- 1a. The claimant sustained an injury to left foot, left heel, left ankle on 12-21-11 in Fairfield County, State of South Carolina.
1b. Body part(s) affected are: left foot, left heel, left ankle.

Briefly describe how the accident occurred: walking back to work station after coming in from outside and she slipped and fell.

2. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
3. The relationship of employer and employee existed at the time of injury.
4. At the time of the injury the claimant was performing services arising out of and in the course of employment.
5. Notice of the accidental injury was given to the Employer on 12-21-11 in the following manner:

Immediately in person to supervisor

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

☒ (b) additional medical examination and treatment for: left foot, left heel, left ankle.

- ☒ 7. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of:
12-21-11 to MMI

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

- ☒ 9. Due to the injury, the Claimant has a serious bodily disfigurement consisting of: left foot, left heel, left ankle

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

10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident: N/A

11a. Further grounds or unusual aspects of claim: Any and all allowable: claimant reserves the right to amend.

11b. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident: Fairfield Cty EMS
Providence Hosp 2435 Forest Drive, Columbia, SC 29204 ; Midlands Ortho 1910 Blanding Street, Cola, SC 29202, Drs Care on Forest Drive, Columbia, SC

11c. To the best of your knowledge, did you have any prior permanent disability? None.
If yes, describe: _____

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

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

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

14. Estimated time needed for hearing: 30 minutes

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

Preparer's Signature - Patrick Scarlett

Attorney
Title

pscarlett@sinklaw.com
Email

Date

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

SC Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715



WCC File #: 1118193
Carrier File #: 20110010156939
Carrier Code #:
Employer FEIN #:

Patricia Johnson 247-25-7728
Claimant's Name SSN
1028 Glenfield Circle, G-14 Orangeburg, SC 29118
Address City State Zip
(803) 290-6545
Home Phone Work Phone

Staffmark
Employer's Name
4700 Forest Drive, Suite 200, Columbia, SC 29206
Address City State Zip
New Hampshire Insurance Company
Insurance Carrier

Grady L. Beard, Esquire (803) 929-1400
Preparer's Name Phone #

Date of Injury or Illness: 12/21/11

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

1. It is **denied** the employee sustained an injury or illness on or about the date set forth in the Form 50. The reasons for denial are: **Claim placed under investigation by defendants. See No. 11.**
2. It is **denied** both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are: **See No. 1 and No. 11.**
3. It is **denied** the relationship of employer and employee existed at the time in question. The reasons for denial are: **See No. 1 and No. 11.**
4. It is **denied** at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are: **See No. 1 and No. 11.**
5. It is **denied** notice of injury was given to the employer. The reasons for denial are: **See No. 1 and No. 11. However, defendants confirm Form 50 filed within 90 days of alleged date of accident.**
6. It is **denied** the employee needs / is entitled to additional medical care as a result of injury or illness. The reasons for denial are: **See No. 1 and No. 11. Claim not compensable.**
7. It is **denied** the employee is entitled to temporary total disability for the period(s) of: **See No. 1 and No. 11. Claim not compensable.**
8. It is **denied** the employee is permanently disabled. The reasons for denial are: **See No. 1 and No. 11. Defendants demand strict proof of same. Claim not compensable.**
9. It is **denied** the employee has a serious disfigurement.
10. It is contented that an average weekly wage of \$ **Form 20** applies, according to attached Form 20 as provided by law.
11. Further contentions, grounds of defense, or unusual aspects are: **See attached.**
12. Estimated time needed for Hearing: **2 hours as claim denied.**

I certify I have served this document pursuant to R. 67-212 by delivering a copy to: **Ms. Virginia L. Crocker, Judicial Director, South Carolina Workers' Compensation Commission, 1333 Main Street, Suite 500, Columbia, SC 29202-1715 and Patrick S. Scarlett, Esquire, George Sink, P.A., 7011 Rivers Avenue, Suite 105, North Charleston, SC 29406.**

on the **2nd** day of **February**, **2012** by ☒ first class mail, ☐ certified mail, ☐ personal service.

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

Preparer's Signature

Attorney for The Employer/Carrier
Title

gbeard@sowellgray.com
Email

February 2, 2012
Date

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

South Carolina Workers' Compensation Commission

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

AMENDED PRE HEARING BRIEF

WCC File # 1118193
Carrier File # 2011 -156939
Carrier Code # 143
Employer FEIN 71-0842216

Patricia Johnson 247-25-7728
Claimant's Name SSN
1028 Glenfield Circle, Apt. G 14
Address City State Zip
803-290-3345 ()
Home Phone Work Phone
Patrick Scarlett, Esq. POB 21567, Columbia, SC 29221
Preparer's Name

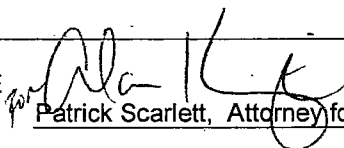
Staffmark
Employer's Name
4700 Forest Drive, Ste. 200 Columbia, SC 29206
Address City State Zip
New Hampshire Ins. Co.
Insurance Carrier
(803) 929-1920
Phone #

Provide the information requested in the space provided. Use an additional sheet, if necessary. Type or print all information.

☒ Injury by Accident ☐ Occupational Disease ☐ Both Injury by Accident and Disease ☐ Repetitive Trauma

1. Date of accident 12-21-11 2. AWW: \$ 382.30 Comp. Rate: \$ 254.88
3. Type of injury and body part(s) Left foot, left leg
4. Facts in controversy: Claim denied by carrier. Whether claimant suffered an injury by accident arising out of and in the course of employment.
5. Legal issues involved: Same as above.
6. Unusual problems: Medical personnel at emergency room administered morphine to claimant prior to claimant taking drug test. APA 4, 9. Drug test showed positive for morphine at which point claimant was terminated.
7. Witnesses (designate if expert)* Claimant; family members of Claimant; medical providers of Claimant (expert); Terrance Green (supervisor of claimant); other co-workers and superiors of Claimant
8. Exhibits: See APA Submissions
9. Medical evidence: (Indicate report pursuant to R.67-612; deposition or appearance) See APA Submissions
10. Name, address, and specialty, if any, of the treating physician: William C. James, III of Midlands Orthopaedics, P.A., 1930 Blanding St., Columbia, SC, orthopedic surgery – foot and ankle
11. Impairment rating(s); body part(s); physician and date of opinion: None; not at MMI
12. I am amending my Form 50/51 in the following manner:

SIGNATURE


Patrick Scarlett, Attorney for Claimant

Email: pscarlett@sinklaw.com

DATE OF HEARING: March 27, 2012

TIME OF HEARING: 3:00 PM

TIME NEEDED FOR
HEARING:

2 hours as claim denied

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

On behalf of ☒ Claimant ☐ Employer

File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports.

* Commissioners reserve the right to admit expert witnesses at hearings.

AMENDED**58**

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



WCC File #: 1118193
Carrier File #: 2011-156939
Carrier Code #: 143
Employer FEIN 71-0842216

Claimant's Name: Patricia Johnson SSN: 247-25-7728 Employer's Name: Staffmark
Address: 1028 Glenfield Circle, Apt. G 14 Address: 4700 Forest Drive, Suite 200
City: Orangeburg State: SC Zip: 29118 City: Columbia State: SC Zip: 29206
Home Phone: (803) 290-3345 Work Phone: () Insurance Carrier: New Hampshire Ins.
Preparer's Name: Patrick Scarlett, Esquire Law Firm: George Sink, P.A. Injury Lawyers Preparer's Phone #: (803) 929-1920

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND
GRADY L. BEARD, ESQUIRE, ATTORNEY FOR EMPLOYER/CARRIER

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

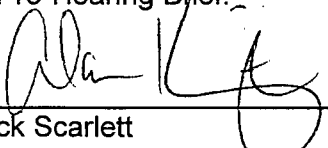
<u>NAME OF PHYSICIANS / OTHER</u>	<u>DATE OF REPORT</u>	<u>PAGE</u>
APA # 14 Orangeburg-Calhoun Free Medical Clinic	01-06-2010 – 11-18-2010	70-76 (7)

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

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

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

See Pre-Hearing Brief.


Patrick Scarlett
George Sink, P.A. Injury Lawyers
1440 Broad River Road
Columbia, SC 29210

March 21, 2012

March 27, 2012
(hearing date)

SUPPLEMENTAL

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NUMBER 1118193

Patricia Johnson,)
)
 Claimant,)
 v.)
)
 Staffmark,)
)
 Employer.)
 And)
)
 New Hampshire Insurance Co.,)
)
 Carrier.)

NOTICE OF WITNESSES

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND
GRADY L. BEARD, ESQUIRE, ATTORNEY FOR THE EMPLOYER/CARRIER.

PLEASE TAKE NOTICE THAT the Claimant pursuant to the provisions of the
South Carolina Workers' Compensation Act and S.C. Code § 1-23-330 (Law. Co-op.
1976), as amended, herewith submits the following written medical reports, copies of
which are attached hereto, as direct evidence on behalf of the Claimant:

Physician	Facility and address	Dates of Report(s)	Pages
1.	Fairfield County EMS Post Office Box 1245 Walterboro, SC 29488	12-21-11	1 (1)
2.	Sisters of Charity Providence Hospital 2435 Forest Drive Columbia, SC 29204	12-21-11	2 – 10 (9)
3.	Doctors Care 4500 Forest Drive, Ste. A Columbia, SC 29206	12-22-11	11-12 (2)
4. William C. James, MD	Midland Orthopaedics, P.A. 1910 Blanding Street Columbia, SC 29201	12-22-11 – 02-22-12	13-34 (22)

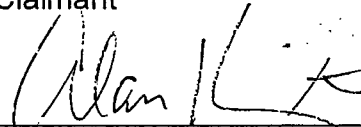
5. William C. James, MD	Palmetto Health Baptist 293 Greystone Blvd. Columbia, SC 29210	01-03-12 – 01-04-12	35-37 (3)
6. William C. James, MD	Palmetto Health Baptist 293 Greystone Blvd. Columbia, SC 29210	01-19-12 – 01-24-12	38-43 (6)
7. Bertrand Gue, MD	Orangeburg-Calhoun Free Medical Clinic Post Office Box 505 Orangeburg, SC 29116	01-25-12	44-45 (2)
8.	The Regional Medical Center 3000 Saint Matthews Road Orangeburg, SC 29118	01-26-12 – 02-02-12	46-47 (2)
9. John G. Robinson, MD	Palmetto Health Baptist 293 Greystone Blvd. Columbia, SC 29210	01-26-12	48-51 (4)
10.	Subpoena for employee manual, accompanying response		52-65 (14)
11.	Payroll records		66-67 (2)
12.	Subpoena for pictures of scene or opportunity to inspect (response to be forwarded upon receipt)		68-69 (2)
13.	Deposition of Terrance Green (to be forwarded upon receipt)		

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

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

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

1. The Claimant
2. Family Members of the Claimant
3. Medical Providers of the Claimant
4. Terrance Green
5. Other co – workers and superiors of the Claimant


For Patrick Scarlett, Esquire
Attorney for the Claimant
P.O. Box 21567(29221)
1440 Broad River Road
Columbia, South Carolina 29210
(803) 569-1700

Columbia, South Carolina
March 12, 2012

Trip No. 4051

SISTERS OF CHARITY PROVIDENCE HOSPITALS
2435 FOREST DRIVE
COLUMBIA, SOUTH CAROLINA 29204
(803) 256-5300

ED PROVIDER NOTE

PATIENT: JOHNSON, PATRICIA A
PROVIDER: Kiker, Zachary Philip
ADMISSION DATE:
DISCHARGE DATE:
ROOM/BED:

ACCOUNT # E00114722572
MED REC # Z000957949
AGE: 48
NURSING STATION: E.ED
DATE OF DICT.: 12/21/11
TIME OF DICTATION: 1316

PATIENT TYPE:

Lower Extremity HPI

General

Mode of Arrival+: STRETCHER
Accompanied By+: EMT/PARAMEDIC
Chief Complaint Fast Track - Left Ankle Pain
Stated Complaint FALL
Time Seen by MD 1316
Source patient
Exam Limitations no limitations

History of Present Illness

Initial Comments

Pt is a 48 y/o female who presents with c/o left ankle pain. Pt reports that she was walking through a doorway when she felt a twisting sensation and had a sharp pain in her left ankle. She denies head trauma, LOC, N/V. neck pain, back pain, hip pain, knee pain.

General ROS 2

Constitutional

no symptoms reported

Respiratory

no symptoms reported

Cardiovascular

no symptoms reported

Skin

no symptoms reported

Psychiatric/Neurological

no symptoms reported

All Other Systems Negative except in HPI

Past Medical HX

Past Surgical Hx:

HYST/TUBAL LIGATION

Past Medical Hx:

HTN/ACID REFLUX

Tetanus (Within 5 Yrs): NO

Pneumovax (Last 5 Yrs): NO

Influenza (Within 1 yr): NO

Signed electronically

Allergies

Coded Allergies:

Acetaminophen (From PERCOCET) (12/21/11)

Codeine (12/21/11)

Penicillins (12/21/11)

oxycodone HCl (From PERCOCET) (12/21/11)

prochlorperazine edisylate (From COMPAZINE) (12/21/11)

prochlorperazine maleate (From COMPAZINE) (12/21/11)

Ambulatory Medications

Reported Medications

[PREVACID]

HYDROCHLOROTHIAZIDE (HCTZ) 25 MG

[KLONIPIN]

[BUSEFAR]

Past Family and Social Hx

Tobacco use: NONE

Substance Abuse: No

Lower Extremity Exam 2

Physical Exam

Vital Signs

Vital Signs

Date Time

Temp

Pulse

Resp

B/P

Pulse

O2

O2 Flow

Fio2

Ox

Delivery

Rate

12/21 1309

98.2

97

23

162/111

100

Signed electronically

General Appearance WD/WN, no apparent distress
EENT PERRL/EOMI, normal ENT inspection, pharynx normal
Neck normal inspection, non-tender, supple, full range of motion
Cardiovascular/Respiratory normal breath sounds, regular rate/rhythm, no
respiratory distress, normal peripheral pulses
Gastrointestinal non-tender
Back normal inspection, no vertebral tenderness
Hips
bilateral hip non-tender, bilateral hip normal inspection, bilateral hip normal
range of motion, bilateral hip no evidence of injury
Legs
bilateral leg non-tender, bilateral leg normal inspection, bilateral leg normal
range of motion, bilateral leg no evidence of injury
Knees
bilateral knee non-tender, bilateral knee normal inspection, bilateral knee
normal range of motion, bilateral knee no evidence of injury
Feet
bilateral foot non-tender, bilateral foot normal inspection, bilateral foot
normal range of motion, bilateral foot no evidence of injury
Ankles
right ankle non-tender, right ankle normal inspection, right ankle normal range
of motion, right ankle no evidence of injury, left ankle bone tenderness, left
ankle deformity, left ankle limited range of motion, left ankle soft tissue
tenderness, left ankle swelling
Neurologic/Tendon normal sensation, normal motor functions, normal tendon
functions, responds to pain, no evidence tendon injury
Psychiatric alert, oriented x 3
Skin normal color, warm/dry

Medical decision making

Course:

Pt is a 48 y/o female who presents with c/o left ankle pain s/p mechanical fall.
Will check plain films of her ankle and foot.

Xrs pending, care transferred to Dr. Gonzalez

Medications administered:

Current Medications

Sig/Sch

Start time

Last

Medication

Dose

Route

Stop Time

Status

Admin

Morphine Sulfate

0

.STK-MED ONE

12/21 1323

Signed electronically

DC

IV

Orders placed:
Orders

Procedure
Date/time
Status

FOOT AP/LAT W/OBLIQUES LEFT
12/21 1345
Active

ANKLE LEFT 3 VIEWS
12/21 1345
Active

Decision made to admit? No

ED Departure
Clinical Impression
Primary Impression: Left ankle fracture
Condition Stable

ADDENDUM: GONZALEZ, JOSE L on 12/21/11 at 1519

x-ray of the ankle shows left fibula spiral fracture and posterior malleolus fracture. Discussed w/ Aaron baer of moore ortho who agreed that a trilaminar splint and follow-up in the office tomorrow would be appropriate. Pt. agreed to this plan of care.

Dx-left ankle lateral and posterior malleolar fracture, Fall
Dispc- DC home

Dictating Provider Signature: Kiker, Zachary Philip
<<SIGNATURE ON FILE>>

Electronic Signature Date: 12/21/11
Electronic Signature Time: 1349

Report Co-Signed by:
<<SIGNATURE ON FILE>>

Signed electronically

Electronic Signature Date:
Electronic Signature Time:

Signed electronically

Name: JOHNSON, PATRICIA A
Phys: Kiker, Zachary Philip
DOB: 01/26/1963 Age: 48 Sex: F
Acct: E00114722572 Loc: E.ED
Exam Date: 12/21/2011 Status: DEP ER
Radiology No:
Unit No: Z000957949

AM#	TYPE/EXAM	RESULT
1386684	RAD/ANKLE LEFT 3 VIEWS	

LEFT ANKLE, DATED 12-21-11

INDICATION: Fall, pain.

FINDINGS: Three views of the ankle are submitted.

There is a spiral fracture through the distal fibula. There is widening of the ankle mortise along the medial contour suggestive of ligamentous injury. The talus and calcaneus maintain normal articulation. Extensive soft tissue swelling seen about the ankle mortise from fracture.

Lateral view shows avulsion of the posterior malleolus on the lateral film.

IMPRESSION:

Spiral fracture distal fibula with widening of the medial ankle joint with fracture of the posterior malleolus.

** REPORT ELECTRONICALLY SIGNED 12/21/2011 (1611) **
Reported By: FREDERICK W. DREYER, M.D.
Signed By: DREYER, FREDERICK W

CC:

Technologist: TABITHA K QUICK
Transcribed Date/Time: 12/21/2011 (1450)
Transcriptionist: WALDRORS
Printed Date/Time: 01/24/2012 (1032)

PAGE 1

Signed Report Printed From PCI

Name: JOHNSON, PATRICIA A
Phys: Kiker, Zachary Philip
DOB: 01/26/1963 Age: 48 Sex: F
Acct: E00114722572 Loc: E.ED
Exam Date: 12/21/2011 Status: DEP ER
Radiology No:
Unit No: Z000957949

AM#	TYPE/EXAM	RESULT
1386685	RAD/FOOT AP/LAT W/OBLIQUES LEFT	

LEFT FOOT, 12/21/11:

INDICATION: Fall. Pain.

Three views of the foot are submitted.

FINDINGS:

Artifact from boot is in place. There is a spiral fracture of the fibula and fracture posterior malleolus. The osseous structures of the foot are otherwise intact. Normal appearance of metatarsals and phalanges.

IMPRESSION:

Fractured distal fibula and posterior malleolus.

** REPORT ELECTRONICALLY SIGNED 12/21/2011 (1611) **
Reported By: FREDERICK W. DREYER, M.D.
Signed By: DREYER, FREDERICK W

CC:

Technologist: TABITHA K QUICK
Transcribed Date/Time: 12/21/2011 (1459)
Transcriptionist: NELSONRV
Printed Date/Time: 01/24/2012 (1032)

PAGE 1

Signed Report Printed From PCI

PROVIDENCE HOSPITALS

A Ministry of the Sisters of Charity Health System

2435 Forest Drive
Columbia, SC 29204

120 Gateway Corporate Blvd.
Columbia, South Carolina 29201

EMERGENCY DEPARTMENT

JOHNSON, PATRICIA A
A# E00114722572 U#Z000957949
12/21/11 F 48 01/26/53

LABS		Radiology/CT/US		Medications/Other
CBCX	BMP	PCXR	Pa/Lat CXR	Morphine 4mg IV
CBCD	CMP	Abd 1 View	Abd 2 View	Morphine 4mg IV
BNP	HCG Urine		TROP/CK/Myo	
Amylase	HCG Serum	CT→		
Lipase	Rapid Strep	US→		
Wet Prep	GC Culture	Nursing Procedures		
UA-C	Chlamydia	IV @ ml/hr		
ABG		O2 LPM via		
PT	PTT	Monitor	INT	
		Old Records	EKG	

Physician Signature _____

Diagnosis _____

☐ Wound Care ☐ Burn Care ☐ Vomiting & Diarrhea ☐ Head Injury ☐ Other _____

☐ Follow-up with regular M.D. ☐ Referral to _____

☐ May use Tylenol or Advil as directed

May return to work / school _____

Additional Instructions _____

Zofran 4mg IV
Dilaudid 1mg IV

Trilaminar Splint (L) Ankle
Crutches

Instructions

- Return for worsening symptoms

Take only as prescribed

Call Moore Ortho @ 227-800 in the Morning for an appointment
Tomorrow

10

34

JOHNSON PATRICIA A A# E00114722572 U#Z000957949 12/21/11 F 48 01/26/63			
Columbia, SC 29204 (803) 255-5300		Columbia, SC 29203 (803) 855-4960	
NAME		ADDRESS	DATE
Label with Drug Name / Strength	No.	DIRECTIONS	Refill
Percocet 5/325 mg	#12	Q4-6 hrs prn pain	
Phenytoin 25 mg	#8	Q6 AM prn nadin	
		eight	
M.D./D.O.		M.D./D.O.	
DISPENSE AS WRITTEN		SUBSTITUTION PERMITTED	
DEA # FG 1041463		SC Lic # 30803	
PHARM (3/09)			

12:20pm



305

ACCOUNT NUMBER	DATE	TIME	CHECKOUT TIME	TICKET NO.
452094	12/22/11	11:31am	DC FOREST ACRES,	2495215

NAME & ADDRESS THURSDAY JOHNSON, PATRICIA 1028 GLENFIELD CIRCLE G-14 ORANGEBURG, SC 29115 803-290-3345 WRK: INSURED: JOHNSON, PATRICIA INS: WC/STAFFMARK **ALL** REASON: ANKLE + DRUG Screen NICKNAME:		DOB: 01/26/1963 (48 years) GENDER: F IBG: CELL: RELATION: OTHER COPAY: WKC		INSURANCE BALANCE \$0.00 ACCOUNT BALANCE \$0.00 CURRENT CHARGES AMOUNT PAID NEW BALANCE <table border="1"><tr><th>CASH</th><th>CHECK</th><th>M.O.</th><th>C.C.</th></tr><tr><td></td><td></td><td></td><td></td></tr></table>	CASH	CHECK	M.O.	C.C.				
CASH	CHECK	M.O.	C.C.									

Personal Hx F Ident? ☐ yes ☐ no If yes, which state: Date of Accident: Chart rev., no sig chg.: Above Hx rev.: <i>11/11</i>	Family Hx DM <i>+</i> HTN <i>+</i>	Social Hx Alcohol <i>=</i> Tobacco <i>=</i>	ROS (I or O): Fatigue, Dizzy, Weak, Wt. Loss, Fever, Chills, Nasal Congestion, Sinus Pain, Ear Pain, Sore Throat, SOB, CP, Cough, Sputum, Wheeze, ABD Pain, N, V, D, Constip., Dysuria, Freq., Urgency, Back Pain, Pelvic Pain, Vag. D/C, Headache, Syncope, Rash ☐ All others negative	Allergies: Codeine -PCN -Compazine Medications: Timolol mal (50) Eye Omeprazole 40mg - Buspar Citalopram 0.5mg - Lisinopril/HCTZ Tylenol (PRN) - Norco (PRN) ☐ Meds/Allergies Reviewed
--	---	--	--	--

VITALS: (see reverse) Omit if N/A if nml., O if abnml. & give details) General HEENT Jock Nodes Lungs CV abd Back Ext GU Neuro Skin/Breasts Chaperone V. Injection Nebulizer Procedure Pulse Ox	HT BMI BP 15/82 PULSE 80 RESP 18 TEMP 98.2 ☐ LMP <i>Hyst</i> ☐ Tetanus	Chief Complaint: <i>ankle pain</i> HPI: <i>Fall while trying to open door at work yesterday at 4:00 PM. I was walking and tripped over a box. I felt a sharp pain in my right ankle and was unable to walk. I went to the ER and was diagnosed with a fracture of the distal radius and ulna. I was placed in a cast and am now in physical therapy.</i>	☐ CBC ☐ EKG ☐ FBS ☐ Flu ☐ Heme ☐ Hgb A1C ☐ H. Pylori ☐ KOH ☐ Microalb ☐ Mono ☐ Strep ☐ Tetanus ☐ U/A ☐ U Preg ☐ Wet Prep ☐ X-Ray
--	---	---	---

DRUG SCREEN Specimen # 0249574080
Labcorp
IGNOSIS: *Bimellela Fx @ ankle 824.8*

Patient Care Instructions Discussed Lifestyle Modification Preventative Recommendation(s) Prescriptions / OTC Meds Side Effects Discussed Follow-Up: Urn: Worsening symptoms: If not better: to ER if:	Crutches/Splints/Supplies ☐ Given ☐ Recommended <i>STAT Ortho referral today</i>	PSR Notes: <i>99214 ESTABLISHED</i> <i>99000, N 20</i>
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Off Work / School *1 BW*

Consent: I voluntarily consent to any and all health care treatment and diagnostic procedures provided by Doctors Care and its associated physicians, clinicians and other personnel. I understand that no guarantee has been or can be made as to the results of the treatments or examinations at Doctors Care. I consent to the use and disclosure of my/the patient's protected health information for purposes of obtaining payment for services rendered to me/the patient, treatment and health care operations consistent with Doctors Care Notice of Privacy Practices. I authorize payment of medical benefits to Doctors Care physicians or their designee for services rendered.

Signature: _____ **Date:** _____

Workers Compensation patients: I hereby authorize Doctors Care to speak to a rehabilitation specialist, my employer, my insurance carrier or other professionals involved in my care or rehabilitation, regarding my medical records and the treatment I have received or will receive.

Signature: _____ **Date:** _____



Return To Work Form

- ☐ 850 Aiken Mall Drive, Aiken, SC 29803 (803) 648-1464
- ☐ 511 Beltline Blvd., Columbia, SC 29205 (803) 782-4051
- ☐ 1060 Highway 1, South Lugoff, SC 29078 (803) 438-9759
- ☐ 977 Knox Abbott Drive, Cayce, SC 29033 (803) 794-0476
- ☐ 7653 Garners Ferry Road, Columbia, SC 29209 (803) 783-2661
- ☐ 1736 St. Matthews Road, Orangeburg, SC 29116 (803) 536-0613
- ☐ 7936 Broad River Road, Irmo, SC 29116 (803) 749-2508
- ☐ 4500 Forest Drive, Suite A, Columbia, SC 29206 (803) 738-9522

- ☐ 247 Columbia Avenue, Lexington, SC 29072 (803) 359-5533
- ☐ 1029 York Street NE, Aiken, SC 29801 (803) 648-4119
- ☐ 10040 Two Notch Road, Columbia, SC 29223 (803) 788-1153
- ☐ 4214 Hardscrabble Road, Columbia, SC 29223 (803) 736-8955
- ☐ 100 Jimmy Love Lane, Columbia, SC 29212 (803) 772-5030
- ☐ 2475 Broad Street, Sumter, SC 29150 (803) 778-6555
- ☐ 2836 Augusta Road, W. Columbia, SC 29170 (803) 939-0545
- ☐ 3240 Sunset Blvd., West Columbia, SC 29169 (803) 796-4251
- ☐ 1520 Knox Avenue, N. Augusta, SC 29841 (803) 279-4120
- ☐ 1410 Wilson Road, Newberry, SC 29108 (803) 276-2186

Name: Patricia Johnson

Arrival Time: 10:33

Discharge Time: 3:05 p

Date: 12/22/11 Company Name: NC/Staffmark

WORK STATUS: (Check Appropriate Boxes)

☐ 1. May perform full duty activities as of _____ without accommodations.

☐ 2. Off duty due to work-related condition.

Estimated return to work date with modified duty: _____

Estimated return to work date for full duty: _____

RETURN FOR RE-EVALUATION AT THIS LOCATION ON _____

Time: _____

☐ 3. May work with the following accommodations as of: Pending Ortho Evaluation

☐ No lifting more than _____ lbs. today

☐ No operation of hazardous or fast-moving machinery, no driving.

☐ Ground level work only, no ladders or heights.

☐ No repetitive bending, stooping, squatting, pushing, jerking, twisting, or bouncing.

☐ No continuous standing and/or sitting.

☐ Minimal walking or climbing (including stairs)

☐ Limited use of _____

☐ No overhead lifting.

☐ No high repetitive hand activities for extended periods of time.

☐ No use of _____

☐ 4. Has reached Maximum Medical Improvement (MMI)

☐ 5. Return for re-evaluation at this office on _____ Time: _____

Additional Comments:

PATIENT DISCHARGE INSTRUCTIONS:

Diagnosis: Fracture @ ankle - Bimalleolar

Medications: ☐ as directed ☐ as needed

Wound or Injury Care: ☐ keep dry and clean ☐ do not remove dressing ☐ elevate extremity ☐ warm soaks

☐ ice every _____ ☐ apply heat every _____ ☐ wear elastic support/immobilizer/keep taped

☐ home exercise instructions given ☐ follow instructions sheet given ☐ bed rest for _____

REFERRAL: If a referral is made for physical therapy, or to another physician, please complete this section:

To: _____ Date: _____ Time: _____

For: _____

Address: _____

I understand the above instructions and what to do for my follow-up care. I have received a copy of these instructions for myself and for my employer.

Employee Signature: [Signature] Date: 12/22/11

Provider Signature: [Signature] Date: _____

JOHNSON, PATRICIA (id #2061367, dob: 01/26/1963)**Encounter Summary****Patient**

Name	JOHNSON, PATRICIA (48, F) ID# 2061367	Appt. Date/Time	12/22/2011 05:00PM
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DOB 01/26/1963**Service Dept.** Gregg**Provider** ROBERT DASILVA, MD**Insurance** Med 0: AVIZENT

Policy/Group # : 247-25-7728

Employer Name : STAFFMARK

Case # : 247-25-7728

Case Injury Date : 12/21/2011

Prescription: RXHUB - This patient could not be found on the payor's files.

Either the patient is ineligible or demographic information included in the inquiry (e.g., member ID) does not match the payor's files.

Chief Complaint

Left Ankle Pain

Problems

- Pain in joint; ankle and foot (719.47)
- Sprains and strains of ankle; unspecified site (845.00)

Patient's Providers**Insurance Adjuster (Worker's Comp):** NOT ASSIGNED YET**Medications**

No medications reported

Allergies

Reviewed allergy history & made changes

COMPAZINE**PENICILLINS**

Condine

Past Medical History

Reviewed past medical history.

Acid Reflux: Y

Blood Transfusion: Y

Gallbladder trouble: Y

Glaucoma: Y

Kidney/Bladder Infection: Y

Surgical History

Reviewed patient surgical history & made changes

None

Family History

Reviewed family history (as of 12/22/2011) without changes

Unspecified Relation

- Asthma

- Cancer

- Diabetes

- High Blood Pressure

- High Cholesterol

- Stroke

Social History

Reviewed Social History & made changes

Ortho

Alcohol intake: None.

Number of children: 3.

Marital status: Married.

Diet: Regular.

JOHNSON, PATRICIA (id #2061367, dob: 01/26/1963)

Chewing tobacco: none.
Cigar/Pipe Use: N.
Non-smoker.
Smoking Status: Never smoker.
Are you currently employed?: Y.

Vitals

Ht: 5 ft 3 in Wt: 221 lbs BMI: 39.1

HPI

Ankle

Reported by patient.

Location: left
Quality: aching; throbbing; sharp
Severity: pain level 10/10; worst pain 10/10
Duration: date of onset: (12-21-11)
Timing: acute
Context: fall
Alleviating Factors: nothing helps
Aggravating Factors: weightbearing
Associated Symptoms: no weakness; no numbness; no tingling; no redness; no warmth; no ecchymosis; no catching/locking; no popping/clicking; no buckling; no grinding; no instability; no radiation down leg; no drainage; no fever; no chills; no weight loss; no change in bowel/bladder habits; swelling
Previous Surgery: none
Prior Imaging: x ray
Previous Injections: none
Previous PT: none
Work Related: yes
Working: no

ROS

Patient reports **nose/sinus problems** but reports no frequent nosebleeds. She reports **dry mouth** but reports no sore throat, no bleeding gums, no snoring, no mouth ulcers, no oral abnormalities, and no teeth problems. She reports **depression** but reports no sleep disturbances, feeling safe in relationship, and no alcohol abuse. She reports **easy bruising** but reports no swollen glands. She reports **runny nose and sinus pressure** but reports no itching, no hives, and no frequent sneezing. She reports no fever, no night sweats, no significant weight gain, no significant weight loss, and no exercise intolerance. She reports no dry eyes, no irritation, and no vision change. She reports no difficulty hearing and no ear pain. She reports no chest pain, no arm pain on exertion, no shortness of breath when walking, no shortness of breath when lying down, no palpitations, and no known heart murmur. She reports no cough, no wheezing, no shortness of breath, and no coughing up blood. She reports no abdominal pain, no vomiting, normal appetite, no diarrhea, and not vomiting blood. She reports no incontinence, no difficulty urinating, no hematuria, and no increased frequency. She reports no muscle aches, no muscle weakness, no arthralgias/joint pain, no back pain, and no swelling in the extremities. She reports no abnormal mole, no jaundice, and no rashes. She reports no loss of consciousness, no weakness, no numbness, no seizures, no dizziness, and no headaches. She reports no fatigue.

Physical Exam

None recorded.

Results / Interpretations

X-RAY, ANKLE

- View: AP, Lateral, & Mortise, Side: LEFT, Possibility of Pregnancy: N, Weighted/Unweighted: Unweighted lateral malleolar fracture displaced

Assessment / Plan

Patient fell injury left ankle. This happened at work. Sudden onset. The pain was sharp. The pain was constant. Associated with swelling. He went to emergency room.

Left ankle

Patient in splint

Displaced lateral malleolar fracture likely reduced in ER

Patient will need ORIF

Refer to Dr. James as I will be out-of-town

1. PAIN IN JOINT; ANKLE AND FOOT (719.47)

- X-RAY, ANKLE
View: AP, Lateral, & Mortise Side: LEFT
Possibility of Pregnancy: N Weighted/Unweighted: Unweighted

2. SPRAINS AND STRAINS OF ANKLE; UNSPECIFIED SITE (845.00)

JOHNSON, PATRICIA (id #2061367, dob: 01/26/1963)

- WHEELCHAIR - Qty: 1 Unit Refills: 0 Supplier: N/A

Return to Office

- to see Wm C James III, MD at Gregg on or around 12/28/2011

Encounter Sign-Off

Encounter signed-off by Robert Dasilva, MD, 12/22/2011.

Encounter performed and documented by Robert Dasilva, MD

Encounter reviewed & signed by Robert Dasilva, MD on 12/22/2011 at 6:37pm

JOHNSON, PATRICIA (id #2061367, dob: 01/26/1963)

Encounter Summary

Patient

Name	JOHNSON, PATRICIA (48, F) ID# 2061367	Appt. Date/Time	12/28/2011 10:25AM
DOB	01/26/1963	Service Dept.	Gregg
Provider	WM C JAMES, III, MD		
Insurance	Med 0: AVIZENT Policy/Group # : 2011-156939 Employer Name : STAFFMARK Case # : 2011-156939 Case Injury Date : 12/21/2011 Prescription: No check performed in the last 24 hrs.		

Chief Complaint

Left Ankle Pain

DOI: 12/21/2011. work-related fall.

Problems

Reviewed patient problem history (as of 12/29/2011) without changes

- Pain in joint; ankle and foot (719.47)
- Fracture of ankle; trimalleolar, closed (824.6)
- Sprains and strains of ankle; unspecified site (845.00)

Patient's Providers

Insurance Adjuster (Worker's Comp): SHIRLEY LINDLE: Ph (502) 254-7526 EXT 27106, Fax (614) 717-6011

Medications

Reviewed patient's medication history (no data recorded) without changes

Name	Date
LORTAB 10 MG-500 MG TAB Take 1 tablet(s) every 4-6 hours by oral route.	12/28/11 prescribed
VICODIN 5 MG-500 MG TAB Take 1 tablet(s) every 4-6 hours by oral route pm pain.	12/22/11 prescribed

Allergies

Reviewed allergy history (as of 12/22/2011) without changes

COMPAZINE
PENICILLINS
Condine

Past Medical History

Reviewed past medical history.

Acid Reflux: Y
Blood Transfusion: Y
Gallbladder trouble: Y
Glaucoma: Y
Kidney/Bladder Infection: Y

Surgical History

Reviewed patient surgical history (as of 12/22/2011) without changes
None

Family History

Reviewed family history (as of 12/22/2011) without changes

Unspecified Relation

- Asthma
- Cancer
- Diabetes
- High Blood Pressure
- High Cholesterol
- Stroke

Social History

JOHNSON, PATRICIA (id #2061367, dob: 01/26/1963)

Reviewed Social History & made changes

Ortho

Alcohol intake: None.
 Number of children: 3.
 Marital status: Married.
 Diet: Regular.
 Chewing tobacco: none.
 Cigar/Pipe Use: N.
 Non-smoker.
 Smoking Status: Never smoker.
 Are you currently employed?: Y.
 Hand Dominance: Right.

Vitals

Ht: 5 ft 3 in

Wt: 221 lbs

BMI: 39.1

HPI

Ankle

Reported by patient.

Location: left

Quality: aching; stabbing; throbbing

Severity: worst pain 10/10

Duration: 3 days

Timing: acute

Context: fall; work injury

Alleviating Factors: nothing helps

Aggravating Factors: cannot identify

Associated Symptoms: **swelling**

Prior Imaging: x ray (**non-weightbearing taken @ Providence Hosp. -disc downloaded for review.**)

Work Related: yes

Working: no

pt. presents today as a referral - pt. was evaluated in Ortho-Pm clinic by Dr. Dasilva on 12/22/2011. presents for further evaluation. pt. is non-weightbearing with crutches and a wheelchair. pt. was prescribed Vicodin rx for pain relief. The patient is here for evaluation and management of a left ankle fracture. She states that since she was last seen, she has developed significant nasal discharge and greenish phlegm. She has had a fever at home over 100°.

ROS

Patient reports **nose/sinus problems** but reports no frequent nosebleeds. She reports **dry mouth** but reports no sore throat, no bleeding gums, no snoring, no mouth ulcers, no oral abnormalities, and no teeth problems. She reports **depression** but reports no sleep disturbances, feeling safe in relationship, and no alcohol abuse. She reports **easy bruising** but reports no swollen glands. She reports **runny nose and sinus pressure** but reports no itching, no hives, and no frequent sneezing. She reports no fever, no night sweats, no significant weight gain, no significant weight loss, and no exercise intolerance. She reports no dry eyes, no irritation, and no vision change. She reports no difficulty hearing and no ear pain. She reports no chest pain, no arm pain on exertion, no shortness of breath when walking, no shortness of breath when lying down, no palpitations, and no known heart murmur. She reports no cough, no wheezing, no shortness of breath, and no coughing up blood. She reports no abdominal pain, no vomiting, normal appetite, no diarrhea, and not vomiting blood. She reports no incontinence, no difficulty urinating, no hematuria, and no increased frequency. She reports no muscle aches, no muscle weakness, no arthralgias/joint pain, no back pain, and no swelling in the extremities. She reports no abnormal mole, no jaundice, and no rashes. She reports no loss of consciousness, no weakness, no numbness, no seizures, no dizziness, and no headaches. She reports no fatigue.

ROS as noted in the HPI

Physical Exam

Patient is a 46-year-old female.

Examination of the left foot and ankle reveals diffuse swelling and tenderness both medial and lateral. The skin does not wrinkle easily with digital pressure. There is no obvious calf tenderness. There is no evidence for skin breakdown or blister formation. No open wounds. Neurovascular intact.

Previous Assessment / Plan

Date of Service

12/22/2011

Patient fell injury left ankle. This happened at work. Sudden onset. The pain was sharp. The pain was constant. Associated with swelling. He went to emergency room.

Left ankle

Patient in splint

Displaced lateral malleolar fracture likely reduced in ER

Patient will need ORIF

JOHNSON, PATRICIA (id #2061367, dob: 01/26/1963)

Refer to Dr. James as I will be out-of-town

1. PAIN IN JOINT; ANKLE AND FOOT (719.47)

- X-RAY; ANKLE
View: AP, Lateral, & Mortise Side: LEFT
Possibility of Pregnancy: N Weighted/Unweighted: Unweighted

2. SPRAINS AND STRAINS OF ANKLE; UNSPECIFIED SITE (845.00)

- WHEELCHAIR - Qty: 1 Unit Refills: 0 Supplier: N/A

Assessment / Plan

Fracture:

Risks of surgery including but not limited to infection, bleeding, damage to surrounding tissues, continued pain, worsened pain, wound healing complications, malunion/non-union, failure of repair, post-traumatic arthritis, DVT/PE, risk of anesthesia, and possible need for further surgery were discussed with the patient in detail. Indications, alternatives and benefits of surgery were also discussed with the patient in detail. The patient demonstrates an understanding of the above and wishes to proceed with surgery.

1. No diagnosis

- LORTAB 10 MG-500 MG TAB - Take 1 tablet(s) every 4-6 hours by oral route. Qty: 30 tablet(s) Refills: 0 Pharmacy: N/A

2. PAIN IN JOINT; ANKLE AND FOOT (719.47)

- SHORT LEG SPLINT - Dispense Qty: 1 Unit
Material: Fiberglass Side: LEFT
Splint Type: Short Leg

3. FRACTURE OF ANKLE; TRIMALLEOLAR, CLOSED (824.6) - left ankle trimalleolar fracture

Discussion: I had a lengthy discussion with the patient regarding her condition in further treatment options today. I reviewed her previous x-rays. She has a trimalleolar fracture which involves distal fibular fracture in a Weber B. pattern, medial malleolus avulsion, and a small posterior malleolus fracture. I recommended open reduction and internal fixation for appropriate management. She wishes to proceed. Currently, it sounds as if she may have a sinus infection and she is running fevers at home. I checked her temperature today is 98.3 here in the office. Nevertheless, I recommended that she followup with her primary care physician immediately to see if antibiotic management is indicated. If so, we will need to postpone her surgery for a few days until she is afebrile and her sinus infection is under control. We replaced a well-padded posterior splint for her. We will anticipate and plan for surgery early next week. This will allow her some time to resolve some of her swelling as well. Continue ice and elevation. Continue nonweightbearing.

Return to Office

- Wm C James III, MD for Casting at Gregg on 01/19/2012

Encounter Sign-Off

Encounter signed-off by Wm C James III, MD, 12/29/2011.

Encounter performed and documented by Wm C James III, MD

Encounter reviewed & signed by Wm C James III, MD on 12/29/2011 at 8:59am

DEC/28/2011 WED 12:05 PM

FAX No.

P. 001

JOHNSON, PATRICIA 01/26/63 #2061367



*835831w921 E-HealthHx

Midlands Orthopaedics, P.A.

GENERAL MEDICAL INFORMATION
(Short Form for in-house referrals only)

Account Number: 2061367

Physician's #

JAMES

Date: 12/28/2011

Patient's Full Name: PATRICIA JOHNSON

Date of Birth: 01/26/1963

What is the purpose of your visit today (name body part) Left Ankle Broken

RIGHT or ☒ LEFT or BOTH SIDES

Date of first symptom or injury: 12/21/11

Referring Doctor: _____

Description of injury: Ankle Broken in 1st place

Previous treatment (when and by whom): 12/21/11 " providence NE 12/22/11 Dr. Cole Trust
DR.

Were x-rays taken (if so by whom)? Hospital & here on 12/23/11

Are there any medications or health changes since your last visit? NO

SIGNATURES

Patient

(or patient's guardian)

Nurse

Doctor

JOHNSON, PATRICIA 01/26/63 #2061367



* 443243w921 E-HealthHx

Dr. James'

FOLLOW-UP QUESTIONNAIRE

DATE: 01/17/2012 NAME: PATRICIA JOHNSON CHART #: 2061367

1. In terms of your orthopedic issue, how are you feeling? ☒ Improving ☐ Same ☐ Worse
2. Change in Symptoms? ☐ YES ☐ NO
3. Pain? ☐ NO Pain scale 9 /10
4. How are you alleviating the pain? ☒ Changing position ☐ Distraction ☐ Medication ☐ Rest ☒
5. Medications? ☒ Helping a little ☐ helping a lot ☐ not helping at all ☐ upsetting stomach
6. Previous PT? ☒ NONE ☐ Did not help ☐ helped a little ☐ helped temporarily ☐ helped significantly ☐ aggravated symptoms
7. Previous Injections? ☐ NONE ☒ Did not help ☐ helped a little ☐ helped temporarily ☐ helped significantly ☐ gave relief for a few hours ☐ gave relief for a few days ☐ gave relief for a few weeks
8. Athletics (Are you participating in a sport)? ☐ YES ☒ NO
9. Do you need a work/school excuse? ☐ YES ☐ NO
10. Do you need a prescription renewal? ☒ YES ☐ NO

Review of Systems: Please indicate if you are having any problems in the following areas:

- Constitutional: ☐ fever ☐ night sweats ☐ weight gain ☐ weight loss ☐ difficulty exercising
- Eyes: ☐ dry eyes ☐ irritation ☐ change in vision ☐ other: _____
- Ears: ☐ difficulty hearing ☐ ear pain ☐ other: _____
- Nose: ☐ frequent nosebleeds ☐ nose/sinus problems ☐ other: _____
- Mouth/Throat: ☐ sore throat ☐ bleeding gums ☐ snoring ☐ dry mouth ☐ mouth ulcers ☐ oral abnormalities ☐ teeth problems
- Cardiovascular: ☐ chest pain ☒ arm pain on exertion ☐ shortness of breath when walking ☐ shortness of breath when lying down
- ☐ palpitations ☐ heart murmur
- Respiratory: ☒ coughing ☐ wheezing ☐ shortness of breath ☐ coughing up blood
- Gastrointestinal: ☐ abdominal pain ☐ vomiting ☒ loss of appetite ☐ diarrhea ☐ vomiting blood
- Genitourinary: ☐ incontinence ☐ difficulty urinating ☐ painful urination ☐ blood in urine ☐ increase urinary frequency
- Musculoskeletal: ☐ muscle aches ☐ muscle weakness ☒ joint pain ☐ back pain ☐ swelling in extremities
- Skin: ☐ abnormal mole ☐ jaundice ☐ rash ☐ itching ☐ dry skin ☐ growth/lesions
- Neurologic: ☐ loss of consciousness ☐ weakness ☐ numbness ☐ seizures ☐ dizziness ☐ headaches ☐ migraines ☐ restless legs
- Psychiatric: ☐ depression ☐ sleep disturbance ☐ feeling unsafe in relationship(s) ☐ alcohol abuse
- Endocrine: ☐ fatigue ☐ increased thirst ☐ hair loss ☐ increased hair growth ☒ cold intolerance
- Hematologic/Lymphatic: ☐ swollen glands ☒ easy bruising ☐ excessive bleeding
- Allergic/Immunologic: ☐ runny nose ☐ sinus pressure ☐ itching ☐ hives ☐ frequent sneezing
- I HAVE NONE OF THE PROBLEMS LISTED ABOVE: ☐

Recent

Hospitalizations?: _____

Height: _____

Weight: _____

JOHNSON, PATRICIA (id #2061367, dob: 01/26/1963)

Encounter Summary

Patient

Name	JOHNSON, PATRICIA (48, F) ID# 2061367	Appt. Date/Time	01/19/2012 10:45AM
DOB	01/26/1963	Service Dept.	Gregg
Provider	KIMBERLY N BAGWELL, PA-C		
Insurance	Med Primary: *SELF PAY* Prescription: RXHUB - This patient could not be found on the payor's files. Either the patient is ineligible or demographic information included in the inquiry (e.g., member ID) does not match the payor's files.		

Chief Complaint

Left Ankle Pain
Followup: Pain in joint; ankle and foot (719.47)
1st p/o visit - s/p ORIF, trimalleolar fracture. - DOS: 1/3/2012

Problems

Reviewed patient problem history (as of 12/29/2011) without changes

- Pain in joint; ankle and foot (719.47)
- Fracture of ankle; trimalleolar, closed (824.6)
- Sprains and strains of ankle; unspecified site (845.00)

Medications

Reviewed patient's medication history (no data recorded) without changes

Name	Date
LORTAB 10 MG-500 MG TAB Take 1 tablet(s) every 4-6 hours by oral route.	12/28/11 prescribed
VICODIN 5 MG-500 MG TAB Take 1 tablet(s) every 4-6 hours by oral route pm pain.	12/22/11 prescribed

Allergies

Last reviewed Allergies / Adverse Reactions 12/28/2011
CODEINE
COMPAZINE
PENICILLINS
Condine

Past Medical History

Reviewed past medical history.
Acid Reflux: Y
Blood Transfusion: Y
Gallbladder trouble: Y
Glaucoma: Y
Kidney/Bladder Infection: Y
Panic Attacks: Y

Surgical History

Reviewed patient surgical history (as of 12/22/2011) without changes
None

Family History

Last reviewed Family History 12/28/2011
Unspecified Relation

- Asthma
- Cancer
- Diabetes
- High Blood Pressure
- High Cholesterol
- Stroke

Social History

JOHNSON, PATRICIA (id #2061367, dob: 01/26/1963)

Reviewed Social History & made changes

Ortho

Alcohol intake: None.
 Number of children: 3.
 Marital status: Separated.
 Diet: Regular.
 Chewing tobacco: none.
 Cigar/Pipe Use: N.
 Non-smoker.
 Smoking Status: Never smoker.
 Are you currently employed?: Y.
 Hand Dominance: Right.

Vitals

BP: 118/75 sitting **Ht:** 5 ft 3 in **Wt:** 221 lbs
BMI: 39.1 **Pulse:** 99 bpm

HPI

Follow-Up

Reported by patient.

In terms of your orthopaedic issue, how are you feeling? improving

Change in symptoms: no

Pain pain 8/10

How are you alleviating the pain? changing position; rest

Medications: helping a little

Previous PT: none

Previous Injections: did not help

Athletics: no participation

pt presents today for 1st p/o visit. pt. is non-ambulatory using a walker.

ROS

Patient reports **night sweats** but reports no fever, no significant weight gain, no significant weight loss, and no exercise intolerance. She reports **cough** but reports no wheezing, no shortness of breath, and no coughing up blood. She reports **change in appetite** but reports no abdominal pain, no vomiting, no diarrhea, and not vomiting blood. She reports **arthralgias/joint pain** but reports no muscle aches, no muscle weakness, no back pain, and no swelling in the extremities. She reports **numbness** but reports no loss of consciousness, no weakness, no seizures, no dizziness, and no headaches. She reports **depression** but reports no sleep disturbances, feeling safe in relationship, and no alcohol abuse. She reports **easy bruising** but reports no swollen glands. She reports no dry eyes, no irritation, and no vision change. She reports no difficulty hearing and no ear pain. She reports no frequent nosebleeds and no nose/sinus problems. She reports no sore throat, no bleeding gums, no snoring, no dry mouth, no mouth ulcers, no oral abnormalities, and no teeth problems. She reports no chest pain, no arm pain on exertion, no shortness of breath when walking, no shortness of breath when lying down, no palpitations, and no known heart murmur. She reports no incontinence, no difficulty urinating, no hematuria, and no increased frequency. She reports no abnormal mole, no jaundice, and no rashes. She reports no fatigue. She reports no runny nose, no sinus pressure, no itching, no hives, and no frequent sneezing.

ROS as noted in the HPI

Physical Exam

Patient is a 48-year-old female.

There is a moderate amount of edema diffusely. The staples are in place. There is no evidence of incisional breakdown or infection currently. Examination is extremely guarded. She complains of subjective numbness throughout the toes. All toes are warm to touch. She has brisk capillary refill. Extension and flexion appear to be intact but again her examination is guarded. Her ankle is slightly plantarflexed. She has a negative Homans sign.

Results / Interpretations

X-RAY, ANKLE

- View: AP, Lateral, & Mortise, Side: LEFT, Possibility of Pregnancy: N, Weighted/Unweighted: Unweighted
- Hardware is in place. Alignment is maintained.

X-RAY, FOOT

- View: AP, Lateral, and Oblique, Side: LEFT, Possibility of Pregnancy: N
- Review of x-ray, foot taken on 01/19/2012 at MIDLANDS ORTHOPAEDICS shows:
 Foot: Radiographic Findings: no fracture, no dislocation, and joint spaces well preserved.

Previous Assessment / Plan

Date of Service

JOHNSON, PATRICIA (id #2061367, dob: 01/26/1963)

12/28/2011

Fracture:

Risks of surgery including but not limited to infection, bleeding, damage to surrounding tissues, continued pain, worsened pain, wound healing complications, malunion/non-union, failure of repair, post-traumatic arthritis, DVT/PE, risk of anesthesia, and possible need for further surgery were discussed with the patient in detail. Indications, alternatives and benefits of surgery were also discussed with the patient in detail. The patient demonstrates an understanding of the above and wishes to proceed with surgery.

1. No diagnosis

- LORTAB 10 MG-500 MG TAB - Take 1 tablet(s) every 4-6 hours by oral route. Qty: 30 tablet(s) Refills: 0 Pharmacy: N/A

2. PAIN IN JOINT; ANKLE AND FOOT (719.47)

- SHORT LEG SPLINT - Dispense Qty: 1 Unit
Material: Fiberglass Side: LEFT
Splint Type: Short Leg

3. FRACTURE OF ANKLE; TRIMALLEOLAR, CLOSED (824.6) - left ankle trimalleolar fracture

Discussion: I had a lengthy discussion with the patient regarding her condition in further treatment options today. I reviewed her previous x-rays. She has a trimalleolar fracture which involves distal fibular fracture in a Weber B. pattern, medial malleolus avulsion, and a small posterior malleolus fracture. I recommended open reduction and internal fixation for appropriate management. She wishes to proceed. Currently, it sounds as if she may have a sinus infection and she is running fevers at home. I checked her temperature today is 98.3 here in the office. Nevertheless, I recommended that she followup with her primary care physician immediately to see if antibiotic management is indicated. If so, we will need to postpone her surgery for a few days until she is afebrile and her sinus infection is under control. We replaced a well-padded posterior splint for her. We will anticipate and plan for surgery early next week. This will allow her some time to resolve some of her swelling as well. Continue ice and elevation. Continue nonweightbearing.

Assessment / Plan

The patient has a negative Homans sign but she does have a lot of swelling. At this point we will obtain a doppler ultrasound to rule out DVT. She was placed into a bootwalker to facilitate this test. She was instructed however to remain strictly NWB. The staples were left into place. She is having some subjective numbness in her toes. This is concerning but appears to be mostly from the amount of swelling. When asked to concentrate on moving her toes she is able to move them. There are no signs of compartment syndrome. I would like for her to elevate at all times to reduce the edema. She was asked to try and work on AROM with the toes and ankle. We will see her back on Monday if the Doppler is negative for a recheck. At that time she will likely be placed into a non weightbearing cast. She knows to call should she need us before that time.

1. PAIN IN JOINT; ANKLE AND FOOT (719.47)

- X-RAY, ANKLE
View: AP, Lateral, & Mortise Side: LEFT
Possibility of Pregnancy: N Weighted/Unweighted: Unweighted
- DOPPLER, VENOUS -
Note to Imaging Facility:
Doppler of left lower extremity
If positive call results to 331-9908
BMC Today at BMC

****1/19/2012 Patient is self pay

- X-RAY, FOOT
View: AP, Lateral, and Oblique Side: LEFT
Possibility of Pregnancy: N

2. FRACTURE OF ANKLE; TRIMALLEOLAR, CLOSED (824.6)

Return to Office

- Wm C James III, MD for Casting at Gregg on 01/23/2012

Encounter Sign-Off

Encounter signed-off by Kimberly N Bagwell, PA-C, 01/19/2012.

Encounter performed and documented by Kimberly N Bagwell, PA-C

Encounter reviewed & signed by Kimberly N Bagwell, PA-C on 01/19/2012 at 1:54pm

Imaging Order

01/19/2012

To Provider	From Provider
PALMETTO HEALTH BAPTIST 1330 TAYLOR ST COLUMBIA, SC 29201 Phone: (803) 296-8888 Fax: (803) 296-4845	MIDLANDS ORTHOPAEDICS, P.A. Gregg 1910 Blanding Street COLUMBIA, SC 29201-3520 Phone: (803) 256-4107 Fax: (803) 988-8115

Imaging Order Information

Diagnosis	719.47: Pain in joint; ankle and foot
Order Name	Orders included: 1 719.47: Pain in joint; ankle and foot • DOPPLER, VENOUS Send To: PALMETTO HEALTH BAPTIST Note to Imaging Facility: Doppler of left lower extremity If positive call results to 331-9908 BMC Today at BMC
Notes	Doppler of left lower extremity If positive call results to 331-9908 BMC Today at BMC

Patient Information

Patient Name	JOHNSON, PATRICIA
Sex - DOB - Age	F 01/26/1963 48 YR
Address	1028 GLENFIELD CIRCLE APT G 14 ORANGEBURG, SC 29118-2492
Phone	H: (803) 290-3345 W: (803) 782-2000

Electronically Signed by: WM C JAMES, III, MD



WM C JAMES, III, MD

Referral Order

02/01/2012

To Provider	From Provider
	MIDLANDS ORTHOPAEDICS, P.A. Gregg 1910 Blanding Street COLUMBIA, SC 29201-3520 Phone: (803) 256-4107 Fax: (803) 988-8115

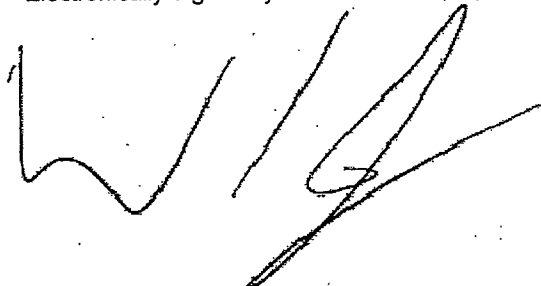
Referral Order Information

Diagnosis	719.47: Pain in joint; ankle and foot
Order Name	Orders included: 1 719.47: Pain in joint; ankle and foot • PHYSICAL THERAPY REFERRAL Note to Provider: P.T. It ankle AASROM/PROM and theraband strengthening nonweight bearing Visits per Week: 2 times a week Number of Weeks: 4-6 weeks

Patient Information

Patient Name	JOHNSON, PATRICIA
Sex - DOB - Age	F 01/26/1963 49 YR
Address	1028 GLENFIELD CIRCLE APT G 14 ORANGEBURG, SC 29118-2492
Phone	H: (803) 290-3345 W: (803) 782-2000

Electronically Signed by: WM C JAMES, III, MD



Electronically ordered/documentated by: WM C JAMES, III, MD

JOHNSON, PATRICIA (id #2061367, dob: 01/26/1963)**Encounter Summary****Patient**

Name	JOHNSON, PATRICIA (49, F) ID# 2061367	Appt. Date/Time	02/01/2012 10:40AM
DOB	01/26/1963	Service Dept.	Gregg
Provider	WM C JAMES, III, MD		
Insurance	Med Primary: *SELF PAY* Prescription: RXHUB - This patient could not be found on the payor's files. Either the patient is ineligible or demographic information included in the inquiry (e.g., member ID) does not match the payor's files.		

Chief Complaint

Left Ankle Pain
Followup: Pain in joint; ankle and foot (719.47)

2nd p/o visit - s/p ORIF, trimalleolar fracture- DOS; 1/3/2012

Problems

Reviewed patient problem history (as of 02/01/2012) without changes

- Phlebitis and thrombophlebitis; of deep vessels of lower extremities* (451.1)
- Pain in joint; ankle and foot (719.47)
- Fracture of ankle; trimalleolar, closed (824.6)
- Sprains and strains of ankle; unspecified site (845.00)

Medications

Reviewed patient's medication history (no data recorded) without changes

Name	Date
LORTAB 10 MG-500 MG TAB Take 1 tablet(s) every 4-6 hours by oral route.	12/28/11 prescribed
VICODIN 5 MG-500 MG TAB Take 1 tablet(s) every 4-6 hours by oral route prn pain.	12/22/11 prescribed

Allergies

Reviewed allergy history (as of 01/19/2012) without changes

CODEINE
COMPAZINE
PENICILLINS
Condine

Past Medical History

Reviewed past medical history.

Acid Reflux: Y
Blood Transfusion: Y
Gallbladder trouble: Y
Glaucoma: Y
Kidney/Bladder Infection: Y
Panic Attacks: Y

Surgical History

Reviewed patient surgical history (as of 12/22/2011) without changes

- Open reduction internal fixation, trimalleolar fracture - 01/03/2011

None

Family History

Reviewed family history (as of 12/22/2011) without changes

Unspecified Relation

- Asthma
- Cancer
- Diabetes
- High Blood Pressure
- High Cholesterol

JOHNSON, PATRICIA (id #2061367, dob: 01/26/1963)

- Stroke

Social History

Reviewed Social History & made changes

Ortho

Alcohol intake: None.

Number of children: 3.

Marital status: Separated.

Diet: Regular.

Chewing tobacco: none.

Cigar/Pipe Use: N.

Non-smoker.

Smoking Status: Never smoker.

Are you currently employed?: Y.

Hand Dominance: Right.

Vitals

BP: 110/74 sitting

BMI: 39.1

Ht: 5 ft 3 in

Pulse: 98 bpm

Wt: 221 lbs

HPI

Follow-Up

Reported by patient.

In terms of your orthopaedic issue, how are you feeling? improving

Change in symptoms: no

Pain pain 4/10

How are you alleviating the pain? rest

Medications: helping a lot

Previous PT: none

Previous Injections: helped temporarily

Athletics: no participation

pt. presents today 2nd p/o evaluation, left ankle following a hospital stay for positive DVT. pt. reports symptoms are improving. pt. is non-ambulatory using a wheelchair and crutches for support.

ROS

Patient reports **night sweats**. She reports **vision change**. She reports **change in appetite**. She reports **back pain**. She reports **dizziness**. She reports **depression**. She reports **easy bruising**.

ROS as noted in the HPI

Physical Exam

Patient is a 49-year-old female.

surgical wound is well-healed. Swelling and tenderness are improved. Tibialis anterior, gastrocnemius, EHL, FHL, posterior tibialis, and peroneal function all appears to be intact, although she demonstrates limited range of motion related to pain. All compartments are completely soft. Soft touch sensation is intact. She does not quite dorsiflex to neutral with the ankle.

Previous Assessment / Plan

Date of Service

01/19/2012

The patient has a negative Homans sign but she does have a lot of swelling. At this point we will obtain a doppler ultrasound to rule out DVT. She was placed into a bootwalker to facilitate this test. She was instructed however to remain strictly NWB. The staples were left into place. She is having some subjective numbness in her toes. This is concerning but appears to be mostly from the amount of swelling. When asked to concentrate on moving her toes she is able to move them. There are no signs of compartment syndrome. I would like for her to elevate at all times to reduce the edema. She was asked to try and work on AROM with the toes and ankle. We will see her back on Monday if the Doppler is negative for a recheck. At that time she will likely be placed into a non weightbearing cast. She knows to call should she need us before that time.

1. PAIN IN JOINT; ANKLE AND FOOT (719.47)

• X-RAY, ANKLE

View: AP, Lateral, & Mortise Side: LEFT

Possibility of Pregnancy: N Weighted/Unweighted: Unweighted

• DOPPLER, VENOUS -

Note to Imaging Facility:

Doppler of left lower extremity

If positive call results to 331-9908

BMC Today at BMC

JOHNSON, PATRICIA (id #2061367, dob: 01/26/1963)

****1/19/2012 Patient is self pay

- X-RAY, FOOT
View: AP, Lateral, and Oblique Side: LEFT
Possibility of Pregnancy: N

2. FRACTURE OF ANKLE; TRIMALLEOLAR, CLOSED (824.6)

Assessment / Plan

1. PAIN IN JOINT; ANKLE AND FOOT (719.47)

- PHYSICAL THERAPY REFERRAL - Note to Provider: P.T. It ankle AASROM/PROM and theraband strengthening nonweight bearing
Visits per Week: 2 times a week Number of Weeks: 4-6 weeks

2. FRACTURE OF ANKLE; TRIMALLEOLAR, CLOSED (824.6) - status post ORIF

3. PHLEBITIS AND THROMBOPHLEBITIS; OF DEEP VESSELS OF LOWER EXTREMITIES* (451.1)

Discussion: I recommended physical therapy to work on AAROM/PROM. I am worried that she is developing a flexion contracture. We gave her a home exercise program to do as well. Continue nonweightbearing with cam walker. Continue Coumadin through her physician in Orangeburg. She states that she has had some pain and swelling around her Lovenox injection site. I examined her abdomen today and she does appear to have some mild induration and tenderness in the area but no evidence for cellulitis. No fluctuance. No increased warmth. I recommended warm compress and followup with her primary physician to address that. She will followup with us in 2 weeks for recheck, sooner if there is a problem.

Return to Office

- Wm C James III, MD for Pod Only at Gregg on 02/15/2012

Encounter Sign-Off

Encounter signed-off by Wm C James III, MD, 02/01/2012.

Encounter performed and documented by Wm C James III, MD

Encounter reviewed & signed by Wm C James III, MD on 02/01/2012 at 5:17pm

JOHNSON, PATRICIA (id #2061367, dob: 01/26/1963)**Encounter Summary****Patient**

Name	JOHNSON, PATRICIA (49, F) ID# 2061367	Appt. Date/Time	02/15/2012 01:50PM
DOB	01/26/1963	Service Dept.	Gregg
Provider	WM C JAMES, III, MD		
Insurance	Med Primary: *SELF PAY* Prescription: RXHUB - This patient could not be found on the payor's files. Either the patient is ineligible or demographic information included in the inquiry (e.g., member ID) does not match the payor's files.		

Chief Complaint

Left Ankle Pain

Followup: Pain in joint; ankle and foot (719.47)

3rd p/o visit - s/p ORIF, trimalleolar fracture - DOS: 1/3/2012

Problems

Reviewed patient problem history (as of 02/15/2012) without changes

- Phlebitis and thrombophlebitis; of deep vessels of lower extremities* (451.1)
- Pain in joint; ankle and foot (719.47)
- Fracture of ankle; bimalleolar, closed (824.4)
- Fracture of ankle; trimalleolar, closed (824.6)
- Sprains and strains of ankle; unspecified site (845.00)

Medications

Reviewed patient's medication history (no data recorded) without changes

Name	Date
LORTAB 10 MG-500 MG TAB Take 1 tablet(s) every 4-6 hours by oral route.	12/28/11 prescribed
VICODIN 5 MG-500 MG TAB Take 1 tablet(s) every 4-6 hours by oral route prn pain.	12/22/11 prescribed

Allergies

Reviewed allergy history (as of 01/19/2012) without changes

CODEINE
COMPAZINE
PENICILLINS
Condine

Past Medical History

Reviewed past medical history.

Acid Reflux: Y
Blood Transfusion: Y
Gallbladder trouble: Y
Glaucoma: Y
Kidney/Bladder Infection: Y
Panic Attacks: Y

Surgical History

Reviewed patient surgical history (as of 12/22/2011) without changes

- Open reduction internal fixation, trimalleolar fracture - 01/03/2011

None

Family History

Reviewed family history (as of 12/22/2011) without changes

Unspecified Relation

- Asthma
- Cancer
- Diabetes
- High Blood Pressure

JOHNSON, PATRICIA (id #2061367, dob: 01/26/1963)

- High Cholesterol
- Stroke

Social History

Reviewed Social History & made changes

Ortho

Alcohol intake: None.
Number of children: 3.
Marital status: Separated.
Diet: Regular.
Chewing tobacco: none.
Cigar/Pipe Use: N.
Non-smoker.
Smoking Status: Never smoker.
Are you currently employed?: Y.
Hand Dominance: Right.

Vitals

BP: 120/71 sitting
BMI: 39.1

Ht: 5 ft 3 in
Pulse: 70 bpm

Wt: 221 lbs

HPI

Follow-Up

Reported by patient.

In terms of your orthopaedic issue, how are you feeling? improving

Pain pain 4/10

How are you alleviating the pain? rest

Medications: helping a little

Previous Injections: none

Athletics: no participation

pt. presents today for p/o evaluation, left ankle fracture. pt. reports improving symptoms. pt. continues to ambulate in clinic non-weightbearing using a wheelchair for transport and carrying a walker. pt. reports she is awaiting word from her attorney regarding physical therapy appointments

ROS

Patient reports **night sweats**. She reports **vision change**. She reports **depression**. She reports **easy bruising**.

ROS as noted in the HPI

Physical Exam

Patient is a 49-year-old female.

surgical wound is well-healed. Swelling and tenderness are improved. Tibialis anterior, gastrocnemius, EHL, FHL, posterior tibialis, and peroneal function all appears to be intact. All compartments are completely soft. She dorsiflexes passively to almost neutral, although actively, she dorsiflexes to approximately -10°. Soft touch sensation is intact. She maintains diffuse swelling about the foot and ankle. No tenderness about the foot but there is continued

Results / Interpretations

X-RAY, ANKLE

- View: AP, Lateral, & Mortise, Side: LEFT, Possibility of Pregnancy: N, Weighted/Unweighted: Unweighted

Review of x-ray, ankle taken on 02/15/2012 at MIDLANDS ORTHOPAEDICS shows:

Ankle: Radiographic Findings: fracture healing satisfactorily, alignment w/o change.

The ankle appears to be anatomically aligned. She does have some lucency involving the medial talar dome which may represent a developing osteochondral lesion. She has a small well-corticated ossicle anteriorly which is well rounded and appears chronic.

Previous Assessment / Plan

Date of Service

02/01/2012

1. PAIN IN JOINT; ANKLE AND FOOT (719.47)

- PHYSICAL THERAPY REFERRAL - Note to Provider: P.T. It ankle AASROM/PROM and theraband strengthening nonweight bearing
Visits per Week: 2 times a week Number of Weeks: 4-6 weeks

2. FRACTURE OF ANKLE; TRIMALLEOLAR, CLOSED (824.6) - status post ORIF

3. PHLEBITIS AND THROMBOPHLEBITIS; OF DEEP VESSELS OF LOWER EXTREMITIES* (451.1)

JOHNSON, PATRICIA (id #2061367, dob: 01/26/1963)

Discussion: I recommended physical therapy to work on AAROM/PROM. I am worried that she is developing a flexion contracture. We gave her a home exercise program to do as well. Continue nonweightbearing with cam walker. Continue Coumadin through her physician in Orangeburg. She states that she has had some pain and swelling around her Lovenox injection site. I examined her abdomen today and she does appear to have some mild induration and tenderness in the area but no evidence for cellulitis. No fluctuance. No increased warmth. I recommended warm compress and followup with her primary physician to address that. She will followup with us in 2 weeks for recheck, sooner if there is a problem.

Assessment / Plan

1. PAIN IN JOINT; ANKLE AND FOOT (719.47)

- X-RAY, ANKLE
View: AP, Lateral, & Mortise Side: LEFT
Possibility of Pregnancy: N Weighted/Unweighted: Unweighted

2. FRACTURE OF ANKLE; TRIMALLEOLAR, CLOSED (824.6) - status post ORIF

3. PHLEBITIS AND THROMBOPHLEBITIS; OF DEEP VESSELS OF LOWER EXTREMITIES* (451.1)

Discussion: Her fracture appears to be healing well and her ankle is anatomically aligned. I am concerned that she is developing an equinus contracture. I again recommended physical therapy to work on active and passive range of motion. She is 6 weeks out from surgery and may now begin weightbearing as tolerated in her cam walker. She should use her walker for stability. I again recommended a compression stocking to address her swelling. Continue Coumadin as per her local physician for her DVT.

Return to Office

- Wm C James III, MD for Return Office Visit at Gregg on 03/07/2012

Encounter Sign-Off

Encounter signed-off by Wm C James III, MD, 02/15/2012.

Encounter performed and documented by Wm C James III, MD

Encounter reviewed & signed by Wm C James III, MD on 02/15/2012 at 5:28pm

JOHNSON, PATRICIA (id #2061367, dob: 01/26/1963)

Encounter Summary

Patient

Name	JOHNSON, PATRICIA (49, F) ID# 2061367	Appt. Date/Time	02/22/2012 11:00AM
DOB	01/26/1963	Service Dept.	Wound Center
Provider	KIMBERLY N BAGWELL, PA-C		
Insurance	Med Primary: *SELF PAY* Prescription: RXHUB - This patient could not be found on the payor's files. Either the patient is ineligible or demographic information included in the inquiry (e.g., member ID) does not match the payor's files.		

Chief Complaint

Left Ankle Pain
Followup: Phlebitis and thrombophlebitis; of deep vessels of lower extremities* (451.1)
Followup: Fracture of ankle; trimalleolar, closed (824.6)

Problems

Reviewed patient problem history (as of 02/15/2012) without changes

- Phlebitis and thrombophlebitis; of deep vessels of lower extremities* (451.1)
- Pain in joint; ankle and foot (719.47)
- Fracture of ankle; bimalleolar, closed (824.4)
- Fracture of ankle; trimalleolar, closed (824.6)
- Sprains and strains of ankle; unspecified site (845.00)

Medications

No medications reported

Allergies

Reviewed allergy history (as of 01/19/2012) without changes

CODEINE
COMPAZINE
PENICILLINS
Condine

Past Medical History

Reviewed past medical history.

Acid Reflux: **Y**
Blood Transfusion: **Y**
Gallbladder trouble: **Y**
Glaucoma: **Y**
Kidney/Bladder Infection: **Y**
Panic Attacks: **Y**

Surgical History

Reviewed patient surgical history (as of 12/22/2011) without changes

- Open reduction internal fixation, trimalleolar fracture - 01/03/2011

None

Family History

Reviewed family history (as of 12/22/2011) without changes

Unspecified Relation

- Asthma
- Cancer
- Diabetes
- High Blood Pressure
- High Cholesterol
- Stroke

Social History

Reviewed Social History & made changes

Ortho
Alcohol intake: None.

JOHNSON, PATRICIA (id #2061367, dob: 01/26/1963)

Number of children: 3.
 Marital status: Separated.
 Diet: Regular.
 Chewing tobacco: none.
 Cigar/Pipe Use: N.
 Non-smoker.
 Smoking Status: Never smoker.
 Are you currently employed?: Y.
 Hand Dominance: Right.

Vitals

Ht: 5 ft 3 in Wt: 221 lbs BMI: 39.1
 RR: 18

HPI

Follow-Up

Reported by patient.

In terms of your orthopaedic issue, how are you feeling? same

Pain pain 6/10

How are you alleviating the pain? rest

Medications: helping a little

Previous Injections: none

Athletics: no participation

FU left trimalleolar ORIF 1-3-12.on her last visit she was placed in a boot walker and was advised to weightbear as tolerated and she was advised compression stockings for swelling. She was asked to come in today to check her leg due to pain. Patinet states she is having some increased pain but she relates this to her new weightbearing statis. No new c/o

ROS

Patient reports **night sweats** but reports no fever, no significant weight gain, no significant weight loss, and no exercise intolerance. She reports **vision change** but reports no dry eyes and no irritation. She reports **depression** but reports no sleep disturbances, feeling safe in relationship, and no alcohol abuse. She reports **easy bruising** but reports no swollen glands. She reports no difficulty hearing and no ear pain. She reports no frequent nosebleeds and no nose/sinus problems. She reports no sore throat, no bleeding gums, no snoring, no dry mouth, no mouth ulcers, no oral abnormalities, and no teeth problems. She reports no chest pain, no arm pain on exertion, no shortness of breath when walking, no shortness of breath when lying down, no palpitations, and no known heart murmur. She reports no cough, no wheezing, no shortness of breath, and no coughing up blood. She reports no abdominal pain, no vomiting, normal appetite, no diarrhea, and not vomiting blood. She reports no incontinence, no difficulty urinating, no hematuria, and no increased frequency. She reports no muscle aches, no muscle weakness, no arthralgias/joint pain, no back pain, and no swelling in the extremities. She reports no abnormal mole, no jaundice, and no rashes. She reports no loss of consciousness, no weakness, no numbness, no seizures, no dizziness, and no headaches. She reports no fatigue. She reports no runny nose, no sinus pressure, no itching, no hives, and no frequent sneezing.

ROS as noted in the HPI

Physical Exam

Patient is a 49-year-old female.

There is moderate edema noted about the foot and ankle. The incision remains well healed. She is tender along the incision. She continues to have an equinus contracture noted. She has good capillary refill noted. She is able to move all toes. Compartments are soft.

Previous Assessment / Plan

Date of Service

02/15/2012

1. PAIN IN JOINT; ANKLE AND FOOT (719.47)

- X-RAY, ANKLE

View: AP, Lateral, & Mortise Side: LEFT

Possibility of Pregnancy: N Weighted/Unweighted: Unweighted

2. FRACTURE OF ANKLE; TRIMALLEOLAR, CLOSED (824.6) - status post ORIF

3. PHLEBITIS AND THROMBOPHLEBITIS; OF DEEP VESSELS OF LOWER EXTREMITIES* (451.1)

Discussion: Her fracture appears to be healing well and her ankle is anatomically aligned. I am concerned that she is developing an equinus contracture. I again recommended physical therapy to work on active and passive range of motion. She is 6 weeks out from surgery and may now begin weightbearing as tolerated in her cam walker. She should use her walker for stability. I again recommended a compression stocking to address her swelling. Continue Coumadin as per her local physician for her DVT.

Assessment / Plan

JOHNSON, PATRICIA (id #2061367, dob: 01/26/1963)

I instructed the patient on how to perform scar massages. I would also like for her to get the compression hose as she has been instructed on the last several appointments. I called Hawthornes, a local pharmacy that is close by, and they have compression hose for \$45 in stock. I instructed the patient on how to get there. I do believe the compression hose would make a huge difference for this patient. It should also be noted that he has been instructed to weight bear as tolerated in the bootwalker and she was non weight bearing upon entering and exiting the office. I feel strongly that her refusal to mobilize and stretch is a large contributing factor to the equinus contracture. Ideally I would place her in physical therapy but she is unable to afford that. She is not doing the stretches at home on a routine basis and she openly admits that. I explained the importance of the stretches and weightbearing once again. We will see her back at her scheduled appointment unless she needs us before that time.

1. PHLEBITIS AND THROMBOPHLEBITIS; OF DEEP VESSELS OF LOWER EXTREMITIES* (451.1)

- COMPRESSION HOSE - LLE Qty: 1 Unit Refills: 0 Supplier: HAWTHORNE PHARMACY #1

2. FRACTURE OF ANKLE; TRIMALLEOLAR, CLOSED (824.6)

Return to Office

- Wm C James III, MD for Return Office Visit at Gregg on 03/07/2012

Encounter Sign-Off

Encounter signed-off by Kimberly N Bagwell, PA-C, 02/22/2012.

Encounter performed and documented by Kimberly N Bagwell, PA-C

Encounter reviewed & signed by Kimberly N Bagwell, PA-C on 02/22/2012 at 3:18pm

Palmetto Health Baptist
Taylor @ Marion, Columbia SC 29220

Operative Note

Name: JOHNSON, PATRICIA
MR#: 000857823
Dictating: William C. James III., MD

DOB: 01/26/1963
Admit: 01/03/2012

DATE OF OPERATION: 01/03/2011

SURGEON: William C. James III., MD

ASSISTANT SURGEON: Lauren Leander PA-C.

PREOPERATIVE DIAGNOSIS: Left ankle trimalleolar fracture.

POSTOPERATIVE DIAGNOSIS: Left ankle trimalleolar fracture.

PROCEDURE:

1. Open reduction and internal fixation of left ankle trimalleolar fracture with placement of syndesmosis screw.
2. Application of left short-leg splint.

ANESTHESIA: Regional block.

ESTIMATED BLOOD LOSS: Minimal.

TOURNIQUET TIME: Approximately 1 hour 10 minutes.

COMPLICATIONS: None.

DISPOSITION: The patient was taken awake and in stable condition to the recovery room.

HISTORY OF PRESENT ILLNESS: The patient is a very pleasant 48-year-old female who sustained a displaced left ankle trimalleolar fracture about 2 weeks ago. Open reduction and internal fixation was indicated and recommended. Possible placement of a syndesmosis screw was also discussed with her and her husband in detail. Risks of surgery including but not limited to infection, bleeding, damage to surrounding tissue, malunion, nonunion, failure of fixation, risks of anesthesia, continued pain, worsening pain, posttraumatic arthritis, DVT/PE, possible need for further surgery were discussed with her in detail. Indications, alternatives, and benefits of surgery also were discussed with her in detail. She demonstrates understanding of the above and desires to proceed with surgery.

DESCRIPTION OF PROCEDURE: After appropriate consent was obtained, and after administration of IV antibiotic prophylaxis, the patient was brought to the operating room

Palmetto Health Baptist
Taylor @ Marion, Columbia SC 29220

Operative Note

Name: JOHNSON, PATRICIA
MR#: 000857823
Dictating: William C. James III., MD

DOB: 01/26/1963
Admit: 01/03/2012

Page 2

and placed supine on the standard operating table. Regional block was performed on the left lower extremity in the holding area by Anesthesia. Once in the operating room, a bump was placed under the left hip. A pneumatic tourniquet was placed proximal to the left knee. The left lower extremity was prepped and draped in the usual sterile fashion. The limb was exsanguinated with an Esmarch bandage and tourniquet inflated to 300 mmHg.

Following this, a linear incision was made over the lateral aspect of the distal fibula. Dissection was carried down carefully through subcutaneous tissue. Periosteum overlying the distal fibula was incised in line with the wound, and reflected plantar-exposed fracture. There was some interposed fracture hematoma and this was carefully debrided. Following this, reduction forceps were used to carefully perform a reduction maneuver on the distal fibula and secure the fracture. The fracture appeared to be anatomically aligned visually. The C-arm was brought in and anatomic alignment of the fibula was confirmed radiographically. A 3.5-mm fully threaded cortical screw was then placed in lag fashion from anterior to posterior across the fracture. A thin excellent purchase and excellent stability was noted. A 7-hole one-third tubular plate Ortholoc ankle fracture set was then contoured to fit the distal fibula. It was placed in an appropriate level. It was secured proximally with a 3.5-mm nonlocking screw. Distally, it was secured with two 3.5-mm locking screws. Two final 3.5-mm locking screws were then placed through the remaining 2 holes proximally. The third hole from the bottom was left open for placement of the syndesmosis screw if indicated. Cotton tests were performed of the distal fibula under fluoroscopy. There was seen to be syndesimotic instability with widening of the syndesmosis and lateral talar shift. Therefore, a syndesmosis screw was felt indicated. A large tenaculum clamp was placed across the syndesmosis under fluoroscopic guidance. Syndesmosis was closed down nicely with a clamp and appeared to be anatomically aligned. A 4.0 fully threaded cortical screw was then placed across 4 cortices, through the fibula and tibia, through the remaining open hole in the plate. Then care was taken to parallel the joint surface of the tibia. The screw obtained excellent purchase, and excellent stability of the syndesmosis was noted. The clamp was removed. The syndesmosis was again stressed. No evidence for instability was noted at that point. The ankle appeared to be anatomically aligned.

Final fluoroscopic images were taken and saved. The wound was copiously irrigated with normal saline. Subcutaneous tissue was closed with 2-0 Monocryl suture and the skin was closed with staples. The wounds were dressed with sterile Xeroform and 4 x 4's. A standard well-padded posterior splint with coaptation component was then placed. The tourniquet was deflated. Drapes were removed. Tourniquet was removed. The patient was transferred to a bed and taken awake and in stable condition to the

Palmetto Health Baptist
Taylor @ Marion, Columbia SC 29220

Operative Note

Name: JOHNSON, PATRICIA
MR#: 000857823
Dictating: William C. James III., MD

DOB: 01/26/1963
Admit: 01/03/2012

Page 3

recovery room. She tolerated the procedure well. There were no complications. All toes had excellent capillary refill prior to transfer to the recovery room.

D: 01/03/2012 14:30 T: 01/03/2012 16:11 TID: jb
Job #: 29137 Doc #: 10144044
cc: William C. James III., MD

Palmetto Health Baptist
Taylor @ Marion, Columbia SC 29220

History and Physical

Name: JOHNSON, PATRICIA DOB: 01/26/1963
MR#: 000857823 Admit: 01/19/2012
Dictating: William C. James III., MD Discharge:

HISTORY OF PRESENT ILLNESS: The patient is a very pleasant 48-year-old female who is approximately 2 weeks status post open reduction and internal fixation of left ankle bimalleolar fracture. She presented to the office yesterday with increased pain and swelling involving her left lower extremity. She had significant calf tenderness and was sent for a Doppler study. This revealed evidence for a deep venous thrombosis in her left calf. She is therefore being admitted for anticoagulation therapy and monitoring.

PAST MEDICAL HISTORY: GERD, hypertension, depression.

MEDICATIONS: Please see MAR.

ALLERGIES: None known.

PHYSICAL EXAMINATION: Vital signs: She is afebrile and her vital signs are stable. General: She is a well-appearing female in no acute distress. She is awake, alert, and oriented x3. Heart: Regular rate. Lungs: Clear. Abdomen: Benign. Extremities: Examination of the left lower extremity reveals well-healed surgical wounds consistent with her surgical history. She has diffuse swelling involving the foot and ankle. Some swelling and tenderness to palpation as well about the calf. There is diffuse tenderness about the ankle. No evidence for infection. She has limited active range of motion of the toes which is attributed to pain. Passive stretch of the digits does not elicit discomfort. All compartments are completely soft. Soft touch sensation is intact throughout. She has palpable pulses.

ASSESSMENT: Left lower extremity postoperative deep venous thrombosis.

PLAN: We will plan to admit for anticoagulation therapy. We will consult the Internal Medicine service for assistance with that. We will try to arrange outpatient anticoagulation through her primary care physician. We will also plan to mobilize her with Physical Therapy and work on range of motion for the left foot and ankle in particular. She is to remain strictly nonweightbearing.

D: 01/20/2012 16:30 T: 01/20/2012 19:33 TID: aih
Job #: 43159 Doc #: 20587440
cc: William C. James III., MD
*

Palmetto Health Baptist
Taylor @ Marion, Columbia SC 29220

History and Physical

Name: JOHNSON, PATRICIA DOB: 01/26/1963
MR#: 000857823 Admit: 01/19/2012
Dictating: Kimberly Bagwell, PA Discharge:

ADMITTING PHYSICIAN: Dr. William C. James.

ADMISSION DIAGNOSIS:

1. Trimalleolar fracture.
2. Deep venous thrombosis on the left side.

HISTORY OF PRESENT ILLNESS: This is a very pleasant, 48-year-old female who presented to our clinic today for a regular postoperative appointment. She was found to have diffuse swelling throughout her foot. She denied any calf pain but, given her large amount of edema and multiple other complaints, we thought it was in her best interest to have a Doppler ultrasound performed to rule out deep venous thrombosis. She was positive for this and we admitted her from the Vascular Lab, directly to our service. She had a trimalleolar fracture, which was fixed operatively about two weeks ago. She is non-weight bearing to her lower extremity at this time and her staples are still in place.

PAST MEDICAL HISTORY: Acid reflux, gallbladder problems, glaucoma, kidney infections, bladder infections.

PAST SURGICAL HISTORY: None.

ALLERGIES: Compazine, penicillin and codeine.

FAMILY HISTORY: Significant for asthma, cancer, diabetes, high blood pressure, high cholesterol and stroke.

SOCIAL HISTORY: The patient has three children. She is married and lives with her husband. She states that she does not drink and she does not smoke or use smokeless tobacco.

CURRENT MEDICATIONS: Please refer to MAR.

PHYSICAL EXAMINATION: General: The patient appears to be alert and oriented x three. Vitals: Weight about 221 pounds, height is 5 feet 3 inches. HEENT: Normocephalic. Pupils equal, round, reactive to light. Heart: Regular rate and rhythm. Lungs: Clear to auscultation bilaterally. Abdomen: Soft, nontender, nondistended. Genitourinary: Deferred. Skin: Intact. Examination of the left lower extremity reveals a surgical incision which appears to be healing well. Staples are in place. She does have moderate edema noted diffusely throughout the foot. She has good capillary refill throughout all toes. She is able to feel all toes with light touch. She is having difficulty

Palmetto Health Baptist
Taylor @ Marion, Columbia SC 29220

History and Physical

Name: JOHNSON, PATRICIA
MR#: 000857823
Dictating: Kimberly Bagwell, PA

DOB: 01/26/1963
Admit: 01/19/2012
Discharge:

Page 2

with range of motion, mostly due to discomfort. She does have a negative Homan.
However, on examination she has a large amount of swelling.

ASSESSMENT AND PLAN: The patient will be admitted to our service for treatment of her deep venous thrombosis. We will consult BIMA for a STAT consult to treat her deep venous thrombosis. We will have her remain non-weight bearing all times to her operative extremity. She is in a boot walker and will remain in this until further instructions from us. She is to wear it at all times, even when sleeping.

D: 01/19/2012 16:20 T: 01/20/2012 08:55 TID:
Job #: 42213 Doc #: 00064164
cc: Kimberly Bagwell, PA
William C. James III, MD

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Palmetto Health Baptist
Taylor @ Marion, Columbia SC 29220

Discharge Summary

Name: JOHNSON, PATRICIA DOB: 01/26/1963
MR#: 000857823 Admit: 01/19/2012
Dictating: Lauren P. Leander, PA Discharge: 01/24/2012

ADMISSION DIAGNOSES:

1. Trimalleolar fracture status post open reduction internal fixation.
2. Deep venous thrombosis of the left lower extremity.
3. Hypertension.

DISCHARGE DIAGNOSES:

1. Trimalleolar fracture status post open reduction internal fixation.
2. Deep venous thrombosis of the left lower extremity.
3. Hypertension.

SERVICE: William C. James III, MD

CONSULTATIONS: Medicine.

PROCEDURES: None.

HOSPITAL COURSE: The patient is status post open reduction internal fixation of a trimalleolar fracture. She was seen in the clinic on the day of admission for increased calf pain to the left leg as well as swelling. She was sent to the vascular lab to undergo a Doppler ultrasound. At that time a deep venous thrombosis was found in the left lower extremity. She was admitted to the hospital to begin subcutaneous Lovenox and p.o. Coumadin. Medicine was consulted for management of this. The patient will be treated on an outpatient status at the free health care center in Orangeburg for management of her INR. She has an appointment with Dr. Gaye tomorrow morning at 9:00 AM. On physical examination today the patient is alert and oriented x3. No acute distress. Her musculoskeletal left lower extremity is intact with staple. Swelling is decreased. There is no evidence of infection. The patient is moving all toes and is able to feel all toes. Homans is negative bilaterally.

DISCHARGE CONDITION: Stable.

DISPOSITION: Home.

MEDICATIONS: Refer to MAR, which include p.o. Coumadin and subcutaneous Lovenox.

NURSING: The patient is to remain nonweight bearing. She is to keep the dressing clean, dry, and intact. She may resume a regular diet. She will resume regular home medications.

Palmetto Health Baptist
Taylor @ Marion, Columbia SC 29220

Discharge Summary

Name:	JOHNSON, PATRICIA	DOB:	01/26/1963
MR#:	000857823	Admit:	01/19/2012
Dictating:	Lauren P. Leander, PA	Discharge:	01/24/2012

Page 2

FOLLOW UP: She will follow up with Dr. James in one week. She is to follow up with Dr. Gaye tomorrow morning at 9:00 for deep venous thrombosis management.

D: 01/24/2012 13:45 T: 01/25/2012 13:27 TID:

Job #: 45776 Doc #: 00064482

cc: Lauren P. Leander, PA

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*
*
*

Palmetto Health Baptist
Taylor @ Marion, Columbia SC 29220

Discharge Summary

Name: JOHNSON, PATRICIA DOB: 01/26/1963
MR#: 000857823 Admit: 01/19/2012
Dictating: Lauren P. Leander, PA Discharge: 01/24/2012

ADMISSION DIAGNOSES:

1. Deep venous thrombosis, left lower extremity.
2. Hypertension.

DISCHARGE DIAGNOSES:

1. Deep venous thrombosis, left lower extremity.
2. Hypertension.

SERVICE: William C. James III, MD

CONSULTATIONS: Medicine.

PROCEDURES: None.

HOSPITAL COURSE: The patient underwent a brief hospitalization for management of deep venous thrombosis. She was seen at clinic on the day of admission for increased calf pain and swelling to the left lower extremity. She went to the vascular lab where she underwent a Doppler ultrasound. It was confirmed that she had deep venous thrombosis on the left. She was admitted at this time. Medicine was consulted for management of the deep venous thrombosis. She began subcutaneous Lovenox and p.o. Coumadin.

D: 01/24/2012 13:39 T: 01/25/2012 13:24 TID:

Job #: 45772 Doc #: 00064481

cc: Lauren P. Leander, PA

*
*
*
*

Patricia
Johnson
Change
Patient

Age: 49 yo
DOB: Female
1/26/1963

Orangeburg-Calhoun

Free Medical Clinic

Orangeburg-Calhoun Free Medical Clinic

Patient Name	Date of Birth	Gender	Race	Patient Number
Patricia Johnson	1/26/1963	Female		613429893
Visit Date	Visit Type	Follow-Up		
1/25/2012	Medical	Approx: 1 week		

Clinic Provider	Dr. Bertrand Gue, MD	Degree	N/A	Current Meds (prior to visit)
Height	ft in			
Weight	lbs	Cholesterol		She has been on a number of medications including ... Clonazepam 0.5 mg b.i.d. Lisinopril HCTZ 20/12.5 mg a day Buspar 10 mg a day Omeprazole 40 mg daily Aspirin 325 mg a day She had continued to take the Aspirin 325 mg a day despite taking her Coumadin. According to her she was not informed to stop the Aspirin.
Blood pressure	102/ 82	Blood sugar		
Girth		BMI		

Visit Notes:

F/U after having been discharged from Providence Hospital yesterday. She apparently sustained a trimalleolar fracture of her left ankle and had ORIF done. Postoperatively she developed DVT in the left leg and was discharged yesterday from Providence Hospital. She was discharged on her regular medications in addition to Lovenox 100 mg twice daily and Coumadin 7.5 mg daily. She has noticed a great deal of bruising of her abdomen where she is giving the Lovenox and also where she had the blood drawn for her protime. Her last protime was 16.8 seconds. She has been taking Coumadin 7.5 mg each

evening. She took it last evening. She took her Lovenox this morning.

PE: O2 SAT: 97%. Respirations: 18.

IMPRESSION:

- 1) Present problem.
- 2) Hypertension.
- 3) Obesity.

DISPOSITION: She is advised to continue Lovenox. She is not to take any Coumadin today and to have a prothombin time done tomorrow. She is not to take any Coumadin tomorrow until she receives indication from the Free Clinic as to whether to take it and what dose. She was also advised to stop her Aspirin at the present time.

Bertrand Gue, M.D.
BG/mhc

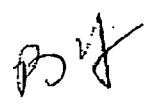
Diagnosis:

Prescriptions:

Referrals:

Labs @TRMC

Page downloaded in 1.029(s); Page draw took 0.078(s) What's this?



The Regional Medical Center
 3000 Saint Matthews Road
 Orangeburg, SC 29118
 (803) 395-2200

Patient: Johnson, Patricia Ann
 MRN: 000012308
 Account Number: 1000429036
 DOR/Age/Sex: 01/26/1963 49 years Female
 Location: BLE

Admit/Disch: 01/26/2012
 Admitting:
 Attending: Free, Clinic
 Copy to: Free, Clinic

Hematology

Lab Legend: @=Abnormal C=Critical #=Interpretive Data *=Corrected L=Low H=High P=Performing Lab f=Footnotes

General Hematology

Collected Date 01/26/2012
 Collected Time 10:31 EST

Procedure	Units	Ref Range
Hemoglobin	13.2 g/dL	[12.0-16.0]
Hematocrit	41.1 %	[37.0-47.0]

Coagulation

Lab Legend: @=Abnormal C=Critical #=Interpretive Data *=Corrected L=Low H=High P=Performing Lab f=Footnotes

Collected Date 01/26/2012
 Collected Time 10:31 EST

Procedure	Units	Ref Range
Prothrombin Time	30.1 second	
International Normalization Ratio	2.90 H INR	[0.80-1.40]

01/26/2012 10:31 EST Hct & Hgb:
 CALL REPORT TO 534-7200
 01/26/2012 10:31 EST PT:
 534-7200

Boj

The Regional Medical Center
3000 Saint Matthews Road
Orangeburg, SC 29118
(803) 395-2200

Patient:	Johnson, Patricia Ann	Admit/Disch:	02/02/2012 02/02/2012
MRN:	0000012308	Admitting:	
Account Number:	1000434270	Attending:	Free, Clinic
DOB/Age/Sex:	01/26/1963 49 years Female	Copy to:	Free, Clinic
Location:	BLB		

Microbiology - Routine Cultures

PROCEDURE: Urine Culture
SOURCE: U CleanCatch

COLLECTED: 02/02/2012 14:55 EST
RECEIVED: 02/02/2012 15:45 EST
STARTED: 02/02/2012 15:46 EST
ACCESSION: 12-033-0850

***** FINAL REPORT *****

Final Report
Verified: 02/04/2012 07:49 EST
Mixed Culture, Probably Contaminated

***** PRELIMINARY REPORT *****

Preliminary Report
Verified: 02/03/2012 08:40 EST
No Growth 1 Day

By

Client Name: Palmetto Health Baptist

Patient Name: JOHNSON, PATRICIA A

MRN: B000857823

Client Address: TAYLOR AT MARION

Patient Address: 1028 GLENFIELD CIR

FIN: B1202601575

Financial Class: Self Pay

COLUMBIA, SC 29220

ORANGEBURG, SC 29118

Admit Date: 1/26/2012

Admit Time: 1:15:00 PM

Admitting Physician: Robinson MD, John G

Age: 49 years

Discharge Date: 1/26/2012

Attending Physician: Robinson MD, John G

Date of Birth: 1/26/1963

Discharge Time: 8:30:00 PM

E m e r g e n c y D e p a r t m e n t D o c u m e n t a t i o n

Performing Physician:

Performed Date/Time:

Authenticated By:

Authenticated Date/Time:

Robinson MD, John G

1/26/2012 9:58:00 PM

Robinson MD, John

1/27/2012 3:12:21 PM

G

Emergency Dept

PLACE OF VISIT: Baptist emergency department.

METHOD OF ARRIVAL: Driven by her husband.

PRIMARY CARE PHYSICIAN: Dr. Day in Orangeburg, orthopedic surgeon is here in Columbia, Dr. William James.

CHIEF COMPLAINT: Weakness.

HISTORY OF PRESENT ILLNESS: This is a 48-year-old African-American female who was discharged in the hospital two days ago after developing a DVT secondary to left ankle fracture. She had that repaired by open reduction, internal fixation. She was started on Lovenox and Coumadin in the hospital. Apparently, had a CT angiogram of the chest that was negative. She was ultimately discharged home. She states that she has just felt weak since yesterday, just generalized weakness, and lightheaded dizziness with vertigo. She got a call from her primary care physician's office today after having her Coumadin level checked, and she was told her blood is "too thin," not to take any more Coumadin or Lovenox and go directly to the emergency department. She is complaining of a hematoma in the left right lower quadrant of the abdomen. It is painful. It is where she has been doing her Lovenox injections in the hospital but now she is given her Lovenox injections on the other side.

REVIEW OF SYSTEMS: She has had some chest pain yesterday in the left side and left upper extremities, worse supine, better sitting up with some mild shortness of breath, intermittent in nature, lasting 5 to 10 minutes, but she has not had any today. She has had nausea, no vomiting, no abdominal pain. No fever, no dysuria. No hematochezia or melena. The rest of the systems has been reviewed is otherwise unremarkable.

FAMILY HISTORY: Significant for hypertension, diabetes, and stroke.

SOCIAL HISTORY: No alcohol, tobacco, or drug use. She is married.

PAST SURGICAL HISTORY: Hysterectomy, and recent open reduction, internal fixation, left ankle.

PAST MEDICAL HISTORY: Significant for gastroesophageal reflux disease, anxiety, depression, hypertension, and history of DVT

Patient Name: JOHNSON, PATRICIA A

Page 1 of 60

Print Date/Time 2/9/2012 3:17 PM

MRN: B000857823

Client Name: Palmetto Health Baptist
Client Address: TAYLOR AT MARION
COLUMBIA, SC 29220

Admitting Physician: Robinson MD, John G
Attending Physician: Robinson MD, John G

Patient Name: JOHNSON, PATRICIA A
Patient Address: 1028 GLENFIELD CIR
ORANGEBURG, SC 29118
Age: 49 years
Date of Birth: 1/26/1963

MRN: B000857823
FIN: B1202601575
Financial Class: Self Pay
Admit Date: 1/26/2012
Admit Time: 1:15:00 PM
Discharge Date: 1/26/2012
Discharge Time: 8:30:00 PM

E m e r g e n c y D e p a r t m e n t D o c u m e n t a t i o n

Performing Physician:	Performed Date/Time:	Authenticated By:	Authenticated Date/Time:
Robinson MD, John G	1/26/2012 9:58:00 PM	Robinson MD, John G	1/27/2012 3:12:21 PM

recently diagnosed and treatment for.

ALLERGIES: Compazine, Percocet, codeine, penicillin.

MEDICATIONS:

1. Lovenox injections at home.
2. Coumadin. She has not had her Coumadin today.

PHYSICAL EXAMINATION: Vital Signs at presentation are as follows: Temperature 97.3, pulse 110, respirations 16, blood pressure 109/81, satting 98% on room air. General: She is a well-nourished, well-developed, mildly overweight, African-American female, in no acute pulmonary vascular stress, nontoxic in appearance, alert, and oriented x 3. HEENT: Head is normocephalic, atraumatic. Eyes, pupils equal, round, and reactive to light. All extraocular movements intact. Oropharynx clear, moist, and pink. Neck: Supple, no lymphadenopathy, no thyromegaly is noted. Lungs: Clear to auscultation bilaterally. Good air movement. Cardiovascular: Regular rate and rhythm, heart rate at about 100 the bedside. No murmurs, rubs, gallops. 2+ radial pulses bilaterally. Abdomen: Positive bowel sounds, soft, nondistended, she does have a hematoma in the right side of the abdomen approximately about 12 cm in diameter, with some tenderness around the area. No other abdominal tenderness. Musculoskeletal: Left lower extremity is in a partial splint, some mild edema, left lower extremity. No specific tenderness. Neurovascularly, intact, with good color, full, pain-free range of motion all major joints. Right lower extremity, bilateral upper extremities, with no other areas of erythema, edema, or tenderness. Neurological: No focal deficits. Equal strength bilaterally. Skin: Warm and dry. Again, hematoma, and ecchymosis noted on the abdominal wall from Lovenox injections. No other skin rashes, lesions, bruising, petechiae, or ecchymosis noted.

EMERGENCY DEPARTMENT COURSE/MEDICAL DECISION MAKING: The patient presents with a chief complaint of weakness. She had chest pain, shortness of breath yesterday. I will get one set of cardiac enzymes. If they are negative, it has been almost 24 hours, then I think we can rule out acute coronary syndrome as cause. She was told that her Coumadin levels are too thin, so we will check her PT, INR here. If it is subtherapeutic, then we still have to consider she may have a pulmonary embolism, even though her oxygenation sats are normal, and I will get a CT angiogram of the chest to evaluate for chest pain. If it is therapeutic guidance then it's a moot point because she would be therapeutic at this

Client Name: Palmetto Health Baptist

Patient Name: JOHNSON, PATRICIA A

MRN: B000857823

Client Address: TAYLOR AT MARION

Patient Address: 1028 GLENFIELD CIR

FIN: B1202601575

Financial Class: Self Pay

COLUMBIA, SC 29220

ORANGEBURG, SC 29118

Admit Date: 1/26/2012

Admit Time: 1:15:00 PM

Admitting Physician: Robinson MD, John G

Age: 49 years

Discharge Date: 1/26/2012

Attending Physician: Robinson MD, John G

Date of Birth: 1/26/1963

Discharge Time: 8:30:00 PM

Emergency Department Documentation

Performing Physician:	Performed Date/Time:	Authenticated By:	Authenticated Date/Time:
Robinson MD, John G	1/26/2012 9:58:00 PM	Robinson MD, John G	1/27/2012 3:12:21 PM

point and at this point, she is denying any chest pain or shortness of breath. will check CBC, Chem-7, and another concern would be some type of bleeding, causing significant anemia, making her feel weak. Meanwhile I will treat IV fluids.

EKG shows a normal sinus rhythm, rate of 97, with no ischemic, ST or T-wave changes.

LABORATORY RESULTS: CBC is normal. White count of 8.2, hemoglobin 12.2, platelet count 218, with normal differential. Chem-7 is unremarkable. Urinalysis showed specific gravity 1.017, with large leukocyte esterase, 21 to 50 white blood cells. Culture has been sent. Cardiac enzymes are within normal limits. Her INR today is 1.8, which is actually right at the low therapeutic level. It is certainly not too thin.

EMERGENCY DEPARTMENT COURSE: The patient is seen in the emergency department. She received a 1 L normal saline bolus, and she felt significantly better, actually she feels good enough to go home. We have written her for 500 mg of IV Levaquin for her urinary tract infection. I explained to her the findings. At this point, she can take her evening dose of Coumadin. I think she can stop the Lovenox and follow up in a few days to have her INR level rechecked, but there is certainly no reason to stop the Coumadin. There is no bleeding issues. Her hemoglobin is normal. So she can continue with the Coumadin as prescribed. Follow up next week to have her level checked. Will run a culture on her urine treat her. We are going to treat her with Macrobid. She states that she is resistant to a lot of things on her last urinary tract infection, but she did well with Macrobid. If she has worsening symptoms she is to return.

CLINICAL IMPRESSION:

1. Urinary tract infection.
2. Left lower extremity DVT.
3. Left lower extremity fracture.
4. Abdominal wall hematoma.
5. Weakness.

DISPOSITION: She will be discharged from the emergency department. Prescription written for Macrobid 100 mg once of twice daily, dispense 14. Follow up with primary care physician in 2 to 4 days for recheck. Return immediately for any worsening symptoms or any concerns. She was told the hematoma will resolve on its own. There are no emergent issues with the hematoma.

Client Name: Palmetto Health Baptist

Patient Name: JOHNSON, PATRICIA A

MRN: B000857823

Client Address: TAYLOR AT MARION

Patient Address: 1028 GLENFIELD CIR

FIN: B1202601575

Financial Class: Self Pay

COLUMBIA, SC 29220

ORANGEBURG, SC 29118

Admit Date: 1/26/2012

Admit Time: 1:15:00 PM

Admitting Physician: Robinson MD, John G

Age: 49 years

Discharge Date: 1/26/2012

Attending Physician: Robinson MD, John G

Date of Birth: 1/26/1963

Discharge Time: 8:30:00 PM

E m e r g e n c y D e p a r t m e n t D o c u m e n t a t i o n

Performing Physician:

Performed Date/Time:

Authenticated By:

Authenticated Date/Time:

Robinson MD, John G

1/26/2012 9:58:00 PM

Robinson MD, John

1/27/2012 3:12:21 PM

G

D: 01/26/2012 19:15 T: 01/27/2012 00:58 TID: gd

Job #: 48051 Doc #: 10147246

cc: Robinson, MD John Galt

* William C. James III, MD

Dr. Day

*

*

*

nr

Electronically Signed & Verified on 01/27/2012 15:12

by Robinson MD, John G

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
803-737-5675



WCC File #: 1118193
Carrier File #: 20110010156939
Carrier Code #:
Employer FEIN #:

Patricia Johnson 247-25-7728 Staffmark
Claimant's Name SSN Employer's Name
1028 Glenfield Circle, G-14, Orangeburg, SC 29118 4700 Forest Drive, Suite 200, Columbia, SC 29206
Address Address
(803) 290-6545 New Hampshire Insurance Company
Home Phone Work Phone Insurance Carrier
Preparer's Name: Grady L. Beard, Esquire Law Firm: Sowell Gray Stepp & Laffitte, LLC Preparer's Phone #: (803) 929 - 1400

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

☐ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$254.88 2. AWW: \$382.30 Date of Injury: 12/21/11
3. Type of injury and body part(s): Left foot, left heel and left ankle (alleged in Form 50).
4. Facts in controversy: DENIED CLAIM. (1) Whether the claimant sustained a compensable injury by accident within the course and scope of employment; (2) Whether the claimant is entitled to medical treatment as alleged; (3) Pre-existing disability; and (4) Whether the claimant is entitled to any other benefits under the Act.
5. Legal issues involved: (1) See #4 above; (2) § 42-1-160; (3) § 42-9-35; (4) causation; (5) pre-existing disability; and (6) § 42-9-60.
6. Unusual aspects: Claimant sustained a non-work related injury to her left foot/ankle on June 28, 2010, and received medical treatment at The Regional Medical Center, where x-rays revealed no displaced fracture but minimal degenerative changes with small plantar calcaneal bone spur and small enthesophyte Achilles tendon insertion.
7. Witnesses (designate if expert):* (1) Terrance Green; (2) Claimant; (3) Jill Boyd; (4) Kimberly Burns; and (5) Carol Fraser.
8. Exhibits: Claimant's deposition, if necessary.
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance): See attached Notice of Witnesses and Medical Reports to be Introduced as Evidence on Behalf of the Defendants.
10. Name, address, and specialty, if any, of the treating physician: None authorized.
11. Impairment rating(s); body part(s); physician and date of opinion: None to defendants' knowledge.
12. I am amending my Form 50/51 in the following manner: N/A.

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

Signature: Grady L. Beard

Email: gbeard@sowellgray.com

Date of hearing: 03/27/12

Time needed for hearing: 2 hours requested in Form 51 due to denied claim

On behalf of ☐ Claimant ☒ Employer

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

STATE OF SOUTH CAROLINA
BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO.: 1118193

Patricia Johnson,	)	
	)	
Claimant,	)	
	)	
v.	)	<u>NOTICE OF WITNESSES AND</u>
	)	<u>WRITTEN MEDICAL REPORTS TO</u>
Staffmark,	)	<u>BE INTRODUCED AS DIRECT</u>
	)	<u>EVIDENCE ON BEHALF OF</u>
Employer,	)	<u>DEFENDANTS</u>
	)	
New Hampshire Insurance Company,	)	
	)	
Carrier,	)	
	)	
Defendants.	)	

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND PATRICK S. SCARLETT, ESQUIRE, ATTORNEY FOR THE CLAIMANT

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

	Physician	Practice	Dates of Service	Page Numbers
1.		The Regional Medical Center	06/28/10	Pages 1 - 24

	Exhibits	Date of Reports	Page Numbers
A.	Claimant's deposition, if necessary.		

Unusual Problems

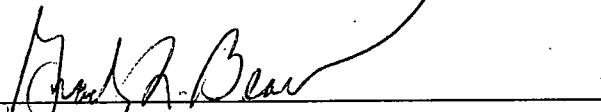
Claimant sustained a non-work related injury to her left foot/ankle on June 28, 2010, and received medical treatment at The Regional Medical Center, where x-rays revealed no displaced fracture but minimal degenerative changes with small plantar calcaneal bone spur and small enthesophyte Achilles tendon insertion.

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

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

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Defendants: (1) Terrance Green; (2) Claimant; (3) Jill Boyd; (4) Kimberly Burns; and (5) Carol Fraser.

SOWELL GRAY STEPP & LAFFITTE, L.L.C.


Grady L. Beard
1310 Gadsden Street
Post Office Box 11449 (29211)
Columbia, South Carolina 29201
(803) 929-1400

ATTORNEY FOR DEFENDANTS

Columbia, South Carolina

March 16, 2012

The Regional Medical Center

3000 Saint Matthews Road
Orangeburg, SC 29118
(803) 395-2200

Patient: Johnson, Patricia Ann
MRN: 0000012308
Account Number: 1000101665
DOB/Age/Sex: 01/26/1963 49 years Female
Location: ED

Admit/Disch: 06/28/2010 06/28/2010
Admitting: Hane, Francis S
Attending: Hane, Francis S
Copy to: N/A

Emergency Documentation

Document Name: Triage Note (Auth (Verified))
Performed By: Pooser RN, Marsha H 06/28/2010 15:13 EDT
Signed By: Pooser RN, Marsha H 06/28/2010 15:13 EDT
Authenticated By: Pooser RN, Marsha H 06/28/2010 15:13 EDT

ED Triage Adult Entered On: 06/28/2010 15:23 EDT
Performed On: 06/28/2010 15:13 EDT by Pooser RN, Marsha H

Triage

Ability to Self Report: Yes
Chief Complaint: C/O LEFT FOOT/ANKLE PAIN AND SWELLING. DENIES RECENT INJURY.
Lynx Mode of Arrival: Standard
Pain Symptoms Self Report: Yes
Vital Signs Assessed: Yes
ED Condensed Treatment & Assessment: Yes

Pooser RN, Marsha H - 06/28/2010 15:13 EDT

Diagnoses(Active)

LEFT FOOT PAIN/SWELLING *Date:* 06/28/2010 00:00 EDT ; *Diagnosis Type:* Reason For Visit ; *Confirmation:* Complaint of ; *Classification:* Medical ; *Clinical Service:* Emergency medicine ; *Probability:* 0

Rapid Pain Assessment

Before immediate treatment, assess intensity, quality, location and duration.: Foot
Primary Pain Laterality: Left
When assessing the patient's pain, select and consistently use a tool based on patient's preference and cognitive/functional abilities.: Numeric rating
Numeric Pain Scale: 6
Numeric Pain Score: 6

Pooser RN, Marsha H - 06/28/2010 15:13 EDT

Assess/Tx

Level of Consciousness: Alert
Orientation: Oriented x 3
Affect/Behavior: Appropriate
Glasgow Coma Scale Document Assessment: Document assessment

Pooser RN, Marsha H - 06/28/2010 15:13 EDT

Vitals/Ht/Wt

Temperature Oral: 36.9DegC(Converted to: 98.4DegF)
Peripheral Pulse Rate: 73bpm
Respiratory Rate: 20br/min
Systolic/
Diastolic BP: 124mmHg
Systolic/
Diastolic BP: 95mmHg (HI)

Chart Request ID: 1921949

Page 1 of 24

Print Date/Time: 3/2/2012 11:55

All tests performed at RMC Laboratory, 3000 St. Matthews Road, Orangeburg, SC, unless otherwise noted.
Additional clinical information may be available for this patient via Horizon Patient Folder. Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.



The Regional Medical Center

Patient: Johnson, Patricia Ann
MRN: 0000012308
Account Number: 1000101665
DOB/Age/Sex: 01/26/1963 49 years Female
Location: ED

Admit/Disch: 06/28/2010 06/28/2010
Admitting: Hane, Francis S
Attending: Hane, Francis S
Copy to: N/A

Emergency Documentation

Document Name: Triage Note (Auth (Verified))
Performed By: Pooser RN, Marsha H 06/28/2010 15:13 EDT
Signed By: Pooser RN, Marsha H 06/28/2010 15:13 EDT
Authenticated By: Pooser RN, Marsha H 06/28/2010 15:13 EDT

SpO2: 98%
O2 Therapy: Room air
Weight Dosing: 97.200kg(Converted to: 214lb 5oz)

Pooser RN, Marsha H - 06/28/2010 15:13 EDT

Glasgow Coma
Eye Opening Response Glasgow: Spontaneously
Best Verbal Response Glasgow: Oriented
Best Motor Response Glasgow: Obeys simple commands
Glasgow Coma Score: 15

Pooser RN, Marsha H - 06/28/2010 15:13 EDT

Allergies
ED Allergy Review: Yes

Pooser RN, Marsha H - 06/28/2010 15:13 EDT

Allergies (Active)
aspirin

Estimated Onset Date: Unspecified ; Created By: Pooser RN,
Marsha H; Reaction Status: Active ; Category: Drug ;
Substance: aspirin ; Type: Allergy ; Updated By: Pooser RN,
Marsha H; Reviewed Date: 06/28/2010 15:18 EDT

codeine

Estimated Onset Date: Unspecified ; Created By: Pooser RN,
Marsha H; Reaction Status: Active ; Category: Drug ;
Substance: codeine ; Type: Allergy ; Updated By: Pooser
RN, Marsha H; Reviewed Date: 06/28/2010 15:18 EDT

Compazine

Estimated Onset Date: Unspecified ; Created By: Pooser RN,
Marsha H; Reaction Status: Active ; Category: Drug ;
Substance: Compazine ; Type: Allergy ; Updated By: Pooser
RN, Marsha H; Reviewed Date: 06/28/2010 15:18 EDT

ESI
Is This
Patient Dying?: No
Is This a Patient Who Shouldn't Wait?: No
How Many Resources Will This Patient Need?: Many

Pooser RN, Marsha H - 06/28/2010 15:13 EDT

DCP GENERIC CODE

Tracking Acuity: 3 - Urgent
Tracking Group: RMC ED Tracking Group

Pooser RN, Marsha H - 06/28/2010 15:13 EDT

Recommended ESI Level: 3

Pooser RN, Marsha H - 06/28/2010 15:13 EDT

Chart Request ID: 1921949

Page 2 of 24

Print Date/Time: 3/2/2012 11:55

All tests performed at RMC Laboratory, 3000 St. Matthews Road, Orangeburg, SC, unless otherwise noted.
Additional clinical information may be available for this patient via Horizon Patient Folder. Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.



The Regional Medical Center

Patient: Johnson, Patricia Ann

MRN: 0000012308

Account Number: 1000101665

DOB/Age/Sex: 01/26/1963 49 years Female

Location: ED

Admit/Disch: 06/28/2010 06/28/2010

Admitting: Hane, Francis S

Attending: Hane, Francis S

Copy to: N/A

Emergency Documentation

Document Name: Triage Note (Auth (Verified))
Performed By: Pooser RN, Marsha H 06/28/2010 15:13 EDT
Signed By: Pooser RN, Marsha H 06/28/2010 15:13 EDT
Authenticated By: Pooser RN, Marsha H 06/28/2010 15:13 EDT

General

Immunizations Current: No

Last Tetanus: Greater than 5 years

Influenza Vaccine Status: None received

Pneumococcal Vaccine Status: None received

Suicidal Ideation: None

ED Wait Time: Patient Informed of Possible Wait

Pooser RN, Marsha H - 06/28/2010 15:13 EDT

ED Past Medical History

Patient Medical History Reviewed: Documented

Pooser RN, Marsha H - 06/28/2010 15:13 EDT

Past Medical History

Surgical History

Patient Surgical History Reviewed: Documented

Pooser RN, Marsha H - 06/28/2010 15:13 EDT

Procedure History

Procedure Dt/Tm: 12/30/1899 00:00:00 ; Anesthesia Minutes:
0 ; Procedure Name: GALLBLADDER ; Procedure Minutes: 0 ;
Last Reviewed Dt/Tm: 06/28/2010 15:20:08

Procedure Dt/Tm: 12/30/1899 00:00:00 ; Anesthesia Minutes:
0 ; Procedure Name: HERNIA ; Procedure Minutes: 0 ; Last
Reviewed Dt/Tm: 06/28/2010 15:20:21

Procedure Dt/Tm: 12/30/1899 00:00:00 ; Anesthesia Minutes:
0 ; Procedure Name: TUBAL LIGATION ; Procedure Minutes:
0 ; Last Reviewed Dt/Tm: 06/28/2010 15:19:49

Procedure Dt/Tm: 12/30/1899 00:00:00 ; Anesthesia Minutes:
0 ; Procedure Name: HYSTERECTOMY ; Procedure Minutes:
0 ; Last Reviewed Dt/Tm: 06/28/2010 15:20:38

ED Medication Review

ED Medication Review: Yes

Chart Request ID: 1921949

Page 3 of 24

Print Date/Time: 3/2/2012 11:55

All tests performed at RMC Laboratory, 3000 St. Matthews Road, Orangeburg, SC, unless otherwise noted.
Additional clinical information may be available for this patient via Horizon Patient Folder. Please contact the Regional Medical Center Health Information Department at
803-395-2272 for additional information.



The Regional Medical Center

Patient: Johnson, Patricia Ann
MRN: 0000012308
Account Number: 1000101665
DOB/Age/Sex: 01/26/1963 49 years Female
Location: ED
Admit/Disch: 06/28/2010 06/28/2010
Admitting: Hane, Francis S
Attending: Hane, Francis S
Copy to: N/A

Emergency Documentation

Document Name: Triage Note (Auth (Verified))
Performed By: Pooser RN, Marsha H 06/28/2010 15:13 EDT
Signed By: Pooser RN, Marsha H 06/28/2010 15:13 EDT
Authenticated By: Pooser RN, Marsha H 06/28/2010 15:13 EDT

Pooser RN, Marsha H - 06/28/2010 15:13 EDT

Medication List

Document Name: ED Note-Nursing (Auth (Verified))
Performed By: McLellan RN, Sheryl 06/28/2010 16:43 EDT
Signed By: McLellan RN, Sheryl 06/28/2010 16:43 EDT
Authenticated By: McLellan RN, Sheryl 06/28/2010 16:43 EDT

ED Assessment Adult Entered On: 06/28/2010 16:43 EDT
Performed On: 06/28/2010 16:43 EDT by McLellan RN, Sheryl

Rapid Pain Assessment

Before immediate treatment, assess intensity, quality, location and duration.: Foot

Primary Pain Laterality: Left

Primary Pain Quality: Aching

When assessing the patient's pain, select and consistently use a tool based on patient's preference and cognitive/functional abilities.: Numeric rating

Numeric Pain Scale: 9

Numeric Pain Score: 9

McLellan RN, Sheryl - 06/28/2010 16:43 EDT

Document Name: ED Note-Physician (Auth (Verified))
Performed By: Hane, Francis S 06/28/2010 16:12 EDT
Signed By: Hane, Francis S 07/02/2010 18:50 EDT
Authenticated By: Hane, Francis S 07/02/2010 18:50 EDT

Foot pain-swelling

Patient: Johnson, Patricia Ann MRN: 0000012308 FIN: 1000101665
Age: 47 years Sex: Female DOB: 01/26/63

Chart Request ID: 1921949

Page 4 of 24

Print Date/Time: 3/2/2012 11:55

All tests performed at RMC Laboratory, 3000 St. Matthews Road, Orangeburg, SC, unless otherwise noted.
Additional clinical information may be available for this patient via Horizon Patient Folder. Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.



The Regional Medical Center

Patient: Johnson, Patricia Ann
MRN: 0000012308
Account Number: 1000101665
DOB/Age/Sex: 01/26/1963 49 years Female
Location: ED
Admit/Disch: 06/28/2010 06/28/2010
Admitting: Hane, Francis S
Attending: Hane, Francis S
Copy to: N/A

Emergency Documentation

Document Name: ED Note-Physician (Auth (Verified))
Performed By: Hane, Francis S 06/28/2010 16:12 EDT
Signed By: Hane, Francis S 07/02/2010 18:50 EDT
Authenticated By: Hane, Francis S 07/02/2010 18:50 EDT

Associated Diagnoses: None
Author: Hane, Francis S

Basic Information

Additional information: Chief Complaint from Nursing Triage Note : Chief Complaint.
06/28/10 15:13 EDT Chief Complaint C/O LEFT FOOT/ANKLE PAIN AND
SWELLING. DENIES RECENT INJURY.

History of Present Illness

The patient presents with left. The onset was 3 days ago. The course/duration of symptoms is improving. Type of injury: none. Location: foot. The character of symptoms is pain and swelling. The degree at present is moderate. Exacerbating factors consist of movement. The relieving factor is none. The location where the incident occurred was unknown. Risk factors consist of none. Prior episodes: none. Therapy today: none. Associated symptoms: none.

Review of Systems

Constitutional symptoms: Negative except as documented in HPI.
Allergy/immunologic symptoms: No recurrent infections, no impaired immunity.
Additional review of systems information: All other systems reviewed and otherwise negative.

Health Status

Allergies:

Allergic Reactions (Selected)

Severity not Documented

Compazine- No reactions were documented.

Aspirin- No reactions were documented.

Codine- No reactions were documented.

Medications:

Prescriptions and Home Medications

clonazepam (clonazepam 0.5 mg oral tablet), BID
busPIRone (BuSpar 10 mg oral tablet), 1/2 TAB HS
lisinopril (lisinopril 20 mg oral tablet), 1 tab, Oral, Daily, 30 tab
furosemide (Lasix 20 mg oral tablet), 1 tab, Oral, Daily, 90 tab
omeprazole (Prilosec 20 mg oral delayed release capsule), BID

Past Medical/ Family/ Social History

Medical history: Medical history.

Resolved

CHF (428.0): Resolved.

Physical Examination

Vital Signs

Vital Signs.

06/28/10 15:13 EDT

Temperature Oral 36.9 DegC
Peripheral Pulse Rate 73 bpm
Respiratory Rate 20 br/min
Systolic Blood Pressure 124 mmHg
Diastolic Blood Pressure 95 mmHg HI

Chart Request ID: 1921949

Page 5 of 24

Print Date/Time: 3/2/2012 11:55

All tests performed at RMC Laboratory, 3000 St. Matthews Road, Orangeburg, SC, unless otherwise noted.

Additional clinical information may be available for this patient via Horizon Patient Folder. Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.



The Regional Medical Center

Patient: Johnson, Patricia Ann
MRN: 0000012308
Account Number: 1000101665
DOB/Age/Sex: 01/26/1963 49 years Female
Location: ED
Admit/Disch: 06/28/2010 06/28/2010
Admitting: Hane, Francis S
Attending: Hane, Francis S
Copy to: N/A

Emergency Documentation

Document Name: ED Note-Physician (Auth (Verified))
Performed By: Hane, Francis S 06/28/2010 16:12 EDT
Signed By: Hane, Francis S 07/02/2010 18:50 EDT
Authenticated By: Hane, Francis S 07/02/2010 18:50 EDT

Measurements:
06/28/10 15:13 EDT Weight Dosing 97.200 kg
Basic Oxygen Information:
06/28/10 15:13 EDT Oxygen Therapy Room air
SpO2 98 %

General: Alert, no acute distress.
Skin: Warm, normal for ethnicity.
Head: Normocephalic, atraumatic.
Neck: Supple, trachea midline.
Cardiovascular: Regular rate and rhythm, No murmur.
Respiratory: Lungs are clear to auscultation, respirations are non-labored.
Musculoskeletal: Normal ROM, Ankle/foot: Left.
Neurological: Alert and oriented to person, place, time, and situation, No focal neurological deficit observed.
Psychiatric: Cooperative, appropriate mood & affect.

Medical Decision Making

Differential Diagnosis: Foot sprain, foot fracture, gout.
Documents reviewed: Emergency department nurses' notes.
Orders: Launch Orders.
Laboratory:
Uric Acid (Order Processing): Blood, ST collect, 06/28/10 16:11 EDT by Hane, Francis S
Patient Care:
Bedside Glucose Monitoring POC (Order Processing): 06/28/10 16:11 EDT, As Directed
Radiology:
Foot Complete Left XR (Order Processing): 06/28/10 16:12 EDT, Stat, Once, Reason: Suspected fracture, No, Transport Mode:
Ambulatory, Rad Type
Results review: Lab results: Lab View.
06/28/10 16:30 EDT Glucose POC 95 mg/dL
06/28/10 16:31 EDT Uric Acid 5.1 mg/dL
Radiology results: X-ray, left foot, reviewed radiologist's report, reveals no acute disease process.

Impression and Plan

Diagnosis
Sprain, foot 845.10 (ICD9 845.10, Discharge, Emergency medicine, Medical)
Plan
Condition: Stable.
Disposition: Discharged: Time 06/28/10 18:33:00, to home.
Prescriptions: Launch prescriptions.
Pharmacy:
Percocet 7.5/500 oral tablet (Ordered): 1 tab, Oral, q4hr interval, 24 each, PRN
LORTAB TABLET 5-500 MG. (Order Processing): 1 each, Oral, Once
Patient was given the following educational materials: Sprained Foot, Sprained Foot.
Follow up with: Clinic Free Within As needed.
Counseled: Patient.

Chart Request ID: 1921949

Page 6 of 24

Print Date/Time: 3/2/2012 11:55

All tests performed at RMC Laboratory, 3000 St. Matthews Road, Orangeburg, SC, unless otherwise noted.
Additional clinical information may be available for this patient via Horizon Patient Folder. Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.



The Regional Medical Center

Patient:	Johnson, Patricia Ann	Admit/Disch:	06/28/2010 06/28/2010
MRN:	0000012308	Admitting:	Hane, Francis S
Account Number:	1000101665	Attending:	Hane, Francis S
DOB/Age/Sex:	01/26/1963 49 years Female	Copy to:	N/A
Location:	ED		

Emergency Documentation

Document Name: ED Patient Education Note (Modified)
Performed By: Hutto RN, Joshua S 06/28/2010 19:05 EDT
Signed By:
Authenticated By:

ED Patient Education Note

**Regional Medical Center
Discharge Instructions**

3000 St. Matthews Rd
Orangeburg, SC 29118
(803) 395-2568

Name: Patricia Johnson **Current Date:** 06/28/10 19:05:02 America/New_York
DOB: 01/26/63 **MRN:** 0000012308 **FIN:** 1000101665
Chief Complaint: Left Foot Pain

Patient Education Materials:
Emergency Medicine

Sprained Foot

You have a sprained foot. When you twist your foot, the ligaments that hold the joints together are injured. This may cause a lot of pain, swelling, bruising, and difficulty walking. Proper treatment will shorten your disability and help you prevent re injury. To treat a sprained foot you should:

Elevate your foot for the next 2-3 days to reduce swelling.

Apply ice packs to the foot for 20-30 minutes every 2-3 hours.

Wrap your foot with a **compression bandage** as long as it is swollen or tender.

Do not walk on your foot if it still hurts a lot. Use crutches or a cane until weight bearing becomes painless.

Special podiatric shoes or shoes with rigid soles may be useful in allowing earlier walking.

Medicine such as aspirin, ibuprophen, or acetaminophen will help reduce pain. Most foot sprains will heal completely in 3-6 weeks with proper rest. **If you still have pain or swelling after 2-3 weeks, or if your pain worsens, you should see your doctor for further evaluation.**

Document Released: 01/25/2008

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Chart Request ID: 1921949

Page 7 of 24

Print Date/Time: 3/2/2012 11:55

All tests performed at RMC Laboratory, 3000 St. Matthews Road, Orangeburg, SC, unless otherwise noted.
Additional clinical information may be available for this patient via Horizon Patient Folder. Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.



The Regional Medical Center

Patient:	Johnson, Patricia Ann	Admit/Disch:	06/28/2010 06/28/2010
MRN:	0000012308	Admitting:	Hane, Francis S
Account Number:	1000101665	Attending:	Hane, Francis S
DOB/Age/Sex:	01/26/1963 49 years Female	Copy to:	N/A
Location:	ED		

Emergency Documentation

Document Name: ED Patient Education Note (Modified)
Performed By: Hutto RN, Joshua S 06/28/2010 19:05 EDT
Signed By:
Authenticated By:

Document Name: ED Patient Summary (Auth (Verified))
Performed By: Hutto RN, Joshua S 06/28/2010 19:05 EDT
Signed By:
Authenticated By:

ED Patient Summary

Regional Medical Center
Patient Summary

Name: Johnson, Patricia Ann **Current Date:** 06/28/10 19:05:01
DOB: <%DOB%> **MRN:** 0000012308 **FIN:**
Chief Complaint: Foot pain-swelling; Foot pain-swelling; LEFT FOOT PAIN/SWELLING; LEFT FOOT PAIN/SWELLING;
Left Foot Pain

Visit Date: 6/28/2010 2:31 PM
Address: 1028 Glenfield Circle Orangeburg SC 29118
Phone: (803) 290-3345

Primary Care Provider:
Name: Free, Clinic
Phone:

Regional Medical Center would like to thank you for allowing us to assist you with your healthcare needs. The following includes patient education materials and information regarding your injury/illness.

Follow-up Instructions

Johnson, Patricia Ann has been given these follow-up instructions:
Sprained Foot

With:	Address:	When:
Clinic Free	Orangeburg-Calhoun Free Medical Clinic, 860 Holly St, P O Box 505 Orangeburg, SC 29115	Within As needed

Chart Request ID: 1921949

Page 8 of 24

Print Date/Time: 3/2/2012 11:55

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The Regional Medical Center

Patient: Johnson, Patricia Ann
MRN: 0000012308
Account Number: 1000101665
DOB/Age/Sex: 01/26/1963 49 years Female
Location: ED

Admit/Disch: 06/28/2010 06/28/2010
Admitting: Hane, Francis S
Attending: Hane, Francis S
Copy to: N/A

Comments:

Medication Information

Fill New Prescriptions:

acetaminophen-oxycodone (Percocet 7.5/500 oral tablet) 1 tab Oral every 4 hours as needed for as needed for pain

Continue These Medications:

busPIRone (BuSpar 10 mg oral tablet) 1/2 TAB HS
clonazepam (clonazepam 0.5 mg oral tablet) BID
furosemide (Lasix 20 mg oral tablet) 1 tab Oral Every day
lisinopril (lisinopril 20 mg oral tablet) 1 tab Oral Every day
omeprazole (Prilosec 20 mg oral delayed release capsule) BID

Patient Education Materials Follows

Sprained Foot

You have a sprained foot. When you twist your foot, the ligaments that hold the joints together are injured. This may cause a lot of pain, swelling, bruising, and difficulty walking. Proper treatment will shorten your disability and help you prevent re injury. To treat a sprained foot you should:

Elevate your foot for the next 2-3 days to reduce swelling.

Apply ice packs to the foot for 20-30 minutes every 2-3 hours.

Wrap your foot with a **compression bandage** as long as it is swollen or tender.

Do not walk on your foot if it still hurts a lot. Use crutches or a cane until weight bearing becomes painless.

Special podiatric shoes or shoes with rigid soles may be useful in allowing earlier walking.



The Regional Medical Center

Patient:	Johnson, Patricia Ann	Admit/Disch:	06/28/2010 06/28/2010
MRN:	0000012308	Admitting:	Hane, Francis S
Account Number:	1000101665	Attending:	Hane, Francis S
DOB/Age/Sex:	01/26/1963 49 years Female	Copy to:	N/A
Location:	ED		

Emergency Documentation

Document Name: ED Patient Summary (Auth (Verified))
Performed By: Hutto RN, Joshua S 06/28/2010 19:05 EDT
Signed By:
Authenticated By:

Medicine such as aspirin, ibuprophen, or acetaminophen will help reduce pain. Most foot sprains will heal completely in 3-6 weeks with proper rest. **If you still have pain or swelling after 2-3 weeks, or if your pain worsens, you should see your doctor for further evaluation.**

Document Released: 01/25/2006

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The Regional Medical Center

Patient:	Johnson, Patricia Ann	Admit/Disch:	06/28/2010 06/28/2010
MRN:	0000012308	Admitting:	Hane, Francis S
Account Number:	1000101665	Attending:	Hane, Francis S
DOB/Age/Sex:	01/26/1963 49 years Female	Copy to:	N/A
Location:	ED		

Emergency Documentation

Document Name: ED Patient Summary (Auth (Verified))
Performed By: Hutto RN, Joshua S 06/28/2010 19:05 EDT
Signed By:
Authenticated By:

Johnson, Patricia Ann has been given the following list of patient education materials, prescriptions, and follow-up instructions:

Medication Information

Fill New Prescriptions:

acetaminophen-oxycodone (Percocet 7.5/500 oral tablet) 1 tab Oral every 4 hours as needed for as needed for pain

Continue These Medications:

busPIRone (BuSpar 10 mg oral tablet) 1/2 TAB HS
clonazepam (clonazepam 0.5 mg oral tablet) BID
furosemide (Lasix 20 mg oral tablet) 1 tab Oral Every day
lisinopril (lisinopril 20 mg oral tablet) 1 tab Oral Every day
omeprazole (Prilosec 20 mg oral delayed release capsule) BID

Follow-up Instructions:

With:	Address:	When:
Clinic Free	Orangeburg-Calhoun Free Medical Clinic, 860 Holly St, P O Box 505 Orangeburg, SC 29115	Within As needed

Comments:

Chart Request ID: 1921949

Page 11 of 24

Print Date/Time: 3/2/2012 11:55

All tests performed at RMC Laboratory, 3000 St. Matthews Road, Orangeburg, SC, unless otherwise noted.
Additional clinical information may be available for this patient via Horizon Patient Folder. Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.



The Regional Medical Center

Patient: Johnson, Patricia Ann
MRN: 0000012308
Account Number: 1000101665
DOB/Age/Sex: 01/26/1963 49 years Female
Location: ED
Admit/Disch: 06/28/2010 06/28/2010
Admitting: Hane, Francis S
Attending: Hane, Francis S
Copy to: N/A

Emergency Documentation

Document Name: ED Patient Summary (Auth (Verified))
Performed By: Hutto RN, Joshua S 06/28/2010 19:05 EDT
Signed By:
Authenticated By:

Patient Education Materials

Sprained Foot

I, Johnson, Patricia Ann, have received the above patient education materials/instructions and have verbalized understanding:

Patient Signature Date Provider Signature Date

Document Name: ED Patient Summary (Auth (Verified))
Performed By: Hane, Francis S 06/28/2010 18:38 EDT
Signed By:
Authenticated By:

ED Patient Summary

Regional Medical Center
Patient Summary

Name: Johnson, Patricia Ann
DOB: <%DOB%>
Current Date: 06/28/10 18:38:48
MRN: 0000012308
FIN:
Chief Complaint: Foot pain-swelling; Foot pain-swelling; LEFT FOOT PAIN/SWELLING; LEFT FOOT PAIN/SWELLING;
Left Foot Pain

Chart Request ID: 1921949

Page 12 of 24

Print Date/Time: 3/2/2012 11:55

All tests performed at RMC Laboratory, 3000 St. Matthews Road, Orangeburg, SC, unless otherwise noted.
Additional clinical information may be available for this patient via Horizon Patient Folder. Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.



The Regional Medical Center

Patient:	Johnson, Patricia Ann	Admit/Disch:	06/28/2010 06/28/2010
MRN:	0000012308	Admitting:	Hane, Francis S
Account Number:	1000101665	Attending:	Hane, Francis S
DOB/Age/Sex:	01/26/1963 49 years Female	Copy to:	N/A
Location:	ED		

Emergency Documentation

Document Name: ED Patient Summary (Auth (Verified))
Performed By: Hane, Francis S 06/28/2010 18:38 EDT
Signed By:
Authenticated By:

Visit Date: 6/28/2010 2:31 PM
Address: 1028 Glenfield Circle Orangeburg SC 29118
Phone: (803) 290-3345

Primary Care Provider:
Name: Free, Clinic
Phone:

Regional Medical Center would like to thank you for allowing us to assist you with your healthcare needs. The following includes patient education materials and information regarding your injury/illness.

Follow-up Instructions

Johnson, Patricia Ann has been given these follow-up instructions:
Sprained Foot

With:	Address:	When:
Clinic Free	Orangeburg-Calhoun Free Medical Clinic, 860 Holly St, P O Box 505 Orangeburg, SC 29115	Within As needed

Comments:

Medication Information

Fill New Prescriptions:

acetaminophen-oxycodone (Percocet 7.5/500 oral tablet) 1 tab Oral every 4 hours as needed for as needed for pain

Chart Request ID: 1921949

Page 13 of 24

Print Date/Time: 3/2/2012 11:55

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Additional clinical information may be available for this patient via Horizon Patient Folder. Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.



The Regional Medical Center

Patient:	Johnson, Patricia Ann	Admit/Disch:	06/28/2010 06/28/2010
MRN:	0000012308	Admitting:	Hane, Francis S
Account Number:	1000101665	Attending:	Hane, Francis S
DOB/Age/Sex:	01/26/1963 49 years Female	Copy to:	N/A
Location:	ED		

Emergency Documentation

Document Name: ED Patient Summary (Auth (Verified))
Performed By: Hane, Francis S 06/28/2010 18:38 EDT
Signed By:
Authenticated By:

Continue These Medications:

busPIRone (BuSpar 10 mg oral tablet) 1/2 TAB HS
clonazepam (clonazepam 0.5 mg oral tablet) BID
furosemide (Lasix 20 mg oral tablet) 1 tab Oral Every day
lisinopril (lisinopril 20 mg oral tablet) 1 tab Oral Every day
omeprazole (Prilosec 20 mg oral delayed release capsule) BID

Patient Education Materials Follows

Sprained Foot

You have a sprained foot. When you twist your foot, the ligaments that hold the joints together are injured. This may cause a lot of pain, swelling, bruising, and difficulty walking. Proper treatment will shorten your disability and help you prevent re injury. To treat a sprained foot you should:

Elevate your foot for the next 2-3 days to reduce swelling.

Apply ice packs to the foot for 20-30 minutes every 2-3 hours.

Wrap your foot with a **compression bandage** as long as it is swollen or tender.

Do not walk on your foot if it still hurts a lot. Use crutches or a cane until weight bearing becomes painless.

Special podiatric shoes or shoes with rigid soles may be useful in allowing earlier walking.

Medicine such as aspirin, ibuprophen, or acetaminophen will help reduce pain. Most foot sprains will heal completely in 3-6 weeks with proper rest. **If you still have pain or swelling after 2-3 weeks, or if your pain worsens, you should see your doctor for further evaluation.**

Document Released: 01/25/2006

ExitCare® Patient Information ©2009 ExitCare, LLC.

Chart Request ID: 1921949

Page 14 of 24

Print Date/Time: 3/2/2012 11:55

All tests performed at RMC Laboratory, 3000 St. Matthews Road, Orangeburg, SC, unless otherwise noted.

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The Regional Medical Center

Patient:	Johnson, Patricia Ann	Admit/Disch:	06/28/2010 06/28/2010
MRN:	0000012308	Admitting:	Hane, Francis S
Account Number:	1000101665	Attending:	Hane, Francis S
DOB/Age/Sex:	01/26/1963 49 years Female	Copy to:	N/A
Location:	ED		

Emergency Documentation

Document Name: ED Patient Summary (Auth (Verified))
Performed By: Hane, Francis S 06/28/2010 18:38 EDT
Signed By:
Authenticated By:



The Regional Medical Center

Patient:	Johnson, Patricia Ann	Admit/Disch:	06/28/2010 06/28/2010
MRN:	0000012308	Admitting:	Hane, Francis S
Account Number:	1000101665	Attending:	Hane, Francis S
DOB/Age/Sex:	01/26/1963 49 years Female	Copy to:	N/A
Location:	ED		

Emergency Documentation

Document Name: ED Patient Summary (Auth (Verified))
Performed By: Hane, Francis S 06/28/2010 18:38 EDT
Signed By:
Authenticated By:

Johnson, Patricia Ann has been given the following list of patient education materials, prescriptions, and follow-up instructions:

Medication Information

Fill New Prescriptions:

acetaminophen-oxycodone (Percocet 7.5/500 oral tablet) 1 tab Oral every 4 hours as needed for as needed for pain

Continue These Medications:

busPIRone (BuSpar 10 mg oral tablet) 1/2 TAB HS
clonazepam (clonazepam 0.5 mg oral tablet) BID
furosemide (Lasix 20 mg oral tablet) 1 tab Oral Every day
lisinopril (lisinopril 20 mg oral tablet) 1 tab Oral Every day
omeprazole (Prilosec 20 mg oral delayed release capsule) BID

Follow-up Instructions:

With:	Address:	When:
Clinic Free	Orangeburg-Calhoun Free Medical Clinic, 860 Holly St, P O Box 505 Orangeburg, SC 29115	Within As needed

Comments:

Chart Request ID: 1921949

Page 16 of 24

Print Date/Time: 3/2/2012 11:55

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The Regional Medical Center

Patient: Johnson, Patricia Ann
MRN: 0000012308
Account Number: 1000101665
DOB/Age/Sex: 01/26/1963 49 years Female
Location: ED
Admit/Disch: 06/28/2010 06/28/2010
Admitting: Hane, Francis S
Attending: Hane, Francis S
Copy to: N/A

Emergency Documentation

Document Name: ED Patient Summary (Auth (Verified))
Performed By: Hane, Francis S 06/28/2010 18:38 EDT
Signed By:
Authenticated By:

Patient Education Materials

Sprained Foot

I, Johnson, Patricia Ann, have received the above patient education materials/instructions and have verbalized understanding:

Patient Signature Date Provider Signature Date

Document Name: ED Clinical Summary (Auth (Verified))
Performed By: Hutto RN, Joshua S 06/28/2010 19:05 EDT
Signed By:
Authenticated By:

ED Clinical Summary

Regional Medical Center

ED

Clinical Discharge Summary

PERSON INFORMATION

Name Johnson, Patricia Ann
Age 47 Years

PCP Free, Clinic
Phone (803) 290-3345

Chart Request ID: 1921949

Page 17 of 24

Print Date/Time: 3/2/2012 11:55

All tests performed at RMC Laboratory, 3000 St. Matthews Road, Orangeburg, SC, unless otherwise noted.
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The Regional Medical Center

Patient: Johnson, Patricia Ann
MRN: 0000012308
Account Number: 1000101665
DOB/Age/Sex: 01/26/1963 49 years Female
Location: ED
Admit/Disch: 06/28/2010 06/28/2010
Admitting: Hane, Francis S
Attending: Hane, Francis S
Copy to: N/A

DOB 1/26/1963 12:00 AM

Address: 1028 Glenfield Circle Orangeburg SC 29118

Visit Reason Foot pain-swelling; Foot pain-swelling; LEFT FOOT PAIN/SWELLING; LEFT FOOT PAIN/SWELLING; Left Foot Pain

Arrival 6/28/2010 2:31 PM

Discharge 6/28/2010 7:04 PM

Dispo Type Home or Self Care (01)

Acuity 3 - Urgent

LOS 000 04:34

VITALS INFORMATION

Vital Sign	Triage	Latest
Temp Oral	36.9 DegC	36.9 DegC
Temp Axillary		
Temp Artery		
Temp Rectal		
SpO2	98 %	98 %
Respiratory Rate	20 br/min	20 br/min
Peripheral Pulse Rate	73 bpm	73 bpm
Apical Heart Rate		
Blood Pressure	124 mmHg / 95 mmHg	124 mmHg / 95 mmHg

MEDICAL INFORMATION

Allergy Info:

Compazine; aspirin; codeine

Prescriptions Given

Prescription

Display

acetaminophen-oxycodone 1 tab, Oral, q4hr Interval, PRN as needed for pain, 24 each, 0, 0,
 (Percocet 7.5/500 oral tablet) Print Requisition

Home Meds

Display

busPIRone (BuSpar 10 mg oral tablet) 0, 1/2 TAB HS

clonazepam (clonazepam 0.5 mg oral tablet) 0, BID

furosemide (Lasix 20 mg oral tablet) = 1 tab, Oral, Daily, 90 tab, 0

lisinopril (lisinopril 20 mg oral tablet) = 1 tab, Oral, Daily, 30 tab, 0

omeprazole (Prilosec 20 mg oral delayed release capsule) 0, BID

Chart Request ID: 1921949

Page 18 of 24

Print Date/Time: 3/2/2012 11:55

All tests performed at RMC Laboratory, 3000 St. Matthews Road, Orangeburg, SC, unless otherwise noted.
 Additional clinical information may be available for this patient via Horizon Patient Folder. Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.



The Regional Medical Center

Patient:	Johnson, Patricia Ann	Admit/Disch:	06/28/2010 06/28/2010
MRN:	0000012308	Admitting:	Hane, Francis S
Account Number:	1000101665	Attending:	Hane, Francis S
DOB/Age/Sex:	01/26/1963 49 years Female	Copy to:	N/A
Location:	ED		

Emergency Documentation

Document Name: ED Clinical Summary (Auth (Verified))
Performed By: Hutto RN, Joshua S 06/28/2010 19:05 EDT
Signed By:
Authenticated By:

DISCHARGE INFORMATION

Discharge Disposition: Home or Self Care (01)
Discharge Location:

MEDS RECONCILIATION

Fill New Prescriptions:

acetaminophen-oxycodone (Percocet 7.5/500 oral tablet) 1 tab Oral every 4 hours as needed for as needed for pain

Continue These Medications:

busPIRone (BuSpar 10 mg oral tablet) 1/2 TAB HS
clonazepam (clonazepam 0.5 mg oral tablet) BID
furosemide (Lasix 20 mg oral tablet) 1 tab Oral Every day
lisinopril (lisinopril 20 mg oral tablet) 1 tab Oral Every day
omeprazole (Prilosec 20 mg oral delayed release capsule) BID

MEDS GIVEN

Medication	Dose	Route	Performed By
acetaminophen-hydrocodone	1 each	Oral	Hutto RN, Joshua S

DISCHARGE INSTRUCTIONS

Chart Request ID: 1921949

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Print Date/Time: 3/2/2012 11:55

All tests performed at RMC Laboratory, 3000 St. Matthews Road, Orangeburg, SC, unless otherwise noted.
Additional clinical information may be available for this patient via Horizon Patient Folder. Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.



The Regional Medical Center

Patient: Johnson, Patricia Ann
MRN: 0000012308
Account Number: 1000101665
DOB/Age/Sex: 01/26/1963 49 years Female
Location: ED
Admit/Disch: 06/28/2010 06/28/2010
Admitting: Hane, Francis S
Attending: Hane, Francis S
Copy to: N/A

Emergency Documentation

Document Name: ED Clinical Summary (Auth (Verified))
Performed By: Hutto RN, Joshua S 06/28/2010 19:05 EDT
Signed By:
Authenticated By:

Instructions:
Sprained Foot
Follow up:

With: Address: When:
Clinic Free Orangeburg-Calhoun Free Medical
Clinic, 860 Holly St, P O Box 505 Within As needed
Orangeburg, SC 29115

Comments:

DIAGNOSIS

Sprain, foot 846.10

Comment:

Document Name: ED Clinical Summary (Auth (Verified))
Performed By: Hane, Francis S 06/28/2010 18:38 EDT
Signed By:
Authenticated By:

ED Clinical Summary

Regional Medical Center

ED

Clinical Discharge Summary

Chart Request ID: 1921949

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Print Date/Time: 3/2/2012 11:55

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The Regional Medical Center

Patient: Johnson, Patricia Ann
 MRN: 0000012308
 Account Number: 1000101665
 DOB/Age/Sex: 01/26/1963 49 years Female
 Location: ED
 Admit/Disch: 06/28/2010 06/28/2010
 Admitting: Hane, Francis S
 Attending: Hane, Francis S
 Copy to: N/A

Emergency Documentation

Document Name: ED Clinical Summary (Auth (Verified))
 Performed By: Hane, Francis S 06/28/2010 18:38 EDT
 Signed By:
 Authenticated By:

PERSON INFORMATION

Name Johnson, Patricia Ann
 Age 47 Years
 DOB 1/26/1963 12:00 AM
 Address: 1028 Glenfield Circle Orangeburg SC 29118
 PCP Free, Clinic
 Phone (803) 290-3346
 Visit Reason Foot pain-swelling; Foot pain-swelling; LEFT FOOT PAIN/SWELLING; LEFT FOOT PAIN/SWELLING; Left Foot Pain
 Arrival 6/28/2010 2:31 PM
 Discharge
 Diapo Type
 Acuity 3 - Urgent
 LOS 000 04:07

VITALS INFORMATION

Vital Sign	Triage	Latest
Temp Oral	36.9 DegC	36.9 DegC
Temp Axillary		
Temp Artery		
Temp Rectal		
SpO2	98 %	98 %
Respiratory Rate	20 br/min	20 br/min
Peripheral Pulse Rate	73 bpm	73 bpm
Apical Heart Rate		
Blood Pressure	124 mmHg / 85 mmHg	124 mmHg / 85 mmHg

MEDICAL INFORMATION

Allergy Info:
 Compazine; aspirin; codeine
 Prescriptions Given

Prescription

Display

acetaminophen-oxycodone 1 tab, Oral, q4hr Interval, PRN as needed for pain, 24 each, 0, 0,
 (Percocet 7.5/500 oral tablet) Print Requisition.

Home Meds

Display

busPIRone (BuSpar 10 mg 0, 1/2 TAB HS
 oral tablet)

clonazepam (clonazepam 0.5 0, BID

Chart Request ID: 1921949

Page 21 of 24

Print Date/Time: 3/2/2012 11:55

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The Regional Medical Center

Patient:	Johnson, Patricia Ann	Admit/Disch:	06/28/2010 06/28/2010
MRN:	0000012308	Admitting:	Hane, Francis S
Account Number:	1000101665	Attending:	Hane, Francis S
DOB/Age/Sex:	01/26/1963 49 years Female	Copy to:	N/A
Location:	ED		

mg oral tablet)

furosemide (Lasix 20 mg oral tablet) = 1 tab, Oral, Daily, 90 tab, 0

lisinopril (lisinopril 20 mg oral tablet) = 1 tab, Oral, Daily, 30 tab, 0

omeprazole (Prilosec 20 mg oral delayed release capsule) 0, BID

DISCHARGE INFORMATION

Discharge Disposition:

Discharge Location:

MEDS RECONCILIATION

Fill New Prescriptions:

acetaminophen-oxycodone (Percocet 7.5/500 oral tablet) 1 tab Oral every 4 hours as needed for as needed for pain

Continue These Medications:

busPIRone (BuSpar 10 mg oral tablet) 1/2 TAB HS

clonazepam (clonazepam 0.5 mg oral tablet) BID

furosemide (Lasix 20 mg oral tablet) 1 tab Oral Every day

lisinopril (lisinopril 20 mg oral tablet) 1 tab Oral Every day

omeprazole (Prilosec 20 mg oral delayed release capsule) BID

MEDS GIVEN

DISCHARGE INSTRUCTIONS

Instructions:

Sprained Foot

Follow up:

Chart Request ID: 1921949

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Print Date/Time: 3/2/2012 11:55

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The Regional Medical Center

Patient: Johnson, Patricia Ann
MRN: 0000012308
Account Number: 1000101665
DOB/Age/Sex: 01/26/1963 49 years Female
Location: ED
Admit/Disch: 06/28/2010 06/28/2010
Admitting: Hane, Francis S
Attending: Hane, Francis S
Copy to: N/A

Emergency Documentation

Document Name: ED Clinical Summary (Auth (Verified))
Performed By: Hane, Francis S 06/28/2010 18:38 EDT
Signed By:
Authenticated By:

With: Address: When:
Clinic Free Orangeburg-Calhoun Free Medical
Clinic, 860 Holly St, P O Box 505 Within As needed
Orangeburg, SC 29115

Comments:

DIAGNOSIS

Sprain, foot 845.10

Comment:

Chemistry

Lab Legend: @=Abnormal C=Critical #=Interpretive Data *=Corrected L=Low H=High P=Performing Lab f=Footnotes

Routine Chemistry

Collected Date 06/28/2010 06/28/2010
Collected Time 16:31 EDT 16:30 EDT

Procedure		Units	Ref Range
Glucose POC	95	mg/dL	[74-106]
Uric Acid	5.1	mg/dL	[2.5-6.2]

Chart Request ID: 1921949

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Print Date/Time: 3/2/2012 11:55

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The Regional Medical Center

Patient: Johnson, Patricia Ann
MRN: 0000012308
Account Number: 1000101665
DOB/Age/Sex: 01/26/1963 49 years Female
Location: ED

Admit/Disch: 06/28/2010 06/28/2010
Admitting: Hane, Francis S
Attending: Hane, Francis S
Copy to: N/A

General Diagnostic

Accession Number	Exam	Exam Date/Time	Ordering Physician
XR-10-21978	XR Foot Complete Left	06/28/2010 16:45 EDT	Hane, Francis S

Reason for Exam

Suspected fracture

Report

Study Ref: XR-10-21978

Exam Date: Jun-28-2010

Technique

AP LATERAL AND OBLIQUE LEFT FOOT RADIOGRAPHS

History

47-year-old female with left foot pain. No known trauma. There are no comparison exams available.

Findings

The osseous mineralization is normal. There are no displaced fractures identified. Minimal degenerative change seen with small plantar calcaneal bone spur and small enthesophyte at the Achilles tendon insertion. There is soft tissue prominence, edema versus obesity.

Impression

No displaced fracture identified.

***** Final Report *****

Dictated by: Habakus MD, Scott J
06/28/2010 4:56 pm

Signed by: Habakus MD, Scott J
06/28/2010 4:56 pm

Transcribed by: Habakus MD, Scott J
06/28/2010 4:56 pm

Chart Request ID: 1921949

Page 24 of 24

Print Date/Time: 3/2/2012 11:55

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AMCARE CORPORATE
Occupational Health Management Services

200 TechneCenter Drive - #218 - Milford, OH 45150
(513) 831-2568 | (877) 808-2929

DRUGFREE COMPLIANCE PROGRAM
DRUG TEST RESULT
(Forensic)

Company: **STAFFMARK**

Donor Name: **PATRICIA JOHNSON - 5023**
SSN/ID: **247257728**
Test Reason: **POST ACCIDENT**
Collection Date: **12/22/2011**
CCF Received:
Collection Site: **DOCTORS CARE**
Specimen: **Urine**
Chain of Custody: **0249574080**
Testing Laboratory: **LABCORP, RTP**
Date Verified: **01/18/2012**
Test Result: **Positive - For Opiates**
Tests Performed:

Amphetamines Group
Barbiturates Group
Benzodiazepines Group
Cocaine
Codeine
Marijuana Metab.
Methadone
MonoAcetyl Morphine
Phencyclidine
Propoxyphene

MEDICAL REVIEW OFFICERS:

C. LAWRENCE DECKER, M.D.
JAMES H. SCOTT, D.O.
GARY PETERSON, M.D.
LAURIE VERBOSKY, M.D.
SHANNON GRUBB, M.D.



As part of AmCare Occupational Health Management Services, the individual listed above was processed at a SAMHSA/DHHS approved laboratory and all SAMHSA/DHHS guidelines were followed. All positive screening tests are confirmed by Gas Chromatography/Mass Spectrometry and Certified Medical Review Office intervention prior to reporting.

COLLECTED, TESTED, AND REVIEWED IN COMPLIANCE WITH REGULATIONS 40 AND 382
RETAIN IN EMPLOYEE'S QUALIFICATION FILE

Jeri
025023
103

1 State of South Carolina
2 Before the
3 South Carolina Workers' Compensation Commission
4 WCC File No.: 1118193

5 Patricia Johnson,)
6 Employee,) Deposition of
7 Claimant,) PATRICIA JOHNSON
8 vs.) February 22, 2012
9 Staffmark,)
10 Employer,)
11 and)
12 New Hampshire Insurance)
13 Company,)
14 Carrier,)
15 Defendants.)

16 Deposition on oral examination of
17 PATRICIA JOHNSON, reported by Deidre M. Bonnette,
18 Court Reporter and Notary Public in and for the
19 State of South Carolina; said deposition taken
20 pursuant to notice of deposition and in
21 accordance with the South Carolina Rules of Civil
22 Procedure, at George Sink, PA, 1440 Broad River
23 Road, Columbia, South Carolina, commencing on
24 Wednesday, February 22, 2012, at the hour of
25 2:00 p.m.

APPEARANCES:

Representing the Employee/Claimant:

PATRICK S. SCARLETT, ESQUIRE
George Sink, PA
1440 Broad River Road
Columbia, South Carolina 29210

Representing the Employer/Carrier:

TIFFANY F. HENDRICKS, ESQUIRE
Sowell, Gray, Stepp & Laffitte, LLC
1310 Gadsden Street
Post Office Box 11449 (29211)
Columbia, South Carolina 29201

1 CONTENTS

2 (Deposition of Patricia Johnson)

3		
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* * * * *

EXHIBIT INDEX

REPORTER'S NOTE: No exhibits were marked for
identification.

1 This deposition is taken in
2 accordance with the South Carolina Rules of Civil
3 Procedure.

4 It is agreed and stipulated by the
5 deponent and respective counsel that the reading
6 and signing of the deposition by the deponent is
7 expressly waived.

8 WHEREUPON:

9 PATRICIA JOHNSON, being duly sworn
10 and cautioned to speak the truth, the whole truth
11 and nothing but the truth, testified as follows:

12 EXAMINATION

13 BY MS. HENDRICKS:

14 Q. Ms. Johnson, my name is Tiffany
15 Hendricks, and I represent Staffmark, your
16 employer. Have you ever done a deposition
17 before?

18 A. No. First time.

19 Q. Okay. The biggest rule is to be as
20 complete as possible with your answers. The
21 other rule is for us not to talk over each other
22 because Ms. Bonnette is taking down everything
23 that we say, and it would be better if we just
24 let each other finish the question or the answer
25 as much as possible.

1 Also, if I am not clear with the
2 question, just ask me to repeat it or, you know,
3 tell me you don't understand, and I'll try to
4 rephrase it so that we can get an answer, and
5 just try to be as complete as possible if your
6 answer is yes or no, and if you don't know the
7 answer, just say you don't know the answer.

8 A. All right.

9 Q. Could you state your full name for
10 me?

11 A. Patricia Johnson.

12 Q. And how do you spell Johnson?

13 A. J-O-H-N-S-O-N.

14 Q. Okay. And what's your date of
15 birth, Ms. Johnson?

16 A. The first month, the 26th, '63.

17 Q. And your approximate height and
18 weight?

19 A. Five-three. One -- I meant 221.
20 I'm sorry.

21 Q. And your Social Security number?
22 And we will redact.

23 A. XX-XX-7728.

24 Q. Okay. And do you have a South
25 Carolina driver's license?

1 A. Yes.

2 Q. And what's -- do you have your
3 number? Do you know your number?

4 A. No. I got it in the car.

5 Q. That's fine. That's fine. But you
6 do have a valid South Carolina driver's license?

7 A. Yes, ma'am.

8 Q. Okay. And what kind of vehicle do
9 you own?

10 A. I own a 2006 Suzuki Reno, black.

11 Q. Okay. And do you have any other
12 vehicles that you drive?

13 A. No, ma'am.

14 Q. Okay. And how far did you go in
15 school?

16 A. 12th.

17 Q. And where did you graduate from
18 high school?

19 A. Orangeburg-Wilkinson High.

20 Q. OW.

21 A. Yeah.

22 Q. I'm from that area, so -- not from
23 Orangeburg, but from down that way. And are you
24 married or single?

25 A. Married. But me and my husband is

1 separated.

2 Q. Okay. And how long have you been
3 separated?

4 A. About -- ever since -- it was '06.

5 Q. '06?

6 A. Uh-huh.

7 Q. And what's his name?

8 A. Elvis Johnson.

9 Q. Where does he live?

10 A. Cannon Bridge Road.

11 Q. That's in Orangeburg?

12 A. Uh-huh.

13 Q. And that's Cannon Bridge, right?

14 A. Uh-huh.

15 Q. What does he do for a living?

16 A. He's disabled.

17 Q. Okay. Do you all have any children
18 or do you have any children?

19 A. I have kids, but we don't have any
20 together.

21 Q. How old are your children?

22 A. My baby is 27, the next one is 29,
23 and then my oldest is 34.

24 Q. Okay. Do any of them live with you?

25 A. No.

1 Q. Okay. And where do you live?

2 A. I stay in Orangeburg. 1028

3 Glenfield Circle, Orangeburg, South Carolina.

4 Q. And Glenfield is one word?

5 A. Yes, Glenfield Circle.

6 Q. And what's the ZIP code?

7 A. 29118.

8 Q. And how long have you stayed there

9 at Glenfield Circle?

10 A. I've been there two years.

11 Q. Okay. And does anyone live with

12 you?

13 A. No.

14 Q. Okay. Prior to living at Glenfield

15 Circle, where did you live?

16 A. 108 Goodwin.

17 Q. And Goodwin is one word as well?

18 A. Yes.

19 Q. And that's --

20 A. Goodwin Road.

21 Q. Road? Is that in Orangeburg as

22 well?

23 A. Yes. 29118 -- 29115. I'm sorry.

24 Q. Okay. How long did you stay at

25 Goodwin Road?

1 A. 12 years.

2 Q. Okay. And do you have any military
3 experience? Have you ever been in the military?

4 A. No, ma'am.

5 Q. And prior to working for Staffmark,
6 where did you last work?

7 A. I was working for TRC.

8 Q. And where is that?

9 A. That's off of Farrow Road. It's a
10 pharmaceutical plant.

11 Q. Okay. And what did you do for
12 them?

13 A. I inspect. I was an inspector with
14 the medicine and stuff.

15 Q. Okay.

16 A. We did the medicine.

17 Q. Okay. And how long did you do
18 that?

19 A. I had worked there -- I had been
20 there with them for about two years.

21 Q. Okay. And prior to working for
22 TRC, where did you work?

23 A. Husqvarna in Orangeburg.

24 Q. And how long -- I mean, what did
25 you do for them?

1 A. I was a -- did assembly work. I
2 work on the line.

3 Q. And they closed; did they not?

4 A. They're still open.

5 Q. They're still open?

6 A. Yes, ma'am.

7 Q. Oh, okay. Now, how long did you
8 work for them?

9 A. Back and forth I was with them for
10 about 15.

11 Q. Okay. And prior to working for
12 Husqvarna, where did you work?

13 A. Koyo Bearings.

14 Q. And that's in Orangeburg as well?

15 A. Yes.

16 Q. And what did you do for Koyo?

17 A. For Koyo I did -- we made bearings
18 for the cars.

19 Q. Okay. And how long did you work
20 for them?

21 A. 5.

22 Q. 5 years? All right.

23 And with any of your other
24 employment outside of this injury, have you ever
25 been injured on the job at all?

1 A. No, ma'am.

2 Q. Okay. So you've never had an
3 on-the-job injury?

4 A. No, ma'am.

5 Q. All right. And let me make sure I
6 have the date right. We have your date of hire
7 with Staffmark as September the 8th, 2011, for
8 this particular assignment, I guess.

9 A. Yes, ma'am.

10 Q. Is that correct? Does that sound
11 right?

12 A. That sound right because I been --
13 January I would have made three months. The 4th
14 of January would have made three months.

15 Q. Okay. All right. And what were
16 you hired to do at that time?

17 A. She had me for a packer.

18 Q. Okay. And what company?

19 A. Lang-Mekra or Lang-Mekra. It's
20 L-A-N-G, M-E-K-R-A, if I'm not mistaken.

21 Q. Okay. And where was it located?

22 A. It's in Ridgeway.

23 Q. Ridgeway. And who's your immediate
24 supervisor?

25 A. Terrence Green.

1 Q. And what was your last rate of
2 pay? How much were you making?

3 A. \$10..

4 Q. And how many hours a week were you
5 working?

6 A. Right there?

7 Q. Yeah. Right at this --

8 A. 40.

9 Q. 40 hours? Okay.

10 Did you have any other employment or
11 any other jobs that you worked at the same time?

12 A. No.

13 Q. Okay. Let me ask you: Have you
14 ever sued anyone or has anyone ever sued you?

15 A. No, ma'am.

16 Q. Okay. And what about motor vehicle
17 accidents, have you ever been in an automobile
18 accident?

19 A. Yeah, I had been in a automobile
20 accident before.

21 Q. Were you injured at all?

22 A. I had my ribs fractured. That was
23 in -- that was in '06 I think that was.

24 Q. And that was an automobile
25 accident. Where --

1 A. Yeah. I was with a friend.

2 Q. Okay. And where did that accident
3 occur?

4 A. Right off of 26.

5 Q. In Orangeburg?

6 A. We was getting off of 77, getting
7 on 26. She hit a water puddle, and the car --
8 she lost control, and the car hydroplaned.

9 Q. Okay. So you were the passenger in
10 that vehicle?

11 A. Yes.

12 Q. All right. And you said that
13 happened in 2006. And other than your rib
14 injury, were there any other injuries?

15 A. No.

16 Q. Who did you seek treatment with?
17 Where did you go to the doctor?

18 A. I went to -- it was Lexington
19 because -- I went over there to Lexington.

20 Q. So it's Lexington Medical Center?

21 A. Yes.

22 Q. And did you go to a family doctor
23 or --

24 A. After --

25 Q. -- any other doctors after that?

1 A. After that I just went, yeah, to my
2 family doctor.

3 Q. And who is your family doctor?

4 A. Back then it was -- I went to the
5 Family Health Center.

6 Q. Family Health Center?

7 A. Uh-huh.

8 Q. Was that in Orangeburg?

9 A. Yes, ma'am.

10 Q. Okay. And did you have an attorney
11 for that accident?

12 A. I'm trying to think who was my
13 attorney. I forgot who the attorney was. I want
14 to say Dean, Clyde Dean, but I'm not for sure
15 which one it was.

16 Q. Okay. All right. That's fine. If
17 it comes to you, just tell me at another time --

18 A. Okay.

19 Q. -- if you think of it.

20 A. Okay.

21 Q. But has that -- have you -- I know
22 it was '06, but is it resolved? That accident,
23 you've already resolved it? Is it over?

24 A. Oh, yeah, it's over. It's over.

25 Q. Okay. And did you receive a

1 settlement?

2 A. Yeah.

3 Q. Do you know how much your
4 settlement was?

5 A. No.

6 Q. You don't remember?

7 A. No.

8 Q. Okay. Do you remember what the
9 insurance carrier was?

10 A. No, I don't.

11 Q. Okay. All right. But you said it
12 did happen here in Columbia. Well, I guess that
13 would be Lexington County actually, but it was at
14 I-26 and I-77.

15 A. Yeah.

16 Q. And it was in 2006.

17 A. Uh-huh.

18 Q. Okay. All right. And we have to
19 ask everyone this question, so don't get
20 offended. I always like to give my little
21 disclaimer, but do you have a criminal history?

22 A. No, ma'am.

23 Q. Have you been arrested?

24 A. No, ma'am.

25 Q. Any charges, convictions, anything?

1 A. No, ma'am.

2 Q. What about any prior health
3 problems, do you have anything like diabetes or
4 any aches, any ailments to any part of your
5 body --

6 A. No.

7 Q. -- prior to this incident?

8 A. No. The only thing I have is high
9 blood pressure. That's it.

10 Q. Okay. And how long have you had
11 high blood pressure?

12 A. I been taking medicine now about
13 three years, three or four years, something like
14 that.

15 Q. And who did you treat with? Are
16 you --

17 A. I go to the free clinic in
18 Orangeburg. It's off Holly Street in Orangeburg.

19 Q. Okay. And is that -- where would
20 you -- would you consider that your family doctor
21 or who's your family doctor?

22 A. Well, that's who I go to for family
23 because I -- when I did -- when I was working, I
24 had insurance. I was going to Dr. Rachel Gross.

25 Q. Okay.

1 A. That's the one who had first given
2 me the medicine, but I go to the free clinic.

3 Q. Okay. And Dr. Gross, where is she
4 located?

5 A. She's right off of Holly Street,
6 too.

7 Q. Okay. In Orangeburg?

8 A. Yes.

9 Q. Okay. And how long had you been
10 going to Dr. Gross?

11 A. About four, maybe five years.

12 Q. Okay.

13 A. After I didn't have any insurance,
14 that's when I changed over.

15 Q. Okay. All right. And you said you
16 do take medication for your high blood pressure,
17 right?

18 A. Uh-huh.

19 Q. Correct?

20 A. Yes.

21 Q. Okay. And prior to going to
22 Dr. Gross, did you have any other family doctor
23 that you would see?

24 A. No.

25 Q. Okay. And are you right-handed or

1 left-handed?

2 A. Right-handed.

3 Q. All right. And if you would -- I
4 know your accident -- forgive me because --
5 reading the notes, and I know one of them is not
6 right, so let me make sure I got it right, the
7 right date. We have the date of accident as
8 December 21, 2011. Is that correct?

9 A. Yes, ma'am.

10 Q. And if you could, tell me in your
11 own words just from start to finish what
12 happened.

13 A. It was -- it was -- I went
14 outside. I left and went outside to get some
15 money because we decided that we was going to eat
16 lunch since it was the -- we was getting off that
17 Thursday. We was going to eat. You know, they
18 was going to order lunch and eat lunch.

19 We were going to eat it all
20 together, and I just went out there to get some
21 money out the car, and I went out to get the
22 money, came back, and it just had got finished
23 raining and stuff, and I walked back in, and when
24 I walked back in, I just slipped and went down,
25 and that's when I --

1 Q. Were you going up the step or
2 you -- was it -- you say you slipped. Did you --

3 A. No. You open the door, and I had
4 to like step. It's like a doorway that you have
5 to like kind of like step in --

6 Q. Okay.

7 A. -- and when I stepped in and I
8 went, I just slide. I just went down.

9 Q. Okay. All right. So you were
10 walking in, going back inside?

11 A. Into my work area. Uh-huh.

12 Q. And you said it was raining that
13 day?

14 A. Uh-huh.

15 Q. Was there any water on the -- right
16 there at the door?

17 A. The parking lot and everything was
18 wet, so.

19 Q. Okay. And you mentioned -- you
20 said "we." Was that you and your co-workers or
21 did management say you all could -- I mean, what
22 was the arrangement as far as getting your
23 lunch? Tell me a little bit about that.

24 A. Yeah. It was -- they would let us
25 order food and everything. It was fine, you

1 know. They ordered food all the time, but I
2 usually, you know, eat by my own, but it was a
3 holiday, so I decided I would eat with them.

4 Q. Okay. All right. And was there --
5 and tell me about like when you walked in. When
6 you walk into the -- when you -- you said you
7 stepped in and you fell. What's there? Is it
8 carpet? Is it tile? What's there on the floor?

9 A. Just a concrete floor.

10 Q. Just a concrete floor? Okay.

11 So was there water down there or, I
12 mean, what --

13 A. It was -- it was footprints and
14 all, you know, where people done been going in
15 and out.

16 Q. Okay. All right. And what
17 happened when you fell?

18 A. When I fell, I just went down. I
19 was like, Oh, my God, oh, my God, and I grabbed
20 my knee, and when I grabbed my knee -- and I just
21 started rolling. When I looked up, I looked
22 at -- up. When I looked up, I seen my feet, and
23 my feet was -- you know, it was like -- it was
24 turned.

25 Like where my toes was, my heal was

1 halfway there, and I was like, Oh, my God, I
2 broke my ankle. I broke my ankle and stuff, and
3 I just kept rolling. I just kept saying, I broke
4 my ankle. I broke my ankle.

5 Q. Okay. And was anyone there, I
6 mean, at that time? Do you know if anybody saw
7 it?

8 A. I really couldn't tell you. I
9 really couldn't tell you. All I could just feel
10 was somebody had grabbed me and stuff, and who it
11 was, I couldn't even tell you that.

12 Q. Okay. So you don't remember who
13 grabbed you at --

14 A. No.

15 Q. Okay. And how did you get up? Did
16 you --

17 A. When the ambulance came
18 because after that --

19 Q. So you just stayed there?

20 A. Yeah. After that -- and when they
21 came and they seen my feet -- because, see, they
22 thought I was saying my leg. They thought
23 something was wrong with my leg, and then when
24 they actually was trying to get me up and they
25 seen how my feet was turned.

1 That's when they told them, Don't
2 touch her. Don't touch her, you know, and so
3 they had to call the ambulance, and they wouldn't
4 let them move until the ambulance got there,
5 after they had actually seen my feet.

6 Q. And when you are talking about your
7 ankle, is it your left ankle; is that correct?

8 A. Left ankle.

9 Q. Okay. And then were you taken to
10 the hospital by ambulance?

11 A. Yes, ma'am.

12 Q. Okay. What hospital did you go to?

13 A. Providence Northeast. I think that
14 is right off of Farrow Road.

15 Q. Okay. And where was -- where,
16 again, was the address of the job again?

17 A. It's Lang-Mekra or Mekra.

18 Q. Right. But it was in Ridgeway?

19 A. Ridgeway, yeah.

20 Q. Okay.

21 A. See, I don't know nothing about it
22 because I wasn't from there.

23 Q. Right.

24 A. I just had to work there.

25 Q. You just -- okay.

1 A. Yeah.

2 Q. All right. But it was in Ridgeway?

3 A. Yeah.

4 Q. All right. I just wanted to make
5 sure I understood what it was. All right. So
6 you were taken to Providence, and then what did
7 they tell you about your ankle?

8 A. When I got there, then they looked
9 at it. They were like, Oh, goodness, you know.

10 And so I said, Well, what?

11 And they was like, It look pretty
12 bad, and they, you know, had to give me something
13 to try to sedate me and stuff, to try to get me
14 out some of the pain so that they could try and
15 set it, and then he had informed me that I would
16 have to go to a bone specialist because they knew
17 that I was going to need surgery because of the
18 way that it was and stuff, so they started giving
19 me medication and stuff.

20 Q. All right. So what kind of -- do
21 you remember what kind of medication you got
22 initially?

23 A. Morphine.

24 Q. Okay.

25 A. I know one of them was Morphine.

1 Q. Okay. And so were you released
2 from the hospital that night?

3 A. That evening, yes.

4 Q. Okay. And you said you were
5 advised that you need to see a bone specialist?

6 A. Yeah. He -- before I left they had
7 already scheduled and set up for me to go to
8 Midlands Orthopaedic to see one of the doctors
9 there.

10 Q. Okay. And you saw Dr. DaSilva; is
11 that right?

12 A. Yes.

13 Q. Okay. All right. And about how
14 long after? I mean, was it a couple days? Was
15 it the next day?

16 A. The next day.

17 Q. Okay. And what did they do for you
18 at Midlands Orthopaedic?

19 A. They took the -- they took the
20 splint off that they had on there to look at it.
21 theyself to make sure wasn't no infection or
22 anything had set in, you know, between those 24
23 hours or whatever. Then he x-rayed it because he
24 want -- I had my x-ray, but he wanted to have his
25 too, so he x-rayed it.

1 And then he came back, and he told
2 me he would definitely have to do surgery because
3 if he didn't, I wouldn't be able to walk on it
4 like that and stuff because of the extensity(sic)
5 of the break and stuff, and he wanted to operate,
6 but then he couldn't do it right then because, I
7 guess, too much swelling, and he wanted to see
8 about the swelling going down.

9 Q. Okay. All right. And were you
10 able to eventually have surgery?

11 A. Yeah. It took a little minute for
12 me to get it because after he let -- the swelling
13 went down, then I guess from me being wet and
14 getting wet like that, I end up -- I didn't know
15 whether I had the flu or what, so I had to go
16 back to the doctor again to get examined, but
17 what happened, I had -- it turned into a sinus
18 infection, and it drained down behind my ears and
19 gave me a sinus infection and a ear infection.

20 So I had to get that cleared up
21 before he would, you know, be able to put me to
22 sleep because he said he couldn't do it because I
23 couldn't hardly breathe anyway, so he said he --
24 they couldn't put you to sleep like that, so he
25 had to wait until I got finished with the

1 antibiotics.

2 Q. Okay. All right. And then after
3 your sinus infection cleared up, then were you
4 able to --

5 A. On the 3rd of January.

6 Q. January 3rd. Okay. So that's when
7 you had your surgery?

8 A. Surgery, yes, ma'am.

9 Q. And what did they do in your
10 surgery? What was your understanding of what
11 they were doing?

12 A. They had to go in, they had to
13 re-set it and set it straight. They had -- I got
14 bolts and screws, and I have a metal plate in it,
15 and it's -- yeah. Bolts, screws and metal
16 plates.

17 Q. And that's all in your left ankle?

18 A. In my left ankle.

19 Q. And you said that was January 3rd
20 of this year that you had that surgery?

21 A. Yes, ma'am.

22 Q. Okay. Have you started any
23 physical therapy or anything to date?

24 A. Well, they want me to get physical
25 therapy, but I don't -- I can't afford physical

1 therapy because I don't have any insurance.

2 Q. Okay. All right. Now, so who are
3 you treating with now? When's your next
4 appointment?

5 A. My next appointment is on March the
6 7th.

7 Q. Okay. And who is that with?

8 A. Dr. James.

9 Q. And that's your surgeon, right? He
10 actually did your surgery?

11 A. Yeah. That's the one that Dr. --
12 what you call him.

13 Q. DaSilva.

14 A. DaSilva.

15 Q. Referred you to?

16 A. Yeah. He was like, you know,
17 Dr. James will be a better person to do that
18 because he deal with the ankles and injuries like
19 that with the ankles.

20 Q. Okay.

21 A. So, yeah, Dr. James.

22 Q. Okay. And when was your last
23 appointment?

24 A. To Dr. James?

25 Q. Oh, no. To any appointment.

1 A. Oh, okay. I have to go every other
2 day for my blood.

3 Q. Okay.

4 A. So I go there every other day for
5 my blood because I'm on blood thinners.

6 Q. Right. You had -- you did have
7 DVT; is that correct?

8 A. What?

9 Q. Well, deep vein thrombosis for the
10 blood -- the clotting.

11 A. Yeah, because after they took the
12 cast off, it caused me to get a blood clot, and
13 so I have one right behind my leg, so that made
14 me had to go back in the hospital, and they had
15 to treat that, so that's what they're treating
16 now is that, and they're watching the clot,
17 making sure that I don't develop any more because
18 he thought one time it had went to my lungs.

19 Q. Okay. And so that's what you're --
20 are you taking any medication as well?

21 A. Yes.. I'm on Coumadin. I was on
22 Lovenox and Coumadin, but I'm on just Coumadin.

23 Q. Okay. And who are you actually
24 going to the doctor every other day, which doctor
25 is that?

1 A. I go -- well, they had to find one
2 for me, so the free clinic sent me to one, so I
3 got to the hospital to get my blood drawn.

4 Q. Okay. And that's Orangeburg --

5 A. Orangeburg.

6 Q. -- Regional?

7 A. Yes.

8 Q. Orangeburg Regional Hospital? All
9 right.

10 And other than your -- when's the
11 last time you saw Dr. DaSilva?

12 A. I haven't seen Dr. DaSilva but one
13 time. It's Dr. James.

14 Q. Okay. All right. And so have you
15 seen Dr. James since your surgery?

16 A. Yes.

17 Q. Okay.

18 A. Uh-huh.

19 Q. And how often do you see him?

20 A. I usually go to him every two
21 weeks.

22 Q. Okay. And who is he in practice
23 with? Do you know the name of his practice? Is
24 it Midlands?

25 A. Midlands Orthopaedic.

1 Q. It is Midlands. Okay. I wasn't
2 sure if they were in the same practice or not.
3 Thank you.

4 All right. And right now you're
5 currently out of work; is that correct?

6 A. Yes.

7 Q. Okay. All right. And other than
8 your appointment with Dr. James on March the 7th,
9 do you have any other appointments, any other
10 medical appointments, that are pending?

11 A. No.

12 Q. Okay. Tell me a little bit about
13 your ankle now. How is it?

14 A. Well, it's still painful. I have
15 to -- like cloudy, bad weather or something cold
16 and stuff, that's irritating because it swells me
17 up, and I can't do anything, and I have to stay
18 in the bed and keep it elevated, which -- I mean,
19 it's still painful.

20 I'm just learning to -- he just
21 started me Friday with trying to put bearing and
22 put, you know, a little pressure on it and stuff,
23 but it's still painful.

24 Q. Okay. All right. So right now are
25 you -- how are you getting along at home?

1 A. I have to have help because, you
2 know -- because I have to basically keep my feet
3 elevated at all times because when I went by just
4 now, you know, they did the socks and stuff
5 because the swelling is still not down like they
6 want it, but my son and my family members and
7 stuff, they come over and stay and help me.

8 Q. Okay. All right. And have you had
9 any injuries or aggravations or anything to
10 aggravate your ankle since then?

11 A. No. Huh-un.

12 Q. Okay.

13 A. Because I can't do nothing.

14 Q. All right. So -- okay. Bear with
15 me just one second. Okay. And I apologize. I
16 don't have a whole lot of information on this,
17 but were you aware that they had a positive drug
18 screen on you?

19 A. She called me when I was in the
20 hospital, and she told me that, and I told her, I
21 said, You all knew when I came in and I got the
22 papers from Staffmark, when they brought me there
23 that next day after I had the accident, when they
24 called me that evening and told me about, you
25 know, You have to do a drug test within 24 hours

1 of the time you had the accident.

2 And I had told Kim, and I said, Kim,
3 you know, now, they done give me Morphine and
4 they give me some other kind of drugs.

5 And she was like, I'm going to put
6 that down and let them know. I let them know all
7 that, and I told them that when I went to Doctors
8 Care to do the drug screening test and everything
9 and stuff, and the lady had called me the day
10 after I had my surgery, and she told me she
11 needed me to go to Providence and get the
12 records.

13 I said, Ma'am, I'm just getting out
14 of surgery. I can't do it. I can't do that.

15 And she said, Well, if you don't
16 give it, then we're going to have to just go as
17 that.

18 I was like, It's nothing I can do.
19 I can't even drive.

20 Q. Okay. So, now, Kim is who now?
21 Tell me who Kim is.

22 A. The one that had sent me --

23 Q. Is she at Staffmark?

24 A. Yeah. The one that had sent me out
25 to Lang-Mekra, yeah.

1 Q. Okay. And so --

2 A. Because she called me that night.

3 Q. So -- and the drug test, you said
4 it was after --

5 A. Yeah.

6 Q. -- the accident?

7 A. Yes.

8 Q. And the drug test would have been
9 after the accident, and they would have collected
10 it -- no. I'm sorry. Your first visit was with
11 Providence; is that right?

12 A. Yes.

13 Q. Okay. And that's Providence
14 Northeast?

15 A. Yes.

16 Q. Okay. And then the drug screen was
17 collected two days after that?

18 A. It was collected that next day.

19 Q. The next day after?

20 A. I had the accident on the 21st.

21 The drug was collected on the 22nd.

22 Q. Okay. All right.

23 A. I meant the urine. I'm sorry.

24 MS. HENDRICKS: Okay. Okay. All
25 right. I don't have anything further.

1 MR. SCARLETT: No cross. Nothing
2 from me.

3 MS. HENDRICKS: Okay.

4 MR. SCARLETT: Thank you.

5 (The deposition concluded at
6 approximately 2:31 p.m.)

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1 CERTIFICATE OF REPORTER

2

3 I, Deidre M. Bonnette, Court
4 Reporter and Notary Public for the State of South
Carolina at Large, do hereby certify:

5 That the foregoing deposition
6 was taken before me on the date and at the time
and location stated on Page 1 of this transcript;
7 that the deponent was duly sworn to testify to
the truth, the whole truth and nothing but the
8 truth; that the testimony of the deponent and all
objections made at the time of the examination
9 were recorded stenographically by me and were
thereafter transcribed; that the foregoing
10 deposition as typed is a true, accurate and
complete record of the testimony of the deponent
11 and of all objections made at the time of the
examination to the best of my ability.

12 I further certify that I am
13 neither related to nor counsel for any party to
the cause pending or interested in the events
14 thereof.

15 Witness my hand, I have
16 hereunto affixed my official seal this 18th day
of March, 2012, at Lexington County, South
Carolina.

17

18

19

20

21

22

23 _____
Deidre M. Bonnette, Court Reporter,
24 Notary Public
State of South Carolina at Large.
My Commission expires:
25 June 12, 2019

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 1118193

Patricia Johnson,	)	
	)	
Claimant,	)	
	)	
vs.	)	
	)	TRANSCRIPT OF PROCEEDINGS
Staffmark, Employer,	)	
	)	March 27, 2012
and	)	
	)	
New Hampshire Insurance	)	
Company, Carrier,	)	
	)	
Defendants.	)	
	)	

This hearing was held before Commissioner Gene McCaskill, reported by Kimberly T. Power, Court Reporter and Notary Public in and for the State of South Carolina; said proceedings were held at the South Carolina Workers' Compensation Commission, 1333 Main Street, Suite 500, Hearing Room B, Columbia, South Carolina, on Tuesday, March 27, 2012, commencing at the hour of 3:00 p.m.

APPEARANCES

ATTORNEYS FOR THE CLAIMANT

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ATTORNEYS FOR THE DEFENDANTS

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21 EXHIBITS

22 (None proffered.)

1 THE COURT: Today is March 27, 2012. This is
2 the case of Patricia Johnson vs. Staffmark. The carrier
3 is New Hampshire Insurance Company. The Workers'
4 Compensation Commission File Number is 1118193. The
5 claimant is represented by Patrick Scarlett. The
6 defendants are represented by Grady Beard. The claimant
7 has an average weekly wage of \$382.30 which corresponds
8 to a compensation rate of \$254.88. The date of the
9 accident was December 21, 2011. This is a denied case.
10 Are there any objections to venue, jurisdiction, or APA
11 Submissions?

12 MR. BEARD: No, Your Honor.

13 MR. SCARLETT: No, Your Honor.

14 THE COURT: All right. Very good. The
15 Commission file becomes a part of the record with the
16 exception of self-serving declarations and unstipulated
17 medical reports.

18 Mr. Scarlett, please state your claimant's
19 position for the record.

20 MR. SCARLETT: Thank you, Your Honor. We're
21 here today on a denied claim. Ms. Johnson sustained an
22 injury at work on December 21, 2011. She had gone to her
23 car. It had previously been raining outside. The
24 parking lot was wet. It was in the middle of the day.
25 She went to go get some lunch money from her car. She

1 returned crossing over a threshold that was raised in an
2 awkward way onto a concrete floor. Somewhere between her
3 -- the bottom of her shoes and the concrete floor, she
4 slipped and she broke her ankle, was transported to the
5 hospital where she was given morphine for the pain. She
6 later failed the drug test that showed up positive for
7 opiates.

8 It's my understanding that the main reason
9 this is being denied for the Form 58 is this is an
10 alleged idiopathic injury, past medical records have been
11 introduced. We're denying that defense. Also, it's
12 alleged she was on her lunch break or in some other way
13 that she was on some sort of personal errand and, thus,
14 this case does not arise out of employment. I would
15 represent that this is well within the scope of personal
16 comfort doctrine such as taking a smoke break or even
17 lunch on the employer's premises.

18 That's all I have, Your Honor.

19 THE COURT: What are you seeking on behalf of
20 your claim?

21 MR. SCARLETT: I'm seeking that the claim be
22 accepted, that the employer/carrier pick up treatment,
23 and that she is not yet at MMI. As of tomorrow, it will
24 be 14 weeks of back TTD owed as well as ongoing TTD until
25 she reaches maximum medical improvement.

1 THE COURT: Mr. Beard.

2 MR. BEARD: Thank you, Your Honor. To make it
3 a little easy, I would -- if you find this to be a
4 compensable claim, I will stipulate that the claimant is
5 entitled to temporary total for the periods from the date
6 of accident continuing based upon the evidence in the
7 case. I would, however -- the only difference I would
8 have is she would only be entitled to TTB to MMI or until
9 she is offered a job within whatever restrictions she may
10 be given by the treating doctor. I would also stipulate
11 that she would be entitled to the medical treatment
12 that's causally-related to date if you find this to be
13 compensable.

14 However, as we stated in our pre-hearing
15 conference, it is the position of the defendants that
16 this is not, in fact, a compensable claim because as
17 Mr. Scarlett pointed out, we do take the position that
18 this is, number one, an idiopathic injury in that her
19 left ankle simply gave out for reasons unknown. While
20 she has now come up with an explanation that it was
21 because it was wet on her shoe or things of that nature,
22 I think the medical records -- in fact, the initial
23 medical records when she both saw EMS and when she went
24 into the hospital will refute that. Also, I believe her
25 supervisor will refute that there was any wetness at all

1 in the area and he did a full investigation on the date
2 of this incident.

3 Secondly, there may be an intoxication
4 defense. We have raised that. It's obvious that there's
5 no denying that she failed a drug test for opiates. It
6 is not restricted to morphine or anything else. It's
7 obviously they have also told you that she went out to
8 her car to get medications. We need to know every
9 medication she was on because if any of those are
10 opiates, then an intoxication defense would apply to the
11 case and we would ask that it be barred on that as a
12 second ground.

13 Third, we do not believe this fits within the
14 personal comfort doctrine and under the facts of the case
15 before you. Ms. Johnson had never -- it's my
16 understanding never ate lunch with the folks at the
17 location where she worked and -- and on this particular
18 day, for whatever reason, had gone out to get some money
19 for food and, again, for medications which I don't
20 believe that Lang Mekra was aware that she was, in fact,
21 on any kind of medications before that particular day or
22 at least the management was unaware of that. And I
23 believe Mr. Terrence Green who was her supervisor at Lang
24 Mekra will testify to that.

25 Other than that, I mean, I think that will

1 short circuit factually a lot of this case. We have
2 presented evidence, as Mr. Scarlett pointed out, of some
3 pre-existing left foot or ankle issues literally in 2010
4 that showed significant -- on x-ray some fairly
5 significant findings of the Achilles tendon in the ankle
6 as well as degenerative problems which we believe is
7 probably the reason that her left ankle gave way on that
8 particular day and I believe will be supported by those
9 other medical records that we talked about when she
10 actually had the incident in this case. So we're asking
11 that the Commissioner deny the claim in its entirety.
12 Thank you.

13 THE COURT: Anything further, Mr. Scarlett?

14 MR. SCARLETT: No, Your Honor.

15 THE COURT: Are you ready to call your
16 witness?

17 MR. SCARLETT: I am. Thank you. I would like
18 to call Ms. Patricia Johnson, the claimant, as our first
19 witness.

20 THE COURT: All right. Ms. Johnson, it's good
21 to see you today. In just a moment I'm going to swear
22 you in, and I have a couple of requests for you once --
23 once you take the oath. I'm going to ask you to state
24 your full name for the court reporter, and I would ask
25 that you speak loudly enough in order for this young lady

1 who is making the record and both of the attorneys to
2 hear your answers to questions. I am close enough I
3 think I'll be fine. Also, if it is a yes or no question,
4 please say yes or no. Don't shake or nod your head and
5 don't say uh-huh or unh-unh. Sometimes that can be
6 confusing for the court reporter. So if it is a yes or
7 no question, please say yes or no.

8 THE WITNESS: Yes, sir.

9 (PATRICIA JOHNSON, being duly sworn to tell
10 the whole truth and nothing but the truth, testified as
11 follows:)

12 THE COURT: Please state your full name for
13 the record.

14 THE WITNESS: Patricia Johnson.

15 THE COURT: Okay. Mr. Scarlett.

16 DIRECT EXAMINATION

17 BY MR. SCARLETT:

18 Q. Ms. Johnson, I would like to ask you just a
19 few preliminary questions. Could you please state your
20 address for the record?

21 A. 1028 Glenfield Circle, Orangeburg, South
22 Carolina, 29118.

23 Q. Date of birth?

24 A. The first month, the 26th, '63.

25 Q. And your height and weight approximately?

1 A. Five-three, 221 pounds.

2 Q. How far did you go in school?

3 A. I graduated twelfth grade.

4 Q. Since leaving school, what types of jobs have
5 you done?

6 A. Basically manufacturing in factories, machine
7 operators, assembly.

8 Q. Okay. Have you ever had any prior injuries on
9 the job?

10 A. No.

11 Q. Have you ever been in an auto accident?

12 A. Yes.

13 Q. Were you injured in the auto accident?

14 A. My ribs.

15 Q. About what year was this?

16 A. That was in '06.

17 Q. Okay. Do you have any other injuries to your
18 neck or back or any other?

19 A. No.

20 Q. Okay. Any other auto accidents?

21 A. No.

22 Q. How long have you been working for this
23 employer, Staffmark, before the accident?

24 A. It's been about I want to say two and a half
25 months.

1 Q. Okay. And where was the facility that you
2 were working?

3 A. Ridgeway.

4 Q. Okay. And what was the -- what company was it
5 that you were working for under Staffmark?

6 A. Lang Mekra. I think I'm pronouncing that
7 right.

8 Q. Okay. Do you recall the accident on December
9 the 21st, 2011?

10 A. Yes, sir.

11 Q. If you could briefly, if you could start from
12 the beginning, please describe to us how this accident
13 occurred.

14 A. Well, I went outside because we decided, like
15 I said, we was getting ready to go on our break for
16 Christmas and they decided that they was going to order
17 food and they asked me about it because I usually eat by
18 myself. So I was like, no. And then I said okay. And
19 we was waiting for work for Terrence to bring back what
20 he wanted us to do next. So during that time we didn't
21 have anything. You know, we was getting the money up and
22 I told them I had to go out to the car. So I went out to
23 the car. I didn't even get in the car. And I walked --
24 because it was raining prior to that. So after the rain
25 stopped, I went out there and I just opened my door,

1 reached in my pocketbook, got \$20, stick it in my little
2 smock, came back, walked across in. And when I walked
3 across, stepped in and went in, I slid and I fell.
4 And...

5 Q. If you could please slow down those few
6 seconds there between -- between when you were getting
7 ready to come back inside and when you were crossing the
8 door and then stepping inside. Could you slow that down
9 and describe the doorway to us and the floor on the
10 outside and the inside?

11 A. Well, the floor is a concrete floor. And when
12 you walk out that door, you have to step over because
13 it's not built up level. So you had to step over and
14 step down. When you come back, step up and step back in
15 to come in and that's what I did. And when I walked in,
16 I slid. So --

17 Q. So the door isn't level with the -- with the
18 floor?

19 A. No, it wasn't level.

20 Q. Okay. And did you notice anything else to
21 indicate that the inside of the concrete floor would have
22 been slippery?

23 A. Like I said, I slip and fell and I was rolling
24 because I grabbed my knee and I started rolling and I
25 looked down and that's when I seen my feet was twisted

1 and I was like, oh, no, I broke my ankle. You could see
2 like foot -- you know, footprints and stuff. And I just,
3 you know, screamed because I was in so much pain and
4 stuff. And then I noticed that my ankle was broken.

5 Q. So you noticed footprints on the floor?

6 A. Yeah. You could see the wet footprints, the
7 shoe prints.

8 Q. Okay. Let me ask you a little bit about --
9 about taking lunch breaks. How do you -- how do you
10 clock in and clock out for a lunch break?

11 A. We don't have to clock in and clock out. Once
12 we clock in in the mornings, we don't clock out until
13 then. They did that from the time, you know, from the,
14 you know, the time that we already there because my lunch
15 break is at 12:30. So when we do our time sheet and
16 stuff, we will put, you know, the time we go in, which
17 mine was from 12:30 to 1:00.

18 Q. And how do you know that it's lunch break
19 every day?

20 A. They have a bell that goes off to let you know
21 when it's your time to go to lunch and go to break.

22 Q. Do you ever get released early for lunch?

23 A. If -- if it's slow or something like that,
24 they might tell you, you know, you can go a little
25 earlier or something like that. But they'll let you

1 know.

2 Q. Where do -- where do people eat their lunch
3 generally?

4 A. They have designated areas where they have to
5 eat and stuff and they have tables. I always sit to the
6 table. They put -- had a table sitting right across over
7 from my work area and I would sit over there and eat and
8 some would go out in their cars and eat. But I always
9 stayed in to the table.

10 Q. Some eat in their car?

11 A. Yeah.

12 Q. Do they go in and out through the same door
13 that you went out through?

14 A. Yeah. They come back and forth in and out,
15 yeah.

16 Q. Okay. Tell me a little bit about your
17 treatment. You were there on the floor, then what
18 happened?

19 A. I was on the floor. And like I say, I was in
20 pain. So I could, you know, feel the people, you know,
21 patting me, just telling me, you know, to be calm and
22 stuff. And I guess when they seen my feet, you know,
23 that's when I heard them say, Don't move, just call the
24 ambulance and stuff. And they was trying to keep me calm
25 till the ambulance got there. Then when the ambulance

1 got there, they -- you know, he told me that, you know,
2 he wanted to get me off the floor.

3 MR. BEARD: Commissioner, just -- I generally
4 don't try to do this, but I don't want to allow any
5 hearsay from what EMS or anybody else really said that
6 are not --

7 THE COURT: Ms. Johnson, you can't tell me
8 anything anyone told you.

9 THE WITNESS: Oh, okay.

10 THE COURT: And the reason you can't is
11 because those individuals are not here for Mr. Beard to
12 cross-examine.

13 THE WITNESS: Okay. All right. Fine.

14 BY MR. SCARLETT:

15 Q. Okay. Did you see any -- when you were there
16 on the floor and waiting for EMS personnel, did you see
17 anyone you recognized?

18 A. I really didn't because I was like I had my
19 eyes closed and I just was in pain.

20 Q. Okay. Where did EMS take you?

21 A. To Providence East, I think that is, off of
22 Farrow Road.

23 Q. And did they administer any pain medication
24 there at Providence?

25 A. Yes.

1 Q. Do you know what it was?

2 A. Morphine.

3 Q. Thank you.

4 MR. SCARLETT: Your Honor, those are our APA 4
5 and 9.

6 BY MR. SCARLETT:

7 Q. Did you ever take a drug test following this
8 accident?

9 A. The next day.

10 Q. The next day on December 22nd?

11 A. The 22nd.

12 Q. Where was that administered?

13 A. Doctor's Care.

14 Q. Where were you referred -- where were you
15 first referred to after Doctor's Care?

16 A. They had told me about the bone specialist
17 which was Midlands Orthopedic.

18 Q. Okay. And so you first saw Dr. DaSilva and
19 then were referred to Dr. James. When did he perform
20 surgery?

21 A. January the 3rd.

22 Q. What was your understanding of what he was
23 doing in that surgery?

24 A. He was saying that he was going to have to go
25 in --

MR. BEARD: Commissioner, again, this is really not in dispute, but I would ask that the meds just speak for themselves as opposed to her telling us what he said to her.

BY MR. SCARLETT:

Q. How did you pay for this surgery?

A. I haven't because I don't have any insurance.

Q. You don't have any health insurance, Medicaid, Medicare?

A. No.

Q. Have you recovered fully from this accident?

A. No.

Q. Are you able to bear any weight on your ankle?

A. A little.

Q. Do you ever get out of your wheelchair?

A. I get out. And if I do, I have to use my crutch or either my walker.

Q. Like when you get up to get out of the car or the bathroom?

A. Yeah, bathroom.

Q. Did you have any complications following surgery?

A. Yes.

Q. And what was that?

A. I developed blood clots.

Q. Okay. And what was your treatment for that?

A. I had to go back in and stay for seven days, and I had to go on Lovenox and Coumadin, which I'm still on Coumadin.

Q. Okay. And are you still -- have you ever had blood clots before this?

A. No, sir.

Q. Have you ever had pulmonary embolism before?

A. No, sir.

Q. Are you still treating to control this blood clotting?

A. Yes, sir.

Q. Who are you treating with?

A. The free clinic on Holly Street in Orangeburg.

Q. When was the last time you saw Dr. James?

A. Three weeks ago.

Q. Do you have an appointment scheduled coming up?

A. Yes, tomorrow.

Q. Have you ever had any problems in your left foot or ankle before?

A. In -- it was June the 28th, 2010. I went to the hospital because my ankle was swelling and they did an x-ray and they said something about --

MR. BEARD: Commissioner, again, I would

1 object to what they said as the medicals are in evidence.

2 THE COURT: You can't say what they said.

3 BY MR. SCARLETT:

4 Q. I noticed in the medical records it says that
5 you denied a recent injury. Why would you have denied a
6 recent injury?

7 A. Because I didn't hurt myself.

8 Q. Why did you show up to the hospital?

9 A. Because my feet was swelling, and I wanted to
10 go see what was wrong with that.

11 Q. What did you suspect was the reason?

12 A. I didn't know. I didn't know whether it was
13 the steel toes I was wearing or what.

14 Q. Has the problem resolved since then?

15 A. Yes.

16 Q. And after what event did it resolve?

17 A. It was actually my blood pressure medicine
18 that I was on, and I had needed a water restrictor. So
19 they had to change it and put -- then I have a water
20 restrictor where it releases water so I won't have fluid
21 build up in my feet and my hands and stuff.

22 Q. Okay. And have you had any problems walking,
23 standing or anything else like that since then?

24 A. No. No, sir.

25 Q. Going back to this accident here. Have you

1 returned to work for Staffmark, Lang Mekra, or anyone
2 else?

3 A. No, sir.

4 Q. And in your current state are you able to
5 perform the functions of your job that you had through
6 Staffmark and Lang Mekra right now?

7 A. Excuse me?

8 Q. Would you be able to perform your job today?

9 A. No.

10 Q. Could you please describe to us a little about
11 the current pain that you are having in that area?

12 A. It's like a throbbing, aching pain that --
13 that's really you can't describe. It's just like a
14 throbbing pain that, I mean, the only way I could relieve
15 it is a lot of times is to get in the bed and take my
16 pain medicine.

17 Q. Does it get better or worse at times?

18 A. It gets worser than other days.

19 Q. How have things been financially since this
20 happened?

21 A. I mean, it's been rough because I almost lost
22 my place where I stay at. I almost lost my car because I
23 don't have any income or anything. My kids, they came in
24 and they stepped in. So they doing my bills and stuff
25 for me right now.

1 Q. So are you asking the Commission to find your
2 claim compensable for your December 21, 2011 on-the-job
3 fall?

4 A. Yes.

5 Q. Are you asking that they order the employer to
6 pay for all medical treatment you've incurred since then,
7 including out-of-pocket expenses, co-pays, including your
8 visit to Dr. James, the Orangeburg Free Medical Clinic
9 for your treatment related to your post-surgical blood
10 clot complication, and for all medications prescribed by
11 your doctors?

12 A. Yes.

13 Q. Are you asking the Commission to approve
14 Dr. James as your authorized treating physician?

15 A. Yes.

16 Q. Are you asking the Commission to approve all
17 treatment ordered by your authorized treating physician
18 that will tend to lessen your disability until you've
19 reached MMI?

20 A. Yes.

21 Q. Are you asking the Commission to order your
22 employer to pay back TTD from the date of accident
23 through present and on ongoing TTD benefits until such
24 time your authorizing treating physician says you are
25 able to return to work?

1 A. Yes.

2 MR. SCARLETT: Thank you, Ms. Johnson.

3 THE COURT: All right. Ms. Johnson, if you
4 would answer Mr. Beard's questions, please.

5 MR. BEARD: Thank you, Commissioner.

6 CROSS-EXAMINATION

7 BY MR. BEARD:

8 Q. Ms. Johnson, I have not had the pleasure of
9 meeting you. I know you were deposed by -- deposed,
10 meaning someone came and asked you questions from my
11 office about your case. Do you remember that?

12 A. Someone came where?

13 Q. To Mr. Scarlett's office and took your
14 deposition?

15 A. Oh, yes, sir.

16 Q. Okay. So it wasn't me, obviously. It was
17 someone else and they were from my office, but this is
18 the first time we've met. And I represent Staffmark.
19 Okay?

20 A. Yes, sir.

21 Q. And I'm going to ask you some questions. I'm
22 going to be a little -- not in a lot of detail. We're
23 not going to have to do a lot here today, but there are
24 some things that I need clarification about and you need
25 to respond. Okay?

1 A. Yes, sir.

2 Q. Now, you've testified here today that you went
3 out to your car to get \$20 for lunch, correct?

4 A. Yes, sir.

5 Q. It's also our understanding that you were, and
6 your attorney has stated this, you went out to get
7 medications; is that correct?

8 A. No. I went out to get \$20 for lunch.

9 Q. Do you take medications or were you taking
10 meditations at this time?

11 A. I take medications, but I take medications at
12 night.

13 Q. Okay. What kind of medications do you take?

14 A. I take Buspar, Klonopin (phonetic), and I take
15 my blood pressure medicine.

16 Q. Okay. Clonazepam?

17 A. Clonazepam.

18 Q. Do you know whether that's an opiate or not?
19 Do you know that that is an opiate?

20 A. I know because I have to sign for it. Yes.
21 That's whenever I go to the doctor, anything -- do any
22 kind of drug test, I always take my medicine with me so
23 they can see what I take.

24 Q. Did you take it with you when you had the drug
25 test at Doctor's Care?

1 A. I had all my medicine. I had all my medicine.
2 If I'm not mistaken, I had all of my medicine because I
3 told them what I take.

4 Q. Okay. So they knew you already were taking
5 Colozapam (phonetic) before this accident, correct?

6 A. Yeah.

7 Q. Okay. But Lang Mekra didn't know you were
8 taking Colozapam before this accident, did they?

9 A. I don't know because just like I said, I
10 usually tell them what medicine I'm on.

11 Q. Okay. My question was Lang Mekra. Did you
12 tell the folks at Lang Mekra you were taking Colozapam?

13 A. I'm not going -- I'm not going to say I did,
14 I'm not going to say I didn't because I can't remember.

15 Q. Let me ask you a better question. If Terrence
16 Green comes in and says you did not tell him that, are
17 you going to dispute that testimony?

18 A. That's what I'm going to say the same thing
19 just like I tell you, I don't know whether I did or not
20 because I usually if they ask for it or they find
21 anything in my drug test, I will show them the medicine
22 that I'm taking.

23 Q. Do you understand that opiates and the use of
24 opiates makes it dangerous to work in the kind of
25 environment you were working in?

1 A. But I don't take that until nighttime.

2 Q. I understand that's your testimony. But do
3 you have any idea how long the effects of Colozapam can
4 have on you, what effect it can have on you, or for how
5 long it can act within your system? Do you have any idea
6 how long that is?

7 A. No, I don't.

8 Q. Did you ever inform Staffmark when you came
9 and filled out the paperwork to come to work for them
10 that you were taking opiates and -- so that they would
11 know whether or not you were qualified for the types of
12 positions they were going to refer you to work?

13 A. I told them that I was on medication. But
14 just like I say, I don't know whether I told them -- they
15 had right exactly what I had because every job that I
16 have, I tell, you know -- they know that I'm on medicine.

17 Q. You don't know whether you told them that or
18 not?

19 A. No. I'm not going to tell you whether I told
20 them or I didn't because I can't remember.

21 Q. If Ms. Burns testified here today that you
22 didn't tell them that on the paperwork, are you going to
23 refute that?

24 A. Just like I say, I don't know whether I told
25 them or not. But I did a drug test and I take my

1 medicine every day. I've been on that medicine for over
2 13, 14 years. I've been on that same medicine.

3 Q. And there's no doubt that the day after this
4 accident when you took the first drug test that you took,
5 you failed the drug test because of opiates, correct?

6 A. When -- when I did what?

7 Q. When you took the drug test at Doctor's Care,
8 you failed that drug test, correct? It showed you had
9 opiates in your system?

10 A. That's not -- that's not why I failed it
11 because when I called -- when they called me that night
12 and I informed her that I was -- and she told me that I
13 had to had a test done within 24 hours of the time of my
14 accident. And I told her, I said that you know that they
15 done administrate morphine to me. I said, so I'm still
16 going to have that in my system and it's going to show
17 up. So why are they doing that to me now.

18 Q. Did you tell her you were taking Colozapam
19 because that was going to be in your system too, correct?

20 A. I mean, if it was, then I could have still
21 showed it to her because I had --

22 Q. My question is, and I think your attorney has
23 stipulated, do you understand that when you gave a drug
24 test the next day, it showed that you had opiates in your
25 system? Are you aware of that?

1 A. I mean, that's what you're telling me now.
2 But, no, I didn't know that's what it had. I thought it
3 had morphine.

4 Q. Are you telling me that you didn't know what
5 your lawyer stood here and told the Commissioner a minute
6 ago that you failed a drug test that showed opiates, not
7 morphine specifically, opiates in your system?

8 A. No, because I thought it was morphine.

9 Q. Are you aware it shows opiates?

10 A. Now you're telling me that.

11 Q. Okay. And you already testified you are aware
12 that Colozapam is an opiate, correct?

13 A. I mean, yeah, now you --

14 Q. You've been told that by the doctors who have
15 been giving it to you for all these years?

16 A. All these years they tell me when you -- when
17 you do it -- that's why I keep -- I got my medicine with
18 me right now.

19 Q. And you're supposed to tell the people you
20 work for -- that's the reason the doctors have advised
21 you about what these drugs do. You're supposed to let
22 the people you work for know that, aren't you?

23 A. Exactly. And that's what I do. I always tell
24 them I'm on medication. And I say if you need to see my
25 medicine, that you can see what kind of medicine that I'm

1 taking.

2 Q. But you never told anybody at Lang Mekra that,
3 did you?

4 A. But my drug test came back fine and I take my
5 medicine.

6 Q. That wasn't my question. You never told
7 anybody at Lang Mekra that you were taking Colozapam, did
8 you?

9 A. But why should I have to tell --

10 Q. Please answer my question.

11 A. No, no.

12 Q. Okay. So you never told them that?

13 A. No.

14 Q. Okay. All right. Now, have you seen the
15 medical records from June 28, 2010 that we submitted into
16 evidence?

17 A. Did I seen the records?

18 Q. Yes, ma'am. Have you -- have you been
19 provided a copy to review of these medical records from
20 Orangeburg Regional Medical Center on June 28, 2010?

21 A. No.

22 Q. Okay. So you have not seen what these records
23 actually say?

24 A. No.

25 Q. Okay. Is it true, and I think you've admitted

1 this, that on June 28, 2010 you went to the Orangeburg
2 Regional Medical Center, and I'm quoting, your chief
3 complaint was as follows.

4 MR. BEARD: Commissioner, this is Page 1 of
5 defendant's APAs.

6 BY MR. BEARD:

7 Q. "Complaining of left foot/ankle pain and
8 swelling. Denies any recent injury." Is that correct?

9 A. That's right.

10 Q. Okay. It then goes on and says, "Describe
11 numerically the pain level." And you told them at that
12 time you had a pain level of six; is that correct?

13 A. I mean --

14 Q. When you first went in?

15 A. I could have. I can't remember.

16 Q. If that's what the report says, you don't have
17 any reason to dispute that, do you?

18 A. That's right.

19 Q. Okay. And then later while you were still in
20 the hospital at Page 4, they asked you to rate your pain
21 on a scale of zero to ten and the pain had increased an
22 hour later to a level nine pain scale, is that correct,
23 if that's what it says in the documents?

24 A. I mean, I went there for -- for swelling. I
25 went there for swelling. But it wasn't -- you know, it

1 was for swelling because I was concerned about my
2 swelling.

3 Q. Did you tell them you had a pain scale of nine
4 out of a ten level scale?

5 A. I mean, I'm not saying that I did. But just
6 like I say, I just had swelling and I was concerned about
7 the swelling.

8 Q. If all you had was swelling, why did you tell
9 them you had pain at a pain level of nine out of ten?
10 Why would you have told them that if you were only
11 concerned about swelling?

12 A. Because just like I said, I couldn't -- I
13 couldn't barely walk on it. So I wanted to know why I
14 was swelling like this.

15 Q. And you had a lot of pain, correct?

16 A. I had some pain.

17 Q. And it was your left --

18 A. But it wasn't --

19 Q. Go ahead. I'm sorry.

20 A. But it wasn't nothing that just, like I said,
21 kept me down or nothing like that.

22 Q. It was in the same ankle that we're here for
23 now, correct, left ankle/left foot?

24 A. They got -- they had left, yeah. You say
25 left, it's left.

1 Q. Is that what you injured on December 21st, the
2 left?

3 A. Yes.

4 Q. Okay. It says in the report at Page 5 on
5 June 28th that you presented with this left foot pain and
6 swelling, that the onset of that had been three days
7 before you came to the hospital, that there was no injury
8 reported, that the location again was in your left foot.
9 You described again the pain and the swelling. And it
10 said that your -- you presented with moderate degree of
11 pain, and it talked about any movement caused you to have
12 further pain in your left ankle. Is that true? Is that
13 what you told them?

14 A. I -- I don't know. But just like I said, I
15 left after that because I wasn't even, you know -- just
16 like I said, when I found out what it was, it was fluid
17 that I had in my feet.

18 Q. Okay. You then gave them a list of all the
19 medications you were on at that time, and the first one
20 is Clonazepam. But then you were also taking Buspar,
21 Lisinopril, Lasix, Prilosec. You were taking all those
22 medications when you were working up at Lang Mekra too,
23 weren't you?

24 A. Yeah, because I had acid reflux.

25 Q. Okay. Well, I'm not -- I understand that that

1 might be what one of them is for, but I just listed for
2 you five different medications. Did you tell Lang Mekra
3 you were on five different medications while you were
4 working for them?

5 A. They never asked me that.

6 Q. Did you ever tell them?

7 A. No, because they never asked me because I
8 could have went -- I could have brought them to them for
9 them to see.

10 Q. Okay. You were given a differential diagnosis
11 at that time on Page 6 of either a foot sprain or a foot
12 fracture. Are you aware of that on June 28th of 2010?

13 A. I wasn't aware to what it was. But after I
14 went -- went and heard it, yeah, I seen that they put a
15 sprain.

16 Q. Okay. You were also prescribed Percocet and
17 Lortab medications. Were you still on those in December
18 of 2011?

19 A. I can't take Percocet because it upsets my
20 stomach.

21 Q. All right. What did you take instead of the
22 Percocet?

23 A. I took the Lortab and I really didn't even
24 take that because I don't like taking a lot of pain
25 medicine.

1 Q. Okay. Well, it indicates that you went to the
2 pharmacy and had the medication filled.

3 A. Filled.

4 Q. So are you testifying you never took the meds?

5 A. I'm not saying I didn't take it, but I don't
6 take pain medicine like that because like when I take
7 pain medicine, I have to take something because it upsets
8 my stomach.

9 Q. Are you aware that both Percocet and Lortab
10 are narcotics and opiates?

11 A. Yes, yes.

12 Q. Also on June 28th while you were in the
13 hospital with that left foot condition and the pain and
14 swelling, isn't it true that you also had x-rays taken
15 while you were there?

16 A. Yes, they did x-rays.

17 Q. Do you have any idea what the results of the
18 x-rays were?

19 A. She -- I don't know. I couldn't really
20 remember. I don't know.

21 Q. Were you aware that you were found to have
22 degenerative changes at that time in your left foot?

23 A. Have what?

24 Q. Degenerative changes. You had arthritis in
25 your left foot?

1 A. No.

2 Q. You weren't aware of that?

3 A. No.

4 Q. Okay. You also had what they call a bone spur
5 in the bottom of your left foot. Were you aware of that?

6 A. No, sir.

7 Q. You also had what they call enthesophytes in
8 your Achilles tendon insertion which is some pretty
9 serious stuff. Are you aware of that?

10 A. No, sir.

11 Q. Okay. So your testimony is you are not
12 aware -- no one made you aware --

13 A. No, sir.

14 Q. -- on June 28th when you had these x-rays at
15 your own expense and went on your own to the hospital,
16 nobody let you know you had all these problems going on
17 in your left foot?

18 A. No, sir. No, sir.

19 Q. Did you pay for the x-ray?

20 A. Did I pay for it?

21 Q. Yes, ma'am.

22 A. I had -- where I was working, I guess my
23 insurance where I was working then paid for it.

24 Q. Did you pay your out-of-pocket?

25 A. No.

1 Q. You didn't pay anything --

2 A. No.

3 Q. -- to Orangeburg Regional Hospital?

4 A. No.

5 Q. Why not? You didn't have any out-of-pocket
6 pay?

7 A. Like a -- like a -- you talking about like a
8 co-pay or whatever?

9 Q. Yes, ma'am.

10 A. I think our co-pay was like \$25 or something
11 like that.

12 Q. Did you pay for it?

13 A. No.

14 Q. You just didn't pay for it?

15 A. Like I say, when -- when did they have -- 2010
16 I wasn't even working because I was laid off.

17 Q. Okay. Well, how did you get to go to the
18 hospital and not pay for it? That's my question.

19 A. Because I wasn't working, so they have a fund
20 there when you're not working that you can go and you can
21 let them see that you're not working and they will pay
22 that bill for you.

23 Q. And you seriously are testifying that the
24 doctors didn't advise you what the testing showed that
25 you had on that day?

1 A. Yes, sir. I didn't know nothing was wrong
2 with it but that I had fluid in my feet that they gave
3 me -- they put me on -- with my blood pressure medicine,
4 they put me on a water -- water restrictor and that --
5 that took the swelling down out of my ankles.

6 Q. When this incident happened on December the
7 21st up at Lang Mekra, from the time you walked into the
8 building to the area where this happened, how far is it
9 from the outside to this particular area?

10 A. It was like maybe where that door is to where
11 you at maybe. That's how far.

12 Q. So the door would be going completely to the
13 outside of the building?

14 A. Yeah, yeah.

15 Q. And then walking to here would be the area
16 where you worked?

17 A. Oh, where I worked? No, no. It was a little
18 farther.

19 Q. Well, where did you fall? Did you fall where
20 you worked or before you got to where you worked?

21 A. Before I got to where I work.

22 Q. And isn't it true that no one witnessed your
23 fall, correct? I mean, no one actually saw this happen?

24 A. That's what I say, I didn't -- I don't know
25 whether anyone seen because I -- I don't know.

1 Q. You don't have any evidence that anyone saw
2 this accident?

3 A. No.

4 Q. And you're aware that they investigated that
5 day when this happened, correct? You understand that
6 Mr. Terrence Green did an investigation?

7 A. Well, I guess so. I haven't, you know -- I
8 don't know because I haven't been back there.

9 Q. He came to the scene when it happened and kind
10 of helped you with EMS; isn't that correct?

11 A. Terrence was there, yeah.

12 Q. Did you talk to him about what happened? Did
13 you tell him how you fell, what you thought caused the
14 problems?

15 A. I told him that I came in the door. When I
16 came in the door, I slip and I fell and I don't know, you
17 know, what else happened after that. I don't know.

18 Q. You don't really know what happened to make
19 you fall, do you? You don't have any idea why you fell,
20 do you?

21 A. Just like I say, it was raining outside prior
22 to that. And when I came back in, like I said, I walked
23 across the part because you have to step in. And when I
24 walked in, I just slipped and I went down.

25 Q. Well, let me ask you this: If that's the way

1 it happened, the way you just described it with the
2 slipping in the water or the water was on your shoe or
3 however you want to describe it, why didn't you tell EMS
4 that or why didn't you tell the doctors that at the
5 hospital when they asked you what happened, because it
6 doesn't say that anywhere?

7 A. Just like I say, I was hurting. I was just
8 thinking about getting out of pain. That's what I was
9 thinking about. I was thinking about getting out of
10 pain.

11 Q. Do you know what you actually told the doctors
12 when you -- when you saw the EMS folks and what you told
13 the doctor at the hospital the first time you told them
14 what happened? Do you know what you said?

15 A. I can't remember nothing because, just like I
16 said, I was in pain.

17 Q. Okay. According to the hospital report at
18 Providence, Page 2 of your APA Submissions, it says you
19 reported that you were walking through a doorway when you
20 felt a twisting sensation and had a sharp pain in your
21 left ankle. That's what you told them.

22 A. Well, if I said -- because I did not have no
23 sharp pain. I walked across the -- the way to get in
24 because you have to step in. And when I went to walk, I
25 slip and I fell and that was it. It was no sharp pain or

1 nothing.

2 Q. Well, I've looked at every single piece of
3 paper in your medical file that you've submitted into
4 evidence and nowhere does it say, no where, that you
5 slipped in water and fell because of water or any other
6 reason. It says the first time somebody asked you at the
7 hospital what happened, you told them, "I walked through
8 a doorway, I felt a twisting sensation and had a sharp
9 pain in her left ankle." That's what you told them.

10 A. Well, I know I ain't said nothing because I
11 didn't have no sharp pain. I walked in. Wasn't anything
12 wrong with me. I just walked in. I just went out to get
13 the money to give to them because we was going to eat and
14 came back in and I slid and I went down. That was it.

15 Q. So you believe whoever took this history --

16 A. They did not put the right --

17 Q. Let me finish -- let me finish my question.
18 You believe whoever took this history just made it up?

19 A. I'm not -- they're not telling it right
20 because I didn't have no pain in my ankle. I was --

21 Q. So you believe they made it up? You just
22 believe somebody decided, ah, Patricia Johnson, let's
23 just make up some story and put it in here for --

24 A. Whatever reason they put, that's not what I
25 said. I didn't have no pain in my ankle.

Q. Okay. You understand they take a history because it's real important in the medical world that they get the right history of somebody's problems?

A. Well, I mean, that's fine too, but I didn't have no pain.

Q. So you disagree with what your medical record --

A. I'm disagreeing.

Q. -- that you submitted into evidence say?

A. I'm just --

MR. SCARLETT: Objection, Commissioner. I think we've gone over this a number of times now.

BY MR. BEARD:

Q. They did an examination and it talks about left ankle swelling. They did an x-ray that showed some type of a fracture. Nowhere -- nowhere when you went to that hospital does it say that you told them that you had fallen in water or it was wet or anything else. Nowhere. You can't explain that?

A. I told them that it just had got finished raining out there and I walked out. And when I walked back across the threshold, I slid and I fell.

Q. And somehow they turned that into she had a twisting sensation and sharp pain in her left ankle?

A. I never had no twisting.

MR. SCARLETT: Objection, same reason.

THE WITNESS: I never had no twisting, so I'm not even going to let you sit there and twist me up like I had a tingling or whatever in my feet because I didn't have one of them. I mean, I've been working 12 hours. I'm used to standing.

BY MR. BEARD:

Q. I've highlighted. That's what you submitted into evidence. Did I twist any words out of place?

A. No. I'm not saying that you -- I didn't say -- I didn't have a tingling. Nothing was wrong with me.

Q. Does it say there what I said? What's underlined in blue, does it say what I said?

A. I see what's underlined in blue.

Q. Did I twist any words?

A. I didn't say that you twisted it, but I know I didn't say that.

Q. You said you weren't going to let me twist -- twist you around?

A. But, I mean, I know I didn't have no tingling or no twisting in my feet and my ankle. Was nothing wrong with me.

Q. All right. So you disagree with your medical records?

A. I disagree with that.

1 Q. All right. The EMS doctor at Page 1 of your
2 report doesn't say anything about wetness on the floor.
3 It just says you were entering the door of the facility
4 where you worked and your left ankle twisted. That's all
5 it says.

6 MR. SCARLETT: Objection. We're covering the
7 same ground. Badgering.

8 MR. BEARD: Different set of medical records.

9 THE WITNESS: Just like I said, when I was
10 rolling, you could see the footprints. You could see
11 footprints down there that was already there, I guess
12 people that was back and forth in the door before I even
13 went out the door.

14 BY MR. BEARD:

15 Q. When you went to Doctor's Care at Page 11 of
16 your APA the next day, history of accident, fall, walked
17 through a doorway at work yesterday. Doesn't say
18 anything about wet. It just says you fell.

19 A. I'm telling you just how I fell.

20 Q. Are you testifying that you told every single
21 one of these doctors, the EMS doctor, the -- the hospital
22 folks and the Doctor's Care folks that you fell because
23 of a wet floor?

24 A. Just like I told -- when I went to Doctor's
25 Care --

1 Q. If you'll answer my question, then you can
2 explain what you need to. My question is: Are you
3 testifying that you told each one of these people, the
4 EMS folks, the hospital folks, the Doctor's Care folks,
5 are you testifying you told every single one of them you
6 slipped in water or water is why you fell?

7 A. Just like I tell you, when I got there, I was
8 in pain. So, you know, I'm --

9 Q. Can you answer my question?

10 A. I'm not saying -- but I know how I fell.

11 Q. Can you answer my question?

12 THE COURT: Please answer his question.

13 THE WITNESS: I mean, I -- I can't remember,
14 but I know how I fell.

15 BY MR. BEARD:

16 Q. Did you tell Dr. DaSilva that you fell because
17 of a wet floor?

18 A. I told him I slipped and fell.

19 Q. Did you tell him it was because the floor was
20 wet?

21 A. I told him I slipped and fell. I don't know
22 whether I said -- I said I went outside and it was wet
23 and I came back. When I came back in, I slipped and
24 fell.

25 Q. All right. Why are you in that wheelchair?

1 A. Why I'm in here?

2 Q. Yes, ma'am.

3 A. Because I could only walk a certain length
4 with my walker and my cane and stuff because my legs give
5 out. So I -- if I got a long distance, I get in the
6 wheelchair and do it.

7 Q. Didn't Dr. James tell you to quit using and
8 relying on a wheelchair and start getting out and
9 becoming active?

10 A. I -- I do put bearing on it, but I can't go
11 but so far on it. But I still use my wheelchair because
12 my feet swell up and -- and I -- but I do put bearing on
13 my feet.

14 Q. According to the medicals you submitted at
15 Page 34, it says, according to Dr. James, that he feels
16 strongly your refusal to get out of your wheelchair,
17 mobilize yourself, stretch your ankle, is contributing to
18 the problems that you are telling them you're having now.

19 A. I get out -- I get out -- I don't be in my
20 wheelchair at home. I be out of my wheelchair and I put
21 pressure. I got my crutches in the car right now. I use
22 my crutches. I use my walker. I don't use this chair
23 unless I'm going -- I know I'm going a pretty good
24 distance because I can't walk that far like that because
25 it really hurts my ankle.

1 Q. We've submitted into evidence a document that
2 I need you to explain. We got a document or a letter
3 from the Employment Security Commission that says
4 apparently you were filing for unemployment the entire
5 time you were working at Lang Mekra. Is that true?

6 A. That's what they sent me and I was like, no,
7 because I wasn't even calling in. I said, well, how
8 y'all say I owe y'all this and I wasn't even calling in.

9 Q. You understand that the Employment Security
10 Commission has said that they -- in fact, you had been
11 claiming entitlement to unemployment the entire time you
12 were working for my client?

13 A. That's what -- that's what they wrote me and
14 they tell me that. And I told the lady, I said, ma'am,
15 I've been working. I said, I have been working.

16 Q. Why were you claiming unemployment all those
17 weeks?

18 A. Just like I say, I didn't even know until the
19 lady told me what I had owed them.

20 Q. Have they placed a lien against you because
21 they paid you money, \$4800, isn't it?

22 A. Yeah, that's what she told me. She said -- I
23 said, well, ma'am, I mean, you're doing this, but I don't
24 even call in. I wasn't even calling in.

25 Q. Do you have anything from a doctor that says

1 your deep vein thrombosis was in any way related to the
2 accident you had on the job?

3 A. Excuse me?

4 Q. Do you have any medical evidence from a doctor
5 that states to within a reasonable degree of medical
6 certainty that your deep vein thrombosis that you had
7 later is any way related to the accident you had up at
8 Lang Mekra, anything?

9 A. The one when I had the blood clot?

10 Q. Yes, ma'am. Do you have something from a
11 doctor that says what I just said?

12 A. When I -- how I get to know it is because
13 Dr. James was the one that sent me for it when he took
14 the cast off.

15 Q. I understand that. I understand you have or
16 had a deep vein thrombosis. My question is: Do you have
17 a medical document that relates that to the accident that
18 you claim happened under a workers' compensation setting?
19 Do you have a document from a doctor that says that,
20 anything?

21 A. That says about the blood clot?

22 Q. Yes, ma'am.

23 A. On the thing with Dr. James. I know -- I'm
24 for sure he has it in his records.

25 Q. I understand you have it. My question is: Do

1 you have something from a doctor that says it's related
2 to the -- to the incident as opposed to just being for
3 something else?

4 A. I mean, that's what they told me that's the
5 reason they put me in this because it came from me having
6 the cast on.

7 Q. Do you have anything in writing from a doctor
8 that says that?

9 A. Dr. James would have it, but I don't have it.

10 Q. Okay. Do you get paid -- when you take that
11 lunch time break from 12:30 to one o'clock, do you get
12 paid for that?

13 A. No, we don't.

14 Q. That's not paid time, correct?

15 A. No.

16 Q. Okay. So when you went out to the parking lot
17 to get your money for whatever this lunch was that you
18 were going to, I assume, presumably pay for, that was
19 unpaid time, correct?

20 A. That was -- that was what?

21 Q. You weren't being paid for that?

22 A. When I went out there, we didn't have any work
23 at that time. We was waiting -- I was waiting for
24 Terrence to bring -- because we was getting ready to go
25 on our holiday and work was slow and they just had

1 inventory and we was waiting on him to come back and tell
2 us what the next order was. So they was getting -- I
3 said I don't have any money on me and stuff, and I walked
4 out to the car to get the money then. We wasn't even
5 doing anything then. We was just really waiting for
6 Terrence to come back and bring what he want us to do
7 next.

8 Q. You said you saw Dr. James three weeks ago. I
9 didn't see any medical records from three weeks ago, but
10 presumably you've seen him again since the last time you
11 saw him in these records?

12 A. I seen him three weeks ago, and I go back to
13 him tomorrow.

14 Q. When you came and filled out -- did you have
15 to meet Ms. Burns the day after this accident and fill
16 out paperwork and go get the drug test?

17 A. Kim -- I spoke to Kim that night, and then she
18 came down and she brought me the paper and everything.
19 And I spoke to her again and I said, Kim, remember now,
20 they gave me that morphine. Now, when I get this drug
21 test -- she said, I'm documenting all this down. And I
22 explained that to them when I went to Doctor's Care too.
23 I said, okay, they gave me this morphine, so I know my
24 drug test is going to show up like it's positive or
25 whatever.

1 Q. I appreciate all that, but that really had
2 nothing to do with my question. My question was: Did
3 you have to go meet with Ms. Burns the day after --

4 A. Yes.

5 Q. -- to go get your drug test?

6 A. Yes.

7 Q. Did you have to fill out paperwork giving them
8 a description of what happened to you and how you injured
9 yourself?

10 A. Yes.

11 Q. And in the paperwork were you questioned about
12 whether you had ever had any similar problems or any kind
13 of prior problems to the same body part, i.e., in this
14 case left ankle/left foot. Do you recall filling out
15 that paperwork?

16 A. They told me to fill out and tell what
17 happened.

18 Q. Okay. Did you have to fill out questions
19 about whether you had ever injured yourself in the same
20 area before?

21 A. No, I didn't remember that.

22 Q. You didn't think you had to fill that out?

23 A. No.

24 Q. If you had been asked that question, what
25 would your answer have been?

1 A. If I had -- I would just say the swole -- my
2 swollen feet..

3 Q. You would have told them about June 28th?

4 A. The swollen feet.

5 Q. You would have told them about --

6 A. The swollen feet. I mean, I just had the
7 swollen ankle.

8 MR. BEARD: That's all I have.

9 THE COURT: All right. Mr. Scarlett.

10 MR. SCARLETT: Thank you..

11 REDIRECT EXAMINATION

12 BY MR. SCARLETT:

13 Q. Ms. Johnson, how long have you been taking
14 Clozapam (phonetic)?

15 A. It's been a while. About 13 -- it's been a
16 while that I've been on that medicine.

17 Q. Before December the 22nd, 2011, have you ever
18 taken a dug test before?

19 A. Yes.

20 Q. Have you ever been informed that you failed a
21 drug test?

22 A. No, none.

23 Q. Would you have taken Clozapam the day of those
24 prior drug tests?

25 A. I take it every night. So it would be, you

1 know, before.

2 Q. Thank you. The incident with the swelling of
3 your feet in the summer of 2010, did that issue resolve?

4 A. Excuse me?

5 Q. The swelling in your feet, did that issue
6 resolve?

7 A. Yes, because I'm on the water restrictor.

8 Q. And you have a doctor -- was your medication
9 changed?

10 A. Yes. Like I say, it was changed because it
11 didn't -- I was taking the blood pressure medicine, but
12 it didn't have it in there. But after they noticed the
13 swelling, then that's when they changed it and put the
14 water restrictor in it. Yes..

15 Q. And after that, it resolved?

16 A. It was resolved.

17 Q. And you've had no problems walking or
18 performing --

19 A. No.

20 Q. -- your job --

21 A. No.

22 Q. -- since then?

23 A. No.

24 Q. You didn't have the medical records in your
25 hand earlier when Mr. Beard was mentioning this, but he

1 asked about did a doctor ever say that it was related
2 to -- that your deep vein thrombosis or blood clotting
3 was related to your left ankle fracture. I was hoping
4 you would read from APA 48, right here, where it says --
5 it starts with, "She had." Will you read that out loud
6 for us, please?

7 A. She had -- she had developed -- she -- she had
8 that repaired by open reduction --

9 Q. I think you skipped a line.

10 MR. BEARD: What page are you on?

11 MR. SCARLETT: APA 48.

12 THE WITNESS: You say she had that repaired --
13 oh, talking about started?

14 BY MR. SCARLETT:

15 Q. I apologize. Start right there.
16 African-American female.

17 A. Okay. African-American female who was
18 discharged in the hospital two days ago after developing
19 a DVT secondary to the left ankle fracture she had.

20 Q. Thank you. I appreciate that.

21 MR. SCARLETT: That's all I have, Ms. Johnson.
22 Thank you.

23 THE COURT: Mr. Beard.

24 MR. BEARD: Commissioner, just three
25 follow-ups. I'll start with the last one first.

1 RE CROSS-EXAMINATION

2 BY MR. BEARD:

3 Q. Your attorney just had you read from Page 48
4 of a document. What you read is not what a doctor said.
5 That's what you said, correct? It's your history of
6 present illness, not the doctor's history. You don't
7 have anything from a doctor that says what you told the
8 doctor, do you?

9 A. What I told the doctor about what?

10 Q. All that you just read. Your lawyer just had
11 you read about a 48-year-old African-American female who
12 was discharged from the hospital two days ago after
13 developing a DVT secondary to left ankle fracture.
14 That's what you told the doctor, correct? That was your
15 history?

16 A. That's not what I told nothing. He let me
17 read that. He was asking me. I told you I didn't have
18 anything, but they told me that's how I developed my
19 clot. And that's when --

20 Q. That's what you told the hospital. That's not
21 what you have from any doctor, though, do you? You don't
22 have anything from a doctor that says that, do you?

23 A. Look, why am I taking Coumadin? Why am I
24 taking --

25 Q. Can you answer my question? Do you have

1 anything from a doctor -- I don't care about Coumadin or
2 anything. Listen to my question: Do you have anything
3 from a doctor that says what you told them in the
4 hospital, anything?

5 A. Told them like what? I mean, explain it to me
6 again.

7 Q. Forget it. I think the Commissioner has heard
8 the question and understands the answer.

9 Have you ever failed a drug test? We would
10 have to take your word for that, wouldn't we, because you
11 didn't come in here with every drug test you've ever
12 taken before, did you?

13 A. I mean, every place I go -- if you go back and
14 check every place I go, then you will see I never failed
15 a drug test. I never --

16 Q. Did you bring every drug test you've ever
17 taken here today for us to look at?

18 A. I didn't know I had to bring one.

19 Q. And lastly, for us to believe you, we would
20 have to believe you, what you just said, but we know you
21 were apparently seeking and receiving unemployment
22 benefits against the law --

23 MR. SCARLETT: Outside the scope of redirect.

24 MR. BEARD: No, we've already been there.

25 We're already there.

THE COURT: We're already there. You should have objected earlier.

BY MR. BEARD:

Q. The Employment Security Commission records show that you for the entire -- the first day you worked for my client, you were getting unemployment benefits at the same time you were drawing a paycheck. And you finally got caught and they had to write a letter to say you owed them \$4800; isn't that correct?

A. Just like I say, I was not -- when they wrote me that letter, I told -- I said -- when I get a job, I stop calling. I don't even call in. I don't call in. And I was only getting one check, and that was from Lang Mekra.

Q. Are you paying the money back?

A. I can't pay anything back because I told her I'm not working yet. Once I do, then I have to start after they say I'm owing them all of this.

Q. You're under an order to pay it back, correct?

A. I mean, yeah.

Q. Did you appeal -- did you appeal the Employment Security Commission's decision?

A. No, I didn't appeal nothing.

MR. BEARD: That's all I have.

THE COURT: Mr. Scarlett.

1 MR. SCARLETT: Nothing else, Your Honor.

2 THE COURT: Let me ask you a couple of
3 questions.

4 EXAMINATION

5 BY THE COURT:

6 Q. The threshold that you had to step over, if
7 this is the concrete floor, how high is that threshold?
8 Am I high enough yet?

9 A. No, it's...

10 Q. Is it this high, this high, or this high?

11 A. No, it's lower than that. A little lower.
12 About something like that. And you had to step in and
13 step out. It wasn't level.

14 Q. So it was about two, two and half inches high?

15 A. Yeah, something like that.

16 Q. And how wide was the threshold? Is it as wide
17 as this?

18 A. About this -- about this length or maybe a
19 little -- little smaller. About that length or whatever.
20 You had to step over and you had to step in.

21 Q. And where you were parked in the parking lot,
22 were you in an assigned space or did you have latitude
23 about where you parked?

24 A. I mean, you could park -- as long as you get
25 there and park, you can park, you know, as long as it's

1 not, you know, somebody else parked, you know, like the
2 main people park or whatever. It was in our parking area
3 back there.

4 Q. And is this door that you went in and out to
5 go to your car, is that how you usually went in and out
6 of the building?

7 A. Well, I don't usually go out the building.

8 Q. I mean when you come and go from work?

9 A. When I come and go, it's a different door that
10 I go in. I go by the one with the time clock because we
11 have to clock out. That door I just went out that day
12 because it was closer to my car and it was back near the
13 work area. So I went out that door.

14 THE COURT: All right. Anything else,
15 gentlemen, for this witness?

16 MR. BEARD: I would just have one question in
17 response to what you said, Commissioner, just so that
18 there is a clear understanding.

19 FURTHER RECROSS-EXAMINATION

20 BY MR. BEARD:

21 Q. The door jamb that the Commissioner had you
22 describe, do you know what a kick plate is?

23 A. A what?

24 Q. Kick plate. In other words, it's essentially
25 you're just taking a step, just like you would normally

1 take a step. You're stepping no higher than this and no
2 further than this. It's just a kick plate, correct?

3 A. But you still have to step in and you have to
4 step out because it wasn't built or anything. So you
5 have to step down and you have to watch stepping back in.

6 Q. Okay. It's this high is what you described,
7 correct? Maybe a couple of inches max?

8 A. Yeah. It's not really, really that high, but
9 you still have to step over and step in. If you don't,
10 you're going to hit your feet.

11 MR. BEARD: That's all I have.

12 THE COURT: Anything else?

13 MR. SCARLETT: No, Your Honor.

14 THE COURT: All right. You can step down.
15 Other witnesses, Mr. Scarlett?

16 MR. SCARLETT: No further witnesses, Your
17 Honor.

18 THE COURT: Anything else? All right.
19 Mr. Beard.

20 MR. BEARD: Thank you, Commissioner. We would
21 call Terrence Green from Lang Mekra.

22 THE COURT: Mr. Green, please have a seat
23 there. Good to see you today.

24 THE WITNESS: How you doing?

25 THE COURT: In just a minute I'm going to

1 swear you in, and then we're going to ask you to give
2 your full name to the court reporter. Just a couple of
3 requests for you. Number one, please speak loudly enough
4 for this young lady who is making the record and for both
5 attorneys to hear you.

6 THE WITNESS: Okay.

7 THE COURT: I think I'm close enough, I will.
8 And then also if it is a yes or no question, please say
9 yes or no.

10 THE WITNESS: Okay.

11 THE COURT: Don't say uh-huh, unh-unh, don't
12 shake or nod your head because that can be confusing for
13 her. So if you can say yes or no to yes or no questions,
14 that would be helpful. Please raise your right hand.

15 (TERRENCE T. GREEN, being duly sworn to tell
16 the whole truth and nothing but the truth, testified as
17 follows:)

18 THE COURT: Please state your full name for
19 the record.

20 THE WITNESS: My full name is Terrence T.
21 Green.

22 THE COURT: All right. Mr. Beard.

23 MR. BEARD: Thank you, Your Honor.

24 DIRECT EXAMINATION
25

1 BY MR. BEARD:

2 Q. Mr. Green, where are you employed?

3 A. Lang Mekra.

4 Q. Okay. And where is Lang Mekra located?

5 A. Ridgeway, South Carolina.

6 Q. And what is your job there?

7 A. I'm a supervisor.

8 Q. And what does Lang Mekra do?

9 A. We make mirrors for 18-wheeler trucks, Mack
10 trucks.

11 Q. Have long have you been a supervisor there?

12 A. I've been the supervisor six years.

13 Q. You are familiar with or you know Ms. Patricia
14 Johnson?

15 A. Yes. Uh-huh.

16 Q. Okay. How do you know her?

17 A. She worked for me on my glue line.

18 Q. Okay. She was a Lang Mekra employee or she
19 was a staffing employee that came to work for you through
20 the staffing company?

21 A. She was a staffing employee that came and
22 worked.

23 Q. How long -- obviously we're here because of
24 what happened in December of this year. How long had she
25 been working under your supervision at that time?

1 A. I think it was about -- maybe about three
2 months, three or four months, something like that.

3 Q. And what was her job there?

4 A. She was an assembly line worker on the glue
5 line.

6 Q. December the 21st, 2011, obviously Ms. Johnson
7 went outside, came back inside, fell down and hurt
8 herself?

9 A. Uh-huh.

10 Q. You're aware of that?

11 A. Yes. Uh-huh.

12 Q. Okay. Did you investigate that incident?

13 A. Yeah, me and the other investigating crew for
14 the first responders, we call it. We came in and did the
15 investigation of that situation.

16 Q. Okay. And as a result of the investigation,
17 what did you determine? Let's start with it had been
18 raining that day earlier, correct?

19 A. Yes.

20 Q. Did you investigate whether it was wet in the
21 area where Ms. Johnson claimed to have fallen or where
22 she actually fell? Was it wet in that area?

23 A. Well, we came in and did an investigation, it
24 was -- it was dry in that area from the concrete part
25 from inside the building. All that part was dry at that

1 point. But the outside area, yeah, it was wet around the
2 grassy area.

3 Q. You're talking about outside of the building?

4 A. Outside of the building. Outside of the
5 concrete pad into the building, it was dry. But
6 outside -- further outside it was wet from the --

7 Q. Okay. But on the concrete where she fell, in
8 the concrete area it was dry?

9 A. It was dry.

10 Q. Were you aware as her supervisor that
11 Ms. Johnson was taking medications that would be
12 classified as narcotics or opiates?

13 A. No, I'm not aware of it.

14 Q. She never told you that?

15 A. Unh-unh.

16 Q. Okay. Is that something that would be
17 important to know?

18 A. It would be, but usually that doesn't tell
19 any -- no one really come and give a medical unless we
20 have an emergency or a medical issue like they come to
21 the sick room or something for health issues or anything,
22 we ask what kind of medication they're taking or anything
23 like that. But just come out the blue, automatically
24 give us any information, nobody really --

25 Q. People don't offer that information to you?

1 A. No.

2 Q. Are you aware as a supervisor that there are
3 certain types of medications that people should not be
4 working around machinery if they're taking those
5 medications?

6 A. Yes, I am aware.

7 Q. Would you want to know as a supervisor that
8 one of your employees was under the effect of opiates or
9 narcotics?

10 A. Yes, I would. Yeah, yeah.

11 Q. And she never offered that information to you?
12 Whether you asked it or not, she never told you that?

13 A. No, I never had that information. No.

14 Q. Did you determine whether there were any
15 eyewitnesses to Ms. Johnson's fall?

16 A. Well, when the HR lady and I went, we did try
17 to do an investigation, try to find out who saw her or
18 anything. No one gave me any -- couldn't give us an
19 answer. All we got from was they saw she was on the
20 ground. Two of the ladies ran over there to help her.
21 She was, you know, on the ground hollering, you know, her
22 leg was hurting.

23 Q. But to do this day no one has come forward and
24 said I witnessed or I saw this incident happen?

25 A. No.

1 Q. And last -- well, couple of things. Did
2 Ms. Johnson ever tell you -- and the answer may be no.
3 But did Ms. Johnson ever tell you that she had a prior
4 left ankle injury?

5 A. No. Unh-unh.

6 Q. Did she tell you she had an Achilles tendon
7 situation and arthritis in her left ankle before this
8 incident ever happened?

9 A. Unh-unh. No, sir.

10 Q. And there's no doubt in your mind that from
11 October the 8th of 2011 through at least December the
12 10th of 2011, that she was working under your
13 supervision?

14 A. Yeah, she was.

15 Q. Were you aware she was also drawing
16 unemployment at that time according to the unemployment
17 folks?

18 A. No, sir, I don't know anything about that.

19 MR. BEARD: That's all I have.

20 THE COURT: Please answer Mr. Scarlett's
21 question.

22 CROSS-EXAMINATION

23 BY MR. SCARLETT:

24 Q. Hi, Mr. Green. I'm Patrick Scarlett. I
25 represent Ms. Johnson in her workers' comp case. Just a

1 couple of quick questions. Who else was on your
2 investigation crew?

3 A. Nancy Grainer. She's the HR lady.

4 Q. Anyone else?

5 A. Another supervisor, Sharon Foster, she was
6 with me.

7 Q. And it was just the three of you?

8 A. It was just the three of us at the time, yeah.

9 Q. And when you did your investigation, did you
10 notice any footprints on the concrete?

11 A. There was one footprint from the guy that went
12 out to get the ambulance. When he came back in, there
13 was one footprint there from that point.

14 Q. Have you ever heard of anyone falling in or
15 around or near that door area?

16 A. Not that I know. Not that I'm aware of, no.

17 Q. Have you guys made any changes to that area
18 since then?

19 A. At that point we put up I think another sign
20 and just made it and locked the door where nobody can
21 come through that area.

22 Q. So you've locked that door since December
23 21st?

24 A. Since the accident, yeah.

25 Q. Okay. And did you make any other

1 modifications to the way that it leads up?

2 A. No. Unh-unh. Everything is still there. It
3 was already -- we just put up a sign, you know, a big
4 enough sign so that nobody come through that door, you
5 know, just in case it won't happen again.

6 Q. And when people go out to their car, for
7 instance, to eat lunch, will they still have to go back
8 and forth through the one main entrance now?

9 A. No. They have to come back through the main
10 entrance and come back through.

11 Q. Not through the door that Ms. Johnson went
12 through that day?

13 A. No, they don't come through that door.

14 MR. SCARLETT: Thank you very much. That's
15 all I have.

16 THE COURT: Mr. Beard.

17 REDIRECT EXAMINATION

18 BY MR. BEARD:

19 Q. Do you know what a door jamb is?

20 A. Yeah.

21 Q. Is the area where she walked, does it have a
22 door jamb?

23 A. It's a -- it's a flat area that --

24 Q. Do you know what a kick plate is?

25 A. Yeah. Uh-huh.

1/ Q. Okay. Is that what it is, a kick plate?

2 A. It's a jamb there, yeah.

3 Q. How high is the step? Is it more than two
4 inches?

5 A. It's about maybe -- it's not about that far up
6 from the step. It's about from what we seen about --

7 Q. Can we read that into the record?

8 A. It's about -- from what we're saying, it's
9 about --

10 Q. Three or four inches it seems like?

11 A. Yeah, about two -- two inches.

12 Q. How wide is it?

13 A. I mean, it's just as wide as a regular door.
14 It's just -- it's not a big step up from the floor.

15 Q. And to your knowledge this never happened
16 before?

17 A. No.

18 Q. When Ms. Johnson would be on a lunch break,
19 are the employees paid for that?

20 A. For a lunch break?

21 Q. Yes.

22 A. No.

23 MR. SCARLETT: That's all I have.

24 EXAMINATION

25

1 BY THE COURT:

2 Q. I have a couple of things. Could you please
3 in inches tell me how high you believe the step up is?

4 A. The step up is maybe -- I think it's like two
5 to three inches, maybe, high.

6 Q. And how wide do you think it is in inches?

7 A. It's like the width of a door from that area.
8 That's all it is there. So...

9 Q. Width of a door?

10 A. Yeah.

11 Q. Can you give me --

12 A. I mean, from -- I'm not sure how many inches
13 it is. It's just from --

14 Q. I mean, doors are 24 inches, 30 inches, 36
15 inches?

16 A. I'm not sure about the door size. It's just a
17 regular door size like.

18 Q. And the threshold, the kick plate, the
19 threshold, how wide is it? Is it as wide as this?

20 A. No, it's not that wide. It's just a strip
21 that goes right across the front part of it.

22 Q. In inches how wide do you think it is?

23 A. It's maybe about two inches. Maybe two
24 inches.

25 Q. Does your company have a health form that you

1 require your employees to fill out that talks about what
2 medications they are currently taking, any previous
3 injuries that they've had? Are you aware of such a form?

4 A. No, I'm not aware of anything like that.

5 THE COURT: All right. Gentlemen, anything
6 further for this witness?

7 MR. BEARD: No, Your Honor.

8 MR. SCARLETT: No, Your Honor.

9 THE COURT: All right. You may step down.

10 MR. BEARD: We would call Kimberly Burns.

11 THE COURT: All right. Ms. Burns, if you
12 would come up and take a seat.

13 MR. BEARD: Actually, we're not going to call
14 Kimberly Burns.

15 THE COURT: Okay.

16 MR. BEARD: We're going to rest.

17 THE COURT: All right.

18 MR. BEARD: I changed my mind.

19 THE COURT: That is your prerogative.
20 Anything else, Mr. Scarlett?

21 MR. SCARLETT: No, Your Honor.

22 THE COURT: Anything else, Mr. Beard?

23 MR. BEARD: No, Your Honor.

24 THE COURT: All right. Then that concludes
25 this hearing. Thank you both very much.

(The hearing concluded at 4:15 p.m.)

1 CERTIFICATE OF REPORTER

2
3 I, Kimberly T. Power, Court Reporter and Notary
4 Public for the State of South Carolina at Large, do
hereby certify:

5 That the foregoing transcript of proceedings was
6 taken before me on the date and at the time and location
7 stated on page 1 of this transcript; that the witness was
8 duly sworn to testify to the truth, the whole truth, and
9 nothing but the truth; that the testimony of the witness
10 and all objections made at the time of the proceeding
were recorded stenographically by me and were thereafter
transcribed; that the foregoing transcript of proceedings
as typed is a true, accurate and complete record of the
testimony and of all objections made at the time to the
best of my ability.

11 I further certify that I am neither related to nor
12 counsel for any party to the cause pending or interested
in the events thereof.

13 Witness my hand, I have hereunto affixed my
14 official seal this 23rd day of April, 2012, at Richland
County, South Carolina.

15
16
17
18
19 Kimberly T. Power, Court Reporter
20 Notary Public, State of South Carolina
My Commission Expires: 07/22/2015
21
22
23
24
25

STATE OF SOUTH CAROLINA
BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION FULL COMMISSION
WCC No. 1118193

Patricia Johnson,
Claimant/Appellant,
v.
Staffmark,
Employer/Respondent,
and
New Hampshire Insurance
Company,
Carrier/Respondent.

COPY

FULL COMMISSION HEARING

Tuesday, September 18, 2012
10:25 a.m. - 10:46 a.m.

The Full Commission Hearing before Commissioner T. Scott Beck; Commissioner Melody L. James; and Commissioner Susan S. Barden, Chair, was taken at 1333 Main Street, Suite 500, Columbia, South Carolina on the 18th day of September, 2012 before Cassandra E. Vance, Court Reporter and Notary Public in and for the State of South Carolina.

APPEARANCES:

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Certificate 23

1 **THE COURT REPORTER:** Today is Tuesday, September 18,
2 2012. This is South Carolina Workers'
3 Compensation Case Number 1118193. This is the
4 case of Patricia Johnson, Claimant, versus
5 Staffmark, Employer, and New Hampshire
6 Insurance Company, Carrier.

7 The Appellant is the Claimant represented by
8 Paula Amick. The Respondent is represented by
9 Grady Beard. Each side is allowed ten minutes
10 for oral argument and the Appellant three
11 minutes in reply. You are requested to argue
12 the grounds of exception and stay within the
13 record.

14 **COMMISSIONER BARDEN:** And Commissioner Beck would
15 like to make a statement for the record.

16 **COMMISSIONER BECK:** Ms. Amick, we had a discussion
17 prior to going on the record regarding
18 Mr. Beard's prior representation of me in a
19 matter back in 1996. It's my understanding
20 that you still wish to proceed as opposed to me
21 recusing myself and having somebody else sit in
22 my space.

23 **MS. AMICK:** That's correct, Commissioner. Thank
24 you.

25 **COMMISSIONER BARDEN:** All right. Ms. Amick.

ARGUMENT BY MS. AMICK:

MS. AMICK: Good morning. May it please the Commission. I'm Paula Amick and I'm here on behalf of the Claimant, Patricia Johnson, representing her in this appeal to the Full Commission. And as stated in my brief and as unrefuted in the Respondent's brief, the sole issue for this panel to determine is whether the facts of this case warrant a finding of an idiopathic injury. Simply stated, they do not. If the Commission were to affirm this decision, you would be expanding the case law on idiopathic injuries. The idiopathic injury line of cases basically stands for the proposition that the employer is not an insurer of employees. If there is something that happens on the job that has no bearing whatsoever with the employment, has no connection to the conditions of employment, you're not covered. It's not -- it's not a fault -- it's not something that's a workers' compensation case. That's not what we have here.

What we have here is a claimant who's injured when she returns out from walking out of the

1 building and it's been raining outside --
2 that's unrefuted -- and she's stepping up over
3 a raised threshold and her foot slips, it
4 twists. She's got a very traumatic injury.
5 It's a break of her -- of her ankle and it's a
6 spiral fracture of her tibia.

7 And the Commissioner states in his order that
8 the Claimant testified the floor was damp. I
9 refer you to the final paragraph of page seven
10 of the order which cites page 20 of the
11 Claimant's deposition testimony.

12 He then states that the Claimant wasn't
13 credible in testifying she fell on a wet
14 concrete floor. And that's the Commissioner's
15 finding number three on page eight.

16 But if you read page 20, that's not what she
17 said. She's never said, "The floor is wet; I
18 slipped on a wet floor." She states, "I came
19 in from outside where it was raining, where the
20 ground was wet, and then I slipped as I stepped
21 over this raised threshold." And that's that
22 twisting motion that you have and you've got
23 that spiral fracture; that's twisting. And
24 that's what's happened to her.

25 Now, the inference is that her shoes are wet

1 and that's the inference that opposing counsel
2 drew; 38 of the hearing transcript, that's what
3 he's understanding her to say, whether the
4 floor was wet or whether her shoes were wet,
5 because that's what her testimony is.

6 And, again, Terence Green testifies it was wet
7 that day. He testifies he sees an ambulance
8 person's footprint. Again, you've got wet feet
9 coming in from outside; that's what's leaving
10 these footprints and that's what she said she
11 saw. She didn't say, "I slipped in water. I
12 slipped on wet concrete." She says, "I slipped
13 after coming in from outside on wet ground."
14 And, again, her shoes are wet. Most telling is
15 the plant -- now, she's working for Staffmark,
16 but this is -- she's been sent out to this Lang
17 Mekra plant. The plant changes their policies.
18 They've locked that door now so folks can't go
19 out into a parking lot that might be wet and
20 then come in over that threshold and step down
21 and maybe slip; "So it won't happen again," is
22 what Terence Green said.

23 When would you ever do that in an idiopathic
24 fall case? You wouldn't do it. You look at
25 the three seminal idiopathic fall cases; that's

1 Crosby versus Wal-Mart. The employee's walking
2 along on a clear, dry floor, clear of debris,
3 and she states she falls. She has no
4 explanation for why her leg just gave out.
5 There's nothing -- there's no condition of
6 employment that contributed to that. Makes
7 sense. No remedial measures would have been
8 taken. No -- you just wouldn't do it in that
9 situation.

10 Bagwell versus Earnest Burwell, the guy's
11 standing there, you know, he falls to the
12 concrete floor. There -- unfortunately he hit
13 his head and he died in that accident, but
14 there was no evidence -- and that's what the
15 court kept focusing on -- there was no evidence
16 he slipped, like we have here, or that he lost
17 his balance. He's just standing at the desk
18 and he falls. There's no condition of
19 employment that contributed.

20 Miller versus Springs Cotton, again, you've got
21 a claimant stating she's sitting in the
22 cafeteria and her feet are flat on the floor
23 and she stands up and that's when her -- she
24 injures her knee.

25 And she states nothing -- nothing about the job

1 caused this. "My -- I had a ligament wrapped
2 around my kneecap," is what she understood.
3 So, again, you've got nothing -- in those cases
4 nothing about the environment of the workplace
5 that contributes and that's not what we have
6 here.

7 This case is most closely aligned with *Pierre*
8 *versus Seaside Farms*. Now, that case is most
9 well-known for, you know, the question of
10 whether, you know, you've got these camps that
11 these migrant workers work in. But one of the
12 issues raised by the defendants was this -- was
13 an idiopathic fall. He slips on a wet
14 concrete, wet concrete sidewalk, and they say,
15 "That's no different than any other sidewalk
16 that you might encounter anywhere else." And
17 the court said, "No, you clearly have an injury
18 that arose from a hazard existing on the
19 employer's premises," and that's exactly what
20 we have here.

21 Again, nobody intended for it to happen. It
22 just happened. She walked out to her car and
23 walked back in, her shoes are wet. And, again,
24 that raised threshold is very important,
25 because that's putting you a little bit off

1 balance. You're stepping over it and that's
2 what's causing this.

3 They -- the Respondents, they've strained the
4 medical records to say that that's inconsistent
5 with her testimony.. It's not. She states she
6 slipped and fell. She's not giving a forensic
7 analysis of what happened. She's there at
8 the -- with the emergency room folks, the
9 immediate -- the first responders and she's
10 telling them what happened. There's no
11 question it happened at work.. There's --
12 nobody witnessed it, but they all see her
13 writhing on the ground and they call the
14 ambulance and she doesn't move from that spot.
15 If you look at the records it also says
16 mechanical fall. That's inherently not
17 something -- an idiopathic failure. That's
18 completely contrary to idiopathic failure.
19 Mechanical fall, something outside is
20 contributing to your fall.

21 And then -- this is the most egregious finding
22 is that there was a finding that those records
23 from a -- you know, an emergency room visit 18
24 months earlier for an ankle strain and swelling
25 supported a finding of idiopathic failure.

1 There is no medical record that this is an
2 idiopathic failure. That finding simply cannot
3 stand. You need to have some sort of medical
4 evidence saying, "Yes, this was going to happen
5 eventually; her ankle was weak." There's
6 nothing in the record along those lines. If
7 that's -- that's a leap and that is -- there is
8 nothing in the records that would support that.
9 That's clear error.

10 And you've got a compensable claim. It's a
11 testament to opposing counsel's persuasive
12 skills that he was able to get the Commissioner
13 to find this is an idiopathic case. It is not.
14 It does not fall under the idiopathic line of
15 cases.

16 The APA submissions do not support this
17 decision. Her testimony is that she slipped
18 and fell. We've -- even the Employer is saying
19 the ground is wet. Even the Employer is saying
20 he changed the policies after this accident so
21 it won't happen again. And even the Employer
22 says, "I saw a footprint on the ground." He
23 didn't say the floor was wet, but he said, "I
24 saw a footprint from one of the EMT workers
25 coming in from that same door."

1 It would not have happened but for the
2 environment that she was in: the wet parking
3 lot combined with that threshold and her foot
4 slipping on the cement as a result. And that's
5 what contributed to this fracture.

6 We'd ask that the Full Commission reconsider
7 the APA's submissions and the hearing testimony
8 and find that this is a compensable injury and
9 reverse the Single Commissioner.

10 **COMMISSIONER BARDEN:** Thank you. Mr. Beard.

11 **ARGUMENT BY MR. BEARD:**

12 **MR. BEARD:** May it please the Commission. While I
13 understand the need for the Claimant to make
14 the argument that they're making, our Court of
15 Appeals in a case that's virtually right on
16 point, the Crosby case -- she indicated --
17 Ms. Amick indicated the Crosby case was not a
18 case similar to this. She also cited to you
19 that there was no medical evidence supporting
20 that the prior problems with the left
21 ankle/left foot -- which I've provided you
22 medical records of how bad that was only a year
23 before this accident -- she indicated that
24 there was no medical evidence tying that to the
25 incident. She's correct.

1 But the Crosby case said and I quote -- and the
2 Crosby case was a case where the lady
3 testified, "I slipped and fell." That's
4 exactly what the Claimant said in this case.
5 I mean word for word, "I slipped and fell."
6 It's quoted in the opinion, "Hitting the floor
7 so hard that she injured herself."

8 There was other testimony that was not
9 consistent with that. In this case, the
10 Employer or the representative from Lang
11 Mekra -- who is not the Employer but where she
12 was staffed -- testified he did a complete
13 investigation immediately of the scene where
14 this occurred.

15 Now, they're arguing that the incident happened
16 right when she stepped over a threshold that
17 was this -- this is the threshold
18 (indicating) -- that that is the cause. That's
19 not the testimony. She said, "I walked
20 across -- came on into the room a ways towards
21 where I was actually going to work and I just
22 fell."

23 The case law says -- and this is out of the
24 Crosby versus Wal-Mart case and I'm quoting
25 from the opinion of the Court. It says, "In

1 the case at hand, it is true there is no
2 medical evidence establishing that Crosby
3 suffered from some pathological condition
4 causing an internal breakdown which resulted in
5 her fall. However, neither was there such
6 evidence in *Bagwell*. Further, while the court
7 in *Bagwell* noted the evidence suggested the
8 deceased suffered from some internal failure or
9 weakness based on the manner in which he fell,
10 there is likewise evidence of an internal
11 breakdown in the case at hand from the
12 testimony of the safety leader that "my leg
13 just gave out."

14 Her testimony to the first doctor she saw or
15 her -- her statement to the first doctor she
16 saw had nothing to do with falling on a wet
17 floor: "I twisted my leg and fell; it just
18 gave out."

19 The same thing was stated similarly to the EMS
20 folks. The case that I just read to you, there
21 was no evidence of any preexisting kind of
22 condition to draw an internal breakdown, but
23 the Court drew that anyway.

24 In this case we found that she had significant
25 problems with the very same body part that

1 we're now dealing with and less -- or only a
2 year prior to this incident.

3 From the Orangeburg Regional Medical Center,
4 she had significant degenerative disc
5 disease -- or, excuse me, degenerative disease
6 in her left ankle that could easily be the
7 cause of the giving way in this case.

8 This is not so simple as it happened on the
9 job, it happened at work, therefore it must be
10 compensable. That's what idiopathic cases are
11 all about. Every one of the idiopathic cases
12 happened on the job. There is evidence in all
13 of those cases that you could go either way.

14 Commissioner McCaskill had an opportunity to
15 listen to her testify. If you go read the
16 testimony, she's not a good witness. I will
17 concede she's not a good witness. That's not
18 my fault. That's not their fault. She's not
19 a good witness. She did not in his opinion
20 appear credible at the hearing on what she
21 said. I believe he believed, like I believe,
22 that the story that came out at the hearing was
23 the story that needed to come out to try and
24 have a workers' comp claim.

25 The story that came out to the doctors who saw

1 her before there was any thought of a workers'
2 comp claim is the true story and that story is
3 not compensable and it's idiopathic and that's
4 why there's idiopathic.

5 Everything that happens at work is not workers'
6 comp. I know the other side would like that to
7 be the case. It's just not the case.

8 I'm glad I have persuasive skills in court. I
9 don't think my persuasive skills had anything
10 to do with the Commissioner deciding, reading
11 the records, reading the evidence, seeing
12 witnesses testify.

13 The other point that was made is that there was
14 some sort of a remedial measure. You can't --
15 number one, the law does not allow you to use
16 that as an example of something that means that
17 there's liability. You can't do that. So what
18 she just argued to you is illegal. She can't
19 make that argument. It's improper.

20 Number two, my client didn't do that. I don't
21 know why they did it. He said they did it.
22 It's irrelevant to the workers' comp claim; has
23 nothing to do with the workers' comp claim.

24 She was not on the clock at the time this
25 happened. She had gone out at a lunch break

1 and was returning from a lunch break.

2 Other things that are important that could lead
3 the Commissioner to believe and to lead this
4 panel as ultimate fact-finders to believe, she
5 was taking opiates unbeknownst to my client the
6 night before and, basically, all the way from
7 the time she fell and injured herself, she was
8 taking two opiates. She failed the drug test
9 that was given to her and administered to her
10 right after the accident and was terminated as
11 a result of that.

12 The Claimant testified -- they've made an
13 indication that she testified -- that the way
14 she testified that the accident occurred showed
15 a twisting and a spiraling type of injury.

16 Her testimony, number one, she says -- when
17 presented with what she said to the doctors at
18 the hospital, she said, "I didn't say that.

19 They're wrong if they said I said that."
20 That's her testimony. She's calling the ER
21 doctors -- she's calling the EMS doctors liars.
22 She said, "They're lying. I didn't say that."

23 She testified at page 40, I told her, I said --
24 and somehow they turned that into she had a
25 twisting sensation and sharp pain in her left

1 ankle. That's what it says in the report.. Her
2 testimony, contrary to what her lawyer just
3 argued to you, "I never had no twisting." She
4 just told you that's what occurred, she twisted
5 and that's why she has a spiralling fracture,
6 that it was because of some twisting type of an
7 incident from being on wetness.

8 The gentleman who went and did the
9 investigation said, "It was completely dry.
10 There was nothing wet." She had come all the
11 way across the hard floor, the concrete floor.
12 And in the hearing room, she said it was from
13 where she was to where I was on the other side
14 of the room, so it was a good 15 or 20 feet
15 from the so-called door that was literally --
16 the Commissioner held up his fingers.
17 Unfortunately he said one to two inches, but
18 this is what he did in the hearing room: held
19 up his fingers like this (indicating) and she
20 goes, "Yeah, that's about right."

21 The supervisor said the same thing. The
22 gentlemen who came and testified, Terence Green
23 said the same thing.

24 The other point I want to make -- she talked
25 about this *Pierre versus Seaside Farms*. That's

1 not an idiopathic case. Has nothing to do with
2 idiopathic injury. That is the Bunkhouse Rule.
3 That's what that case is about. They talk
4 about a sidewalk being wet. In that case it
5 was clearly wet. It was visibly wet.
6 Everybody knew it was wet. That was not an
7 issue dealing with idiopathic; has nothing to
8 do with idiopathic injury. It has nothing to
9 do with what we're here arguing about today.
10 The two medications that she was on, Buspar and
11 Clonazepam. She testified she had been taking
12 literally since she injured her left ankle the
13 first time; unbeknownst to Lang Mekra,
14 unbeknownst -- in fact, the supervisor said, "I
15 would like to have known she was taking those
16 types of medications because she works around
17 some pretty significant machinery and it's kind
18 of dangerous to be working on opiates when
19 you're doing that," and she acknowledged that
20 that was the case.
21 She was diagnosed as having arthritis,
22 degenerative disease, bone spurs and
23 enthesophytes, which are basically major
24 arthritis in her ankle the year prior to this
25 incident.

1 All of those things -- no witnesses to the
2 fall. It's her testimony only as to what
3 happened. So, therefore, I think it is
4 important that you look at the histories given
5 in the first initial medical records and I
6 believe I've been told by almost every one of
7 you -- I haven't had a hearing in front of
8 Commissioner James, but I think every other
9 Commissioner says that's pretty important
10 evidence.

11 I don't think emergency room doctors make up
12 what they put in those reports. Do they get
13 them wrong sometimes? I think that's possible.
14 But if you're going to make that allegation, if
15 you're going to say, "They're wrong. They
16 lied. I didn't say that," you better bring
17 them to the hearing or you better go take their
18 deposition because in workers' comp law, all we
19 have without depositions are the medical
20 records. That's what we thrive on. That's
21 what we live on. That's the way the system has
22 worked ever since I've been practicing. And I
23 think it continues to work that way.

24 I understand -- could it have been a close
25 call? Yeah, I guess it could have been if the

1 Commissioner believed the Claimant more than he
2 believed Terence Green about what Terence Green
3 testified, or if the Commissioner believed the
4 Claimant more than he believed the actual
5 medical records.

6 And he made it clear. Finding of Fact number
7 three, "I don't believe her. I don't believe
8 what she said compared to what she told those
9 doctors. I think the story that's coming out
10 today is manufactured to make a workers' comp
11 claim."

12 Unfortunately, I think that happens a lot and
13 I think that's what happened in this case.

14 **COMMISSIONER BARDEN:** Thank you.

15 **MR. BEARD:** Thank you.

16 **COMMISSIONER BARDEN:** All right. Ms. Amick.

17 **REPLY BY MS. AMICK:**

18 **MS. AMICK:** Commissioners, first of all, the Crosby
19 case is relevant and it's entirely dissimilar
20 here and you do have a raised threshold and
21 it's improper for opposing counsel to try and
22 change the record now. If he disagreed with
23 the Commissioner's testimony as to what was
24 being indicated at that time, he should have
25 stated it right then and there and he can't now

1 tell you it was something other than what's in
2 the record.

3 Remedial measures, that's improper if I were --
4 if she were suing a place to establish
5 negligence on the part of that employer. This
6 is not a tort case. Remedial measures are
7 inadmissible in that situation. We're not
8 offering it in support of a tort claim, a
9 negligence claim. We're offering it in support
10 of the fact that it is -- remedial measures are
11 entirely inconsistent with an employer that
12 maintains it's an idiopathic injury. So
13 that's -- that's ridiculous.

14 Not on the clock, opiates, other things he
15 mentioned, none of it -- none of it's in the
16 order, none of it was appealed from by them,
17 and none of it's in the brief. So, again, he's
18 doing the same thing he did in the hearing
19 which is throw in all this stuff that none of
20 it is supportive, none of it related, and the
21 only issue is: Is this an idiopathic fall?
22 And it is not. Thank you.

23 **COMMISSIONER BARDEN:** Thank you. That concludes
24 this proceeding.

25 **(There being no further questions, the deposition**

concluded at 10:46 a.m.)

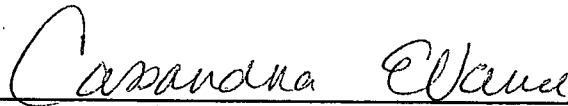
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CERTIFICATE

This is to certify that the within hearing consisting of Twenty-Two (22) pages, is a true and correct transcript of the testimony given by said witnesses after being duly sworn; said hearing was reported by the method of Stenotype with Backup.

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

IN WITNESS WHEREOF I have hereunto set my hand and seal on December 7, 2012.



Cassandra E. Vance
Court Reporter

Notary Public for South Carolina
My Commission Expires: February 26, 2018

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM THE SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION

Appellate Panel

WCC #1118193

Patricia Johnson, Employee, ...Appellant,

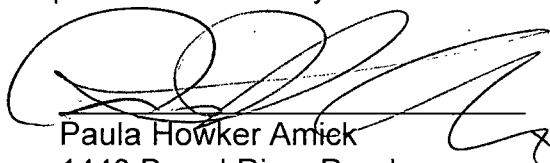
-vs-

Staffmark, Employer, and New Hampshire Insurance
Company, Carrier, ... Respondent.

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.

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SC Court of Appeals


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April 24, 2013

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM THE SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION

Appellate Panel

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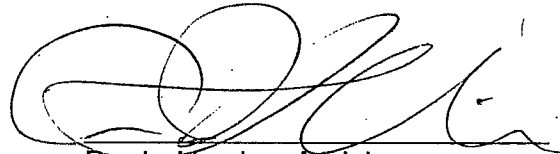
-vs-

Staffmark, Employer, and New Hampshire Insurance
Company, Carrier, ... Respondent.

PROOF OF SERVICE

I, the undersigned, on behalf of the Appellant, hereby certify that on this day, which is within thirty days after service of the last brief, I served a copy of the Record on Appeal on each party who has served a brief, by depositing same in the United States mail, postage prepaid, addressed to Respondent's attorney, Grady L. Beard, Esq., Sowell Gray Stepp & Laffitte, L.L.C., 1310 Gadsden Street, P. O. Box 11449, Columbia, SC 29211.

Dated this 24th day of April, 2013.



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