THE STATE OF SOUTH CAROLINA
In The Supreme Court

APPEAL FROM SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

Unpublished Opinion No. 2018—UP—280 (S.C. Ct. App. Filed June 27, 2018)

Scott Ledford, (Employee/Claimant),.....Petitioner,

v.

Department of Public Safety (Employer), and
State Accident Fund (Carrier),.....Respondents.

AMENDED APPENDIX – VOLUME II

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

PRE-HEARING BRIEF
WCC File No: 1202545/1009581

Mr. Scott Ledford	[redacted]		South Carolina Department of Public Safety		
Claimant's Name	SSN		Employer's Name		
[redacted]			Post Office Box 1993, Blythewood, SC 29016-1993		
Address	City	State Zip	Address	City	State Zip
[redacted]			State Accident Fund		
Home Phone #	Work Phone #		Insurance Carrier		
			E. Hood Temple, The Hyman Law Firm, LLP (843) 662-5000		
			Preparer's Name Law Firm Preparer's Phone #		

A claim for workers' compensation benefits is made based on the following grounds:
[X] Injury [ ] Illness [ ] Repetitive Trauma

1. Compensation Rate. $508.69 2. AWW. $763.00 Date of Injury: 7/15/2010-3/10/2012
3. Type of injury and body part(s): 1) Right ankle: distal fibula stress fracture, posterior impingement syndrome, impingement lesion – Dr. Ross Taylor, authorized treating surgeon, is recommending surgery to include an arthroscopy debridement of the ankle joint done through an anterior approach and assessment of the cartilage surface. Any underlying cartilage pathology may need to be simultaneously treated. He would then require change to prone position for arthroscopic versus open resection of Stieda process. This surgical intervention has been approved by the carrier. 2) Right knee; 3) Spine lumbar (L5-S1 spondylosis) the authorized treating surgeon, Dr. William L. Mills, has recommended an ALIF at the L5-S1. Cervical spine C5-6, C6-7 spondylosis of right cervical radiculopathy. Dr. William L. Mills has recommended an anterior cruciate disc fusion at C5-6 and C6-7 with LDR system. (See report of June 4, 2012 and depositions of Dr. Mills, August 23, 2012, December 3, 2012).
4. Facts in controversy: See attached.
6. Legal issues involved: 1) §42-1-160 / §42-1-172 compensability of the Claimant's cervical and lumbar injuries; 2) §42-17-90 change of condition of original injury of July 15, 2010; 3) §42-15-60 provision of additional medical treatment to include the recommendations of Dr. Mills and Dr. Poletti for the Claimant's cervical and lumbar spine.
6. Unusual aspects: See Facts in Controversy
7. Witnesses (designate if expert)*. 1) Claimant, Scott Ledford; 2) Carrie Ledford, Claimant's wife, and 3) fellow officers of the South Carolina Highway Patrol
8. Exhibits: 1) Medical summary; 2) portions of Claimant's payroll/personnel records; 3) Claimant's prior workers' compensation file bearing WCC #1009581 incorporated by reference.
9. Medical evidence (indicate report pursuant to R 67-612; deposition or appearance). 1) Medical reports and notes of Dr. Steven Poletti dated 5/7/12 – 7/18/12; 2) Medical reports and notes of Dr. William Mills dated 7/27/10 – 6/4/12; 3) Medical reports and notes of Dr. Barbara L. Sarb dated 7/28/10 – 8/26/11; 4) Medical reports and notes of Dr. Ross Taylor dated 6/16/12 – 11/5/12; 5) Medical reports and notes of Doctor's Care dated 3/13/12 – 4/6/12; 6) Medical reports and notes of Conway Hospital dated 3/10/12; 7) Medical reports and notes of Horry County Fire Rescue dated 3/10/12; 8) Depositions taken of Dr. William Mills dated 4/27/11, 8/23/12 and 12/3/12.
10. Name, address, and specialty, if any, of the treating physician. 1) Dr. William L. Mills, Coastal Orthopaedics, 2376 Cypress Circle, Suite 300, Conway, SC 29526; 2) Dr. Steven C. Poletti, Southeastern Spine Institute, 1106 Chuck Dawley Blvd, Suite 200, Mount Pleasant, SC 29464; 3) Dr. Barbara L. Sarb, Strand Regional Specialty Associates, 8171 Rourke Street, Myrtle Beach, SC 29577
11. Impairment rating(s); body part(s); physician and date of opinion: Claimant has not reached maximum medical improvement.
12. I am amending my Form 50/51 in the following manner

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

Signature
Email ehtemple@hymanlawfirm.com
Date of hearing: January 16, 2012 at 11:30 a.m.
Time needed for hearing: 30 minutes

On behalf of [X] Claimant [ ] Employer

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

WCC Form No. 58
Rev. 9/07

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PRE-HEARING BRIEF

FACTS IN CONTROVERSY

The Claimant sustained an admitted injury on March 10, 2012 which is one of the claims presently before the Commission. Historically, the Chimant had suffered a very serious back injury on July 15, 2010 when he was required to participate in Taser training. In fact, when he was tased by his fellow officer, he fractured three thoracic vertebrae from T6-T9. He also suffered injuries to his cervical and lumbar spine which is well documented in the medical records. As a result of his injuries, he received significant treatment from Dr. William L. Mills, authorized treating surgeon, and Dr. Barbara L. Sarb. Unfortunately, once he was released to return back to work, his condition gradually worsened. To further complicate matters, as previously stated, the Claimant suffered a second admitted injury on March 10, 2012 in the course and scope of his employment riding a patrol motorcycle when he turned around on a vehicle, and lost control of his motorcycle. As a result, he injured his right leg, including his right knee and ankle, and aggravated his lumbar spine, thoracic spine and cervical spine.

The Claimant filed a Motion to Consolidate these two admitted injuries for the purpose of determining whether the Claimant's current conditions requiring surgical intervention are causally related to a change of condition arising out of the original injury of July 15, 2010, an aggravation of the pre-existing conditions as a result of the March 10, 2012 admitted accident, or a combination of both. Unfortunately, even though the Employer admits both accidents, it will not agree as to whether the Claimant's conditions are a change of condition or aggravation of the pre-existing condition or both despite the conclusive opinions of their authorized treating surgeon, Dr. William L. Mills and Dr. Steven C. Poletti of Southeastern Spine Institute. This matter was heard before the single Commissioner and an Interim Order was issued on October 8, 2012 granting the Claimant's Motion to Consolidate. This matter is presently before the Commission to determine the compensability of the Claimant's lumbar and cervical injuries as well as to determine which accident individually or a combination of the two caused his current condition which requires surgical intervention.

The Claimant would request that this Commission consider the deposition testimony of the authorized treating surgeon, Dr. William L. Mills. Dr. Mills' deposition was taken twice. The first deposition was August 23, 2012. In that deposition, defense counsel for the second admitted injury was not present and did not have notice of the deposition. Beginning on Page 19, Lines 14 through 25, Dr. Mills gave the following testimony.

> Question: All right. And do you think that the condition he is suffering from now is a change of circumstances since the time you found him at maximum medical improvement from his thoracic spine?
>
> Answer: Yes

Question: Okay. And is that your opinion within a reasonable degree of medical certainty?

Answer: Yes.

Question: Now, subject to counsel's objection – do you have an opinion as to whether this motorcycle event that you're currently treating him for now has contributed to these neck and low back symptoms that he's experiencing?

Answer: Well, it – it seems to me that it made those symptoms worse, because prior to that, I had not seen him and he seemed to be doing pretty well. But then he had that second accident and then it exacerbated the – the symptoms in his neck and his lower back to the point where we were at that time talking about surgery.

Page 22, Lines 9 through 13:

Question: Okay. But today, you were recommended these two surgical procedures and that's your opinion within a reasonable degree of medical certainty?

Answer: Yes.

On Monday, December 3, 2012, Dr. Mills was further deposed with defense counsel for the second admitted injury in attendance. On Page 53, Dr. Mills testified as follows:

Lines 1 through 6:

Question: Right. Then you attribute that to a combination of the first and second accident, or the second accident, or what do you attribute the need for surgery?

Answer: It seems the second accident definitely exacerbated it.

Dr. Mills has emphatically stated in two separate depositions that he believes the Claimant's current conditions requiring surgical intervention for the cervical and lumbar injuries are related to both the first and second accident. Dr. Mills testified in his first deposition that his conditions were a change of condition from his first accident and further in both depositions that his conditions requiring surgical intervention and the cervical and lumbar spines were aggravations of his second admitted injury. Despite this fact, the Employer has hired two very competent attorneys to defend these matters separately. There has been no consensus regarding an agreement to accept this claim and provide medical care from the first, the second or a combination of both accidents. The Claimant is not at maximum medical improvement and is currently receiving temporary total benefits for his other admitted injuries. The Claimant is awaiting surgical intervention for his lower extremity injury which has been approved by the Employer. The only issue at the

SOUTHEASTERN SPINE INSTITUTE

LEDFORD, SCOTT A
Patient #631380
[redacted]
May 16, 2012

Mr. Ledford returns in follow-up having had the cervical MRI scan. I have reviewed this. He has neck pain and right arm pain, and he does have a retrolisthesis of 5 on 6 with right-sided foraminal stenosis contributing to compression against his exiting C6 nerve [redacted]. This is something which could be explaining his neck and arm pain. It most likely is. In addition he has this severe mid-back pain and radiating pain from his T6 to T9 area, and this is radiating in the distribution of his mid-thoracic region consistent with the kyphosis and facet disruption at the T6 level as a consequence of his fracture. On top of that, he does have a degenerative disc in his lumbosacral spine, which is most likely contributing to some element of back and leg pain. If that's not enough, he fractured his ankle and is undergoing treatment for this.

With regards to the fracture, there is nothing that can be done at this point to restore vertebral body height. With regards to his symptoms from the fracture, potentially some form of pain management potentially to involve rhizotomy or injections around his costovertebral joints or facet joints at the T6 level could be of some benefit; and potentially this could give him some measure of relief. In his cervical spine it potentially could come down to surgery.

This man unfortunately has a combination of three things going on. One is the electrocution injury, second is the fracture at T6 with the consequence of the post-fracture changes, and the third is the disc herniation with radiculopathy in the cervical spine. His impairment is significant; and he has dysfunction as a consequence of the electrocution injury, which in my opinion will prevent him from working. Certainly some type of sedentary status may be indicated, but any kind of repetitive or exertional activity is most likely contraindicated.

His follow-up is to be with me after consultation with Dr. Netherton for consideration of the rhizotomy as described.

Steven C. Poletti, M.D.

SCP/dmp
T-5/29/12

1106 Chuck Dawley Blvd., Ste. 200 | Mt. Pleasant, SC 29464 | (843) 849-1551 | Fax (843) 884-0629
1741 Savage Rd., Ste. 100 B | Charleston, SC 29414 | (843) 763-2720 | Fax (843) 769-6027

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DISC RAD

Richard C Holgate, M D

The Southeastern Spine Institute
389 Johnnie Dodds Blvd
Suite 117A
Mount Pleasant, SC 29464
843-266-0720

FINAL REPORT

Patient: Scott Ledford
Patient Phone: ——
SSN: [redacted]
Patient #: 631380

Exam Date: 5/16/2012
Exam Name: Cervical
Modality: MRI
Referring Doctor: Poletti, Steven

Clinical Information: M/36 WITH PAIN DOWN THE CENTER OF SPINE,NUMBMESS IN BOTH SHOULDER AND ARM INTO HANDS,MAINLY IN THE RIGHT SINCE 7/10/10,INCREASE PAIN 3/3/12 RECENT TRAUMA HT-6'10" WT-190 LBS.

TECHNIQUE. The patient is examined on the High Field GE Horizon LX High Speed MR System which functions at 1 0 Tesla A dedicated spine coil is used to obtain high resolution images of the cervical spine SERIES: 1) COR, T1, SE, 7 mm; 2) SAG, T2, FSE, 3 mm; 3) AX, T2, GRE, 4 mm. ADDITIONAL SERIES: 1) AX, T1, SE, 5 mm; 2) SAG, T1, SE/Fat Sat, 3 mm, 3) AX, T1, SE, 3 mm 3D REFORMATIONS: 3mm REFORMATIONS PERFORMED IN 1) AX, 2)COR; 3)SAG/OBL RT, 4) SAG/OBL-LT, 5) CORONAL PLANES.

CONTRAST: The last two T1-weighted axial sequences were carried out following injection of 19 cc of contrast (With and Without Contrast)

OVERVIEW: Overview of the cervical spine shows there is normal marrow signal and normal bony alignment with no evidence of a congenital, anomaly of the spine The visualized paraspinal soft tissues which include the pulmonary apices and the proximal brachial plexus are within normal limits

SPINAL CORD The spinal cord is demonstrated from the craniocervical junction down to the upper thoracic region It is of normal caliber throughout showing no evidence of compression or enlargement and no area of focal signal abnormality to indicate the presence of intrinsic spinal cord disease. There is no evidence of abnormal enhancement within the spinal cord

C2-3; C3-4; C7-T1. Mild noncompressive spondylosis

C4-5, C5-6, C6-7. Osteophytes with severe bilateral foraminal stenosis

3D REFORMATIONS: Because of movement between sagittal and axial sequences multiplanar 3D reformations were performed for accuracy and confirm the findings set out above Please refer to the axial and oblique sagittal reformations for accuracy

Opinion: MRI of the cervical spine including multi-planar reformations show a normal spinal cord and severe spondylosis with probable nerve root compression at C4-5, C5-6 and C6-7 .No abnormal enhancement is seen in the cervical spine

Patient: Scott Ledford
Patient #: 631380
Exam Name: Cervical
Exam Date: 5/16/2012

Richard C. Holgate, MD
DISC Radiologists
1541C Old Georgetown Road - Mount Pleasant, SC 29464
(843) 884-8095 - (800) 898-1294 - Fax (843) 856-7312

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SOUTHEASTERN SPINE INSTITUTE

LEDFORD, SCOTT A.
Patient #631380
[redacted]
July 18, 2012

Mr. Ledford follows up after consultation with Dr. Rhame Dr Rhame discussed the potential for rhizotomies in his thoracic spine. He does have a compression fracture at the T6 level secondary to a training exercise for the highway patrol where he was tased This kicked off a cascade of numbness and weakness in his right upper extremity with also right lower extremity symptoms as well. He is attempting to get disability through his work at this point. He is paying out of pocket at this time so he has not really tried any interventions at this point other than physical therapy. Dr Rhame recommended rhizotomies of the thoracic spine, a TENS unit, medications as well as pain psychology. We would like to get this started for him once his disability begins.

On physical examination, he is alert and oriented x3 in no acute cardiopulmonary distress. He has a negative straight leg raise. He does have some weakness in his right upper extremity He walks with a mildly antalgic gait. He certainly has some paraspinal muscle tenderness.

His MRI is significant for disc collapse at L5-S1, a retrolisthesis of 5 on 6 in his cervical spine as well as T6 compression fracture.

Plan: At this point, I told him he can be as active as he is able to tolerate. We would like to see him back in six weeks time. If his disability has begun at that point, we would like to have him try the rhizotomies with Dr. Rhame.

Bennett D. Grimm, M.D.

BDG/js
T- 8/15/12

1106 Chuck Dawley Blvd Mt Pleasant, SC 29464 (843) 849-1551 Fax (843) 884-0629

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Corvel Scan Date 8/2/2010

SCOTT A LEDFORD

Date 07/27/2010
Case No. 62711
AGE/SEX: 34/Male

Referred By: MELVIN HECKER, MD

CHIEF COMPLAINT: Upper back pain

PRESENT ILLNESS: This is a 34-year-old white male who is seen today for orthopedic evaluation. The patient is a police officer. He reports he was doing some training exercises and was struck by a tazer on 07/15/2010. He says when he was shot with the tazer gun he immediately experience severe pain in his upper back He complains of pain, particularly when he walks any great distance or jogs. He also describes pain in the lateral aspect of his right thigh. He denies bowel or bladder dysfunction. He has not been seen prior to today in the emergency room

MEDICAL HISTORY: Hypertension.
MEDICATIONS: "None "
ALLERGIES: NKDA.
SOCIAL HISTORY: He is a state trooper/business owner
REVIEW OF SYSTEMS: Documented in the chart and noted.

PHYSICAL EXAM: Pleasant white male in no acute distress.
NECK: Supple. Trachea midline No thyromegaly noted
HEAD: Normocephalic and atraumatic
ABDOMEN: Deferred
HEENT: Sclerae are clear

ORTHOPEDIC Examination of the thoracic spine reveals point tenderness over T6 and T7. He has a slight kyphosis of the thoracic spine There is no scapular winging He has 5 triceps-biceps brachioradialis reflexes bilaterally

X-RAYS X-rays taken today in the office, including AP and

8

Corvel Scan Date: 8/2/2010

lateral views of the thoracic spine demonstrates a T7 compression fracture.

IMPRESSION:

1. T7 compression fracture.

PLAN:

Disposition and treatment options discussed with the patient. H&P corroborated with Dr. Haskin. Dr Haskin also consulted with Dr. Mills who recommends getting an MRI of the thoracic spine, and then following up with Dr. Mills after that has been performed to discuss further treatment options Until that time he will remain on light duty and perform only sedentary work.

Doug T. Vick, PA-C
For J. Stewart Haskin, Jr., M.D. /5117
409230

fcc: Melvin Hecker, MD

Coastal Orthopaedic Associates MRI
Conway Health Plaza
235 Singleton Ridge Road
Conway, South Carolina 29527
(843) 234-2094 Office
(843) 347-4375 Fax

Professionally Interpreted by
Carolina Radiology Associates, LLC.

NAME: LEDFORD, SCOTT
DOB:
PHYSICIAN: HASKIN

DATE OF EXAM. 07/28/2010
PATIENT ID: COA62711

EXAM: MRI of the thoracic spine

HISTORY: T7 compression fracture.

TECHNIQUE: Sagittal and selected axial T1 and T2-weighted imaging as well as sagittal inversion recovery images were obtained through the thoracic spine.

FINDINGS. There is a T6 compression fracture. This is counting from the cervical spine down. There is approximately 25-30% vertebral body height loss. No retropulsed fragment is seen. Edema is seen suggesting that this is acute in nature, consistent with history. Additionally, there is some edema in the superior anterior endplate of T9, likely representing a small contusion.

No significant central canal or foraminal stenosis is identified. Visualized paraspinal soft tissues are unremarkable, as is the cord itself.

IMPRESSION:

1. T6 acute compression fracture with approximately 30% vertebral body height loss. It should be noted that this counting is performed from the top down.

2. Probable contusion of the anterior superior endplate of T9.

Preliminary report faxed to Coastal Orthopaedics at 9:38 a.m. on 7/28/2010.

Images were interpreted at CRA office.

SIGNEDBY
DD: 07/28/2010
DT: 07/28/2010

smj

Aug. 17. 2010 3:49PM COA MEDICAL RECORDS No. 3712 P. 3

Corvel Scan Date. 8/5/2010

SCOTT LEDFORD

Date. 7/28/2010
Case No. 62711
AGE/SEX.

Referred By:

CHIEF COMPLAINT: Thoracic pain, right lower extremity pain and bilateral upper extremity paresthesias

PRESENT ILLNESS. The patient presents to our office today. He complains of thoracic pain with associated numbness in both of his upper extremities, right greater than left. No radicular pain. He states the numbness in his arms is worse at night. He also complains of pain that begins in the right gluteal region and radiates down to the posterior thigh with associated paresthesias and anesthesias. This all began 07/15/2010 when he was tazed during a training course at work. He is a State Trooper. He denies any history of thoracic, bilateral upper extremity or right lower extremity pain prior to the injury. Overall, his pain in the middle back is the most bothersome. No fever. No weight loss No bowel or bladder dysfunction. The pain is worse with sitting, moving fast, running, or lifting. He states that standing gives him some relief.

MEDICAL HISTORY Hypertension.

SURGICAL HISTORY: Left index finger surgery

MEDICATIONS: None.

ALLERGIES: Shellfish

SOCIAL HISTORY No alcohol, tobacco, or drug use.

REVIEW OF SYSTEMS: Noted and reviewed as documented in the chart.

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Corvel Scan Date 8/5/2010

PHYSICAL EXAMINATION

GENERAL APPEARANCE: Well-developed, well-nourished, alert and oriented x 3. Patient appears to be in no acute distress.

VITAL SIGNS: Respirations 20 Height 5 feet 10 inches Weight 185

SPINE EXAM: Thoracic spine, mid-thoracic tenderness. Lumbar spine, no tenderness. Full range of motion. Cervical spine, no tenderness Full range of motion. Negative Spurling's

HIPS: No pain with range of motion.

VASCULAR: Positive pedal pulses.

NEUROLOGICAL EXAM: Manual motor testing reveals 5/5 strength to bilateral biceps, triceps, wrist dorsiflexors, grip, quadriceps, tibialis anterior, and extensor hallucis longus DTRs are normoactive and symmetric. Negative straight leg raise. No clonus

RADIOGRAPHS: Thoracic MRI shows an acute T6 compression fracture with edema at T9. Thoracic spine x-rays show 22 degree kyphosis at T6.

ASSESSMENT:

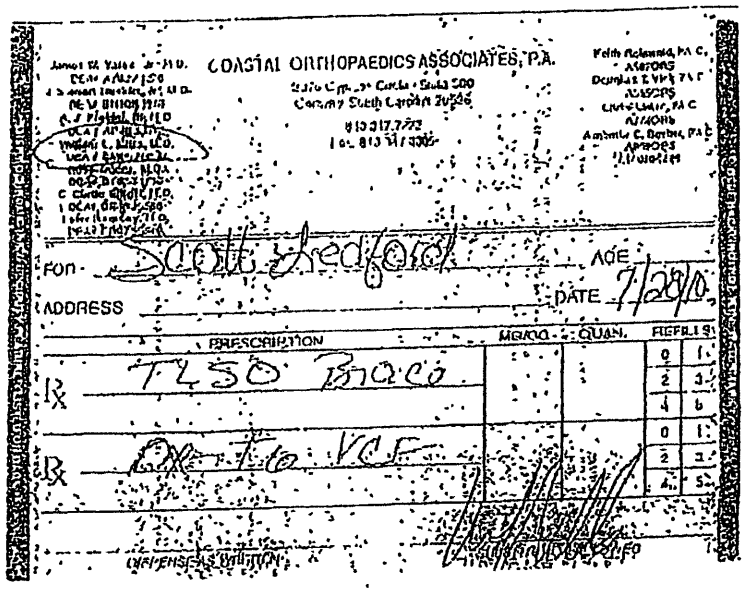
1. Acute T6 compression fracture with 22 degree kyphotic deformity and edema at T9.

PLAN: The patient's history and management were discussed with Dr Mills Dr. Mills was in to see the patient I recommended in regards to the numbness in his upper extremities and right lower extremity, getting him in to see Dr Benjamin for his opinion regarding this. We will put him in a TLSO brace for his compression fracture We will give him Neurontin 1 p o. b i.d. precautions provided. AP F&E's cervical spine AP F&E's lumbar spine We will also get AP and lateral x-rays of the thoracic spine in the brace We will see

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him back in 2 to 3 weeks or sooner should any new or worsening symptoms develop. AP and lateral x-rays of the thoracic spine upright in the brace.

Amanda C. Barber, PA-C
For William L. Mills, M.D /5154
410955



COASTAL ORTHOPAEDICS ASSOCIATES, P.A.

FOR: Scott Bedford AGE

ADDRESS DATE 7/28/10

PRESCRIPTION	MEDIC.	QUAN.	REFILLS
Rx T450 Bracco		1	0 1 2 3 4 5
Rx Dr. to VCF			0 1 2 3 4 5

DISPENSE AS WRITTEN

This fax was received by GFI FAXmaker fax server. For more information, visit: http://www.gfi.com

SCOTT A LEDFORD REF: ER CONWAY
62711
8/17/2010

SUBJECTIVE: The patient presents to our office today for follow-up of T6 compression fracture. Date of injury is 7/15/2010. He reports he has been wearing the brace. He has seen Dr. Sarb for the upper extremity and right lower extremity pain and upper extremity paresthesias.

OBJECTIVE: The patient is well-developed, well-nourished. The patient is alert and oriented x 3. The patient appears to be in no acute distress. On examination today the patient is neurovascularly intact.

X-RAYS: AP and lateral views of the thoracic spine views show a 15.3-degree kyphotic deformity. AP and lateral flexion and extension views of the cervical spine show disc space narrowing at C6-7. AP and lateral flexion and extension views of the lumbar spine at L4-5 and L5-S1.

ASSESSMENT: Acute T6 compression fracture with now measuring 15.3-degree kyphosis and also at T9.

PLAN: We will leave the pain in the right leg and upper extremity paresthesias up to Dr. Sarb. He does report this is improving. Continue his TLSO brace for now. We will see him back in 4-6 weeks or sooner should new or worsening symptoms develop. X-rays out of the brace. We will keep him out-of-work until his follow-up appointment.

Amanda C. Barber, PA-C /5142
for William L. Mills, M.D.
443512

Chart Copy

fcc: Conway Medical Center Emergency Room

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SCOTT A LEDFORD REF: ER CONWAY
62711
9/29/2010

SUBJECTIVE: The patient presents to our office today for follow-up. He is about 2 1/2 months out status post T6 compression fracture. Date of injury was 7/15/2010. Also, he has a history of right lower extremity pain and upper extremity paresthesias, which is improved. Overall he states his thoracic pain has improved significantly. He complains of a trigger point along the right scapular region.

OBJECTIVE: The patient is well-developed, well-nourished. The patient is alert and oriented x 3. The patient appears to be in no acute distress. On examination today the patient is neurovascularly intact. He does have a right scapular border trigger point.

RADIOGRAPHS: X-rays out of the brace show no change in kyphosis.

ASSESSMENT:
1. Acute T6 compression fracture without change in kyphotic deformity and T9 compression fracture.
2. Myofascial pain.

PLAN: We will, at this point, let him discontinue his brace. He can discontinue his brace. I recommend physical therapy for core strengthening and follow-up with a work hardening program and functional capacity evaluation. We will keep him out-of-work until the functional capacity evaluation. He can work within those guidelines.

Also, under aseptic technique, after verbal consent was obtained, I injected right scapular region with 1 cc of lidocaine, 1 cc of Marcaine and 1/2 cc of 40 mg Kenalog. The patient tolerated the injection well. No complications were noted. We will also get him a prescription for Flexor patches he can use on that area. We will see him back in 3-4 months or sooner should new or worsening symptoms develop. AP and lateral views of the thoracic spine at that time centered on C6

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SCOTT A LEDFORD
62711
9/29/2010
Page 2

Amanda C. Barber, PA-C /5142
for William L. Mills, M.D.
521897

Chart Copy

fcc: Conway Medical Center Emergency Room

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SCOTT A LEDFORD REF: ER CONWAY
62711
DOB:
04/02/2012

SUBJECTIVE: The patient comes in today with continued pain. He is having thoracic, lower back and right ankle pain. He was released back in January to full duty. He does not feel that his pain ever really resolved and he is having trouble now tolerating full duty. Recently he had a motorcycle wreck and this exacerbated his pain. He was having pain in the upper back, lower back and in the right ankle. No fever. No bowel or bladder dysfunction.

OBJECTIVE: He has normal strength. Normal neurologic exam. He is tender over the lumbar region. Also, exam of the right ankle reveals swelling laterally over the distal fibula and lateral ankle ligament area.

X-RAYS: Lumbar x-rays with flexion and extension views show a transitional level. No spondylolisthesis. Thoracic x-rays show mild wedging amid thoracic vertebras. Right ankle x-rays show no fracture.

ASSESSMENT: 1. Chronic thoracic and lumbar pain. Rule out right ankle distal fibula stress fracture.

PLAN. Thoracic and lumbar MRI. MRI of the right ankle. Warm and form corset. Equalizer boot. Mobic 15 mg daily. Nucynta 100 mg ER q. 12 hours. Equalizer boot. On an out of work status until I have a chance to review his scans.

William L Mills, M D. /5204
1795961

Chart Copy

fcc: Conway Medical Center.Emergency Room.

MAY 2 2012 2:17PM COA INSURANCE NO. 345 P. 4/13

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Work and/or School Release

Date: 4/2/2012

Patient Name: SCOTT LEDFORD
Patient ID: 62711
Diagnosis: THORACIC/LUMBAR PAIN & RT ANKLE SPRAIN

Please be advised that our patient: SCOTT LEDFORD:

☒ Was seen in our office on the following dates: 4/2/2012

☐ May return to full duty on: _____

☒ May not return to work until: AFTER NEXT APPT. (MRI FOLLOW-UP)

☐ May return to light duty: _____

☐ May not participate in: _____

☐ Other: _____

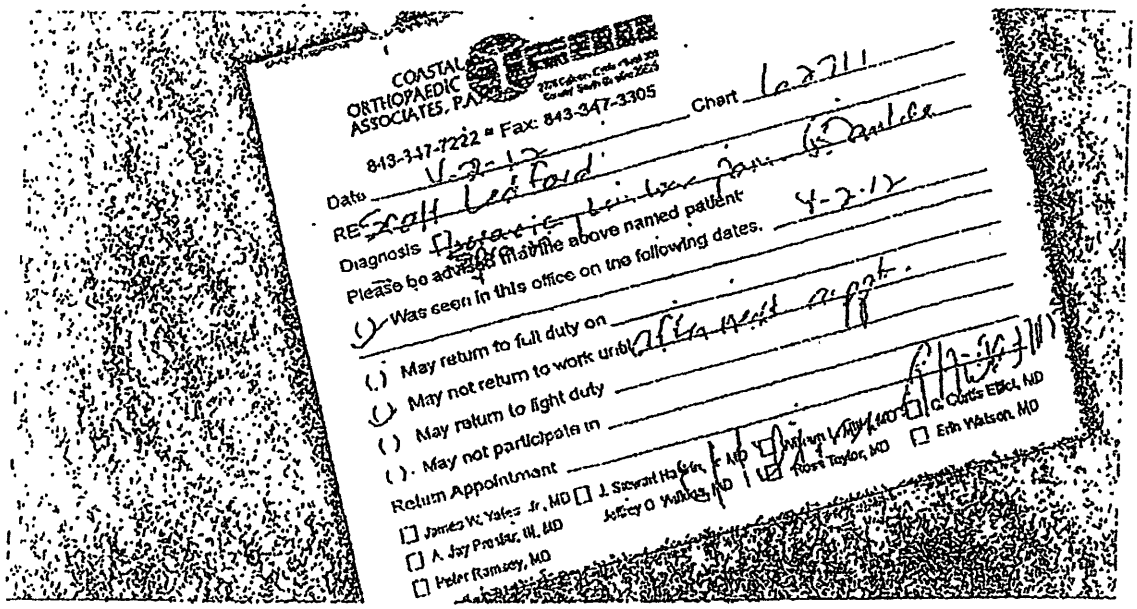
Return Appointment: WHEN MRI'S ARE COMPLETED

Attending MD:

William L. Mills, MD DATE: 4/2/2012

MAY. 2. 2012 2:19PM COA INSURANCE NO. 345 P. 11/13

19



COASTAL ORTHOPAEDIC ASSOCIATES, P.A.
843-347-7222 • Fax: 843-347-3305
Date 4-2-12 Chart 6a2711
RE: Scott Ledford
Diagnosis Displaced bimalleolar fx, L ankle
Please be advised that the above named patient
(X) Was seen in this office on the following dates. 4-2-12
( ) May return to full duty on
(X) May not return to work until after next appt.
( ) May return to light duty
( ) May not participate in
Return Appointment
[ ] James W. Yates, Jr., MD [ ] J. Stewart Hagen, Jr. MD [ ] William L. Ray, MD [ ] C. Curtis Elliott, MD
[ ] A. Jay Pender, III, MD Jeffrey D. Wilkins, MD [X] Robert Taylor, MD [ ] Erin Watson, MD
[ ] Peter Ramsey, MD

MAY. 2. 2012 · 2:19PM COA INSURANCE NO 345 · P 12/13

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LONG BAY
DIAGNOSTIC IMAGING

PATIENT:	Ledford, Scott
DOB:	[redacted]
MRN:	838315
PATIENT PHONE:	[redacted]
PHYSICIAN:	William Mills, MD
DATE:	4/17/2012

EXAM: MRI RIGHT ANKLE WITHOUT CONTRAST

HISTORY: 36-year-old male with a swelling and pain since trauma one month ago.

COMPARISON STUDIES: Not available.

TECHNIQUE: Sagittal T1W/STIR, axial and coronal T1W/fat-saturated PDW imaging sequences acquired at the ankle without contrast on the 1.5 Tesla GE Signa magnet.

FINDINGS: There is patchy bright (STIR/fat-saturated T2W) signal change in the posterior malleolus level, distal tibia and opposing posterior pole of the talus. There is irregularity of outline and low signal linear changes in the outline of the posterior pole of the talus. There is a small tibiotalar joint effusion, particularly at the posterior recess. Posterior ligaments appear intact. There is a small amount of fluid about the flexor hallucis longus tendon at sheath found closely adjacent to this level. The posterior ligaments appear intact. There is a mild signal increase (STIR/fat-saturated T2W) at the subcutaneous soft tissues in front of the lateral malleolus. No underlying fracture nor ligamentous disruption.

Remaining osseous soft tissue outlines of the ankle and included foot prove unremarkable.

IMPRESSION:
1. The most striking finding is opposing marrow edema (consistent with contusion) signal change at the posterior pole talus and posterior malleolus of the distal tibia. There may be minor fracturing change associated at the outline of the posterior talus.
2. Nonspecific soft tissue edema anterolateral of the lateral malleolus without focal underlying internal derangement.
3. Findings consistent with tenosynovitis at the flexor hallucis longus level.

David Kallman, M.D.
DK / dg

DD: 4/18/2012
DT: 4/18/2012
Job: 14978217

900 21ST AVENUE NORTH
MYRTLE BEACH, SC 29577
(843) 916-1700
(843) 916-9460 FAX

MAY. 2. 2012 2:18PM COA INSURANCE NO. 345 P. 7/13

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Patient: Ledford, Scott
MRN: 838315
Exam: MRI RIGHT ANKLE WITHOUT CONTRAST

This document has been electronically reviewed and signed by David Kallman, M.D.

LONG BAY
DIAGNOSTIC IMAGING

PATIENT: Ledford, Scott
DOB: [redacted]
MRN: 838315
PATIENT PHONE: [redacted]
PHYSICIAN: William Mills, MD
DATE: 4/17/2012

EXAM: MRI THORACIC AND LUMBAR SPINE WITHOUT CONTRAST

HISTORY: A 36-year-old male with persisting back pain dating to injury in 2010. Bilateral lower extremity pain associated.

COMPARISON STUDIES: Not available.

TECHNIQUE:
THORACIC: Following a sagittal T2W localizer, sagittal T1W/T2W/STIR, coronal T1W as well as axial T2W imaging sequences conducted through thoracic levels without intravenous contrast on the 1.5 Tesla GE Signa magnet.

LUMBAR: Sagittal T2W (with and without fat-saturation)/STIR, coronal T1W as well as axial T1W/T2W imaging sequences obtained without contrast.

FINDINGS:
THORACIC: Coronal imaging demonstrates no significant scoliosis. Included lungs and cervicothoracic soft tissues as well as those of the upper abdomen prove unremarkable on coronal imaging assessment.

On sagittal T2W localizing images, the least moderate if not more advanced central spinal canal stenosis is in evidence at the cervical spine (C5-C6, C6-C7) levels. There appears to be associated impressions made of impingement upon the volar aspect of the cervical cord.

There is mild anterior wedge configuration at T6. Remaining osseous vertebrae demonstrate unremarkable height and signal as well as alignment. Outlines, signal in caliber of the thoracic cord and included conus unremarkable. There is a mild posterior disc bulge effacing CSF ventral to the cord at T8-T9 and to a lesser degree at T9-T10 without significant impingement upon the cord itself. Mild to moderate loss of disc space height and signal of desiccation is found at mid thoracic segmental levels.

LUMBAR: Coronal imaging demonstrates no significant thoracolumbar scoliosis. Included T1W outlines of hollow and solid viscera unremarkable. Pelvic ring and proximal femora unremarkable as included. Abdominal aorta tapers normally to the bifurcation and beyond. Soft tissues of the included retroperitoneum and paraspinal levels prove

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MAY. 2. 2012 2:17PM COA INSURANCE NO. 345 P. 5/13

unremarkable on axial and sagittal assessments.

Signal characteristics, outline and caliber of the conus and cauda equina appear unremarkable. The tip of the conus is found at L1-L2. There is transitional anatomy at L5-S1 - there is "lumbarization" of the S1 vertebral body.

At and above the L4 level, central spinal canal and neural foramina are found patulous throughout. Disc space and vertebral body height, signal and alignment is well maintained

At L4-L5, there is a mild to moderate circumferential disc bulge present, which has mild effacing effect upon the volar aspect thecal sac. In concert with mild to moderate hypertrophic ligamenta flava and bony facet changes, a mild triangular central spinal canal stenosis results. Neural foramina reasonably patulous.

At L5-S1, there is reasonable disc space height with moderate loss of signal of desiccation. There is a mild to moderate circumferential disc bulge present, which has a slight concave effect upon the volar aspect thecal sac. There is crowding of the lateral recesses, especially the left in concert with moderate hypertrophic ligamenta flava and moderate to more exuberant hypertrophic bony facet changes. Mild to moderate symmetric neural foraminal narrowings are present.

At S1-S2, the central spinal canal and neural foramina appear patulous.

Osseous column outlines, signal and alignment otherwise unremarkable. There is a mild straightening of the normal lordosis.

IMPRESSION:
1. Moderate if not more advanced central spinal canal stenosis with impingement upon the cervical cord is manifested at C5-C6 and C6-C7 levels, seen incidentally. Recommend MRI cervical spine assessment.
2. Only mild hypertrophic spondyloarthropathy changes involve the thoracic and lumbar levels. No significant central spinal canal nor neural foraminal encroachment.
3. Otherwise, unremarkable examinations.

David Kallman, M.D.
DK / lb

DD: 4/18/2012
DT: 4/18/2012
Job: 14977691

This document has been electronically reviewed and signed by David Kallman, M.D.

MAY. 2. 2012 2:18PM COA INSURANCE NO. 345 P. 6/13

SCOTT A LEDFORD REF: ER CONWAY
62711
DOB: [redacted]
04/20/2012

SUBJECTIVE: He continues with thoracic pain, lower back pain and right ankle pain. He is on the Nucynta. He is out of work

OBJECTIVE: Thoracic MRI is reviewed. The compression fractures are healed. Lumbar MRI shows fairly advanced spondylosis L5-S1. Right ankle MRI shows a contusion. No definite fracture line.

ASSESSMENT:
1. Myofascial pain thoracic area.
2. Right ankle contusion.
3. L5-S1 spondylosis.

PLAN: Equalizer boot. Out of work. I think probably the best option for him as far as his lower back is an ALIF at L5-S1. First let's try some bilateral facet blocks at L5-S1. Out of work status. Equalizer boot. We will see him back in a couple of weeks.

William L. Mills, M.D. /5204
1848516

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MAY. 2. 2012 2:17PM COA INSURANCE NO. 345 P. 3/13

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Work and/or School Release

Date: 4/20/2012

Patient Name: SCOTT LEDFORD
Patient ID: 62711
Diagnosis

Please be advised that our patient: SCOTT LEDFORD.

☒ Was seen in our office on the following dates: 4/20/2012

☐ May return to full duty on. _____

☒ May not return to work until: further notice

☐ May return to light duty: _____

☐ May not participate in: _____

☐ Other. _____.

Return Appointment: _____

Attending MD.

William L Mills, MD DATE. 4/20/2012

MAY. 2. 2012 2:19PM COA INSURANCE NO. 345 P. 9/13

26

SCOTT A LEDFORD
62711
DOB: [redacted]
06/04/2012

REF: ER CONWAY

ADDENDUM
SUBJECTIVE: He is also having some pain in his right ankle.

OBJECTIVE: He still has some swelling over the right ankle area.

ASSESSMENT: 1. Right ankle contusion with continued pain.

PLAN: I want him to try some Voltaren gel. We will put him out of work for now. Again, I recommend an ACDF at C5-6 and C6-7. Probably at some point he is going to need an ALIF at L5-S1.

William L. Mills, M.D. /5204
1969096

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OCT. 8. 2012 8:42AM COA INSURANCE NO. 166 P. 7/14

27

2012037-201018

SCOTT A LEDFORD REF: ER CONWAY
62711
DOB: [redacted]
06/04/2012

SUBJECTIVE: He has right hand numbness and right arm pain, neck and right arm pain, lower back pain.

OBJECTIVE: Cervical MRI is reviewed. There is disc space narrowing C5-6, C6-7 Lumbar MRI shows a central herniation L5-S1. Advanced spondylosis.

ASSESSMENT:
1. C5-6, C6-7 spondylosis with right cervical radiculopathy.
2. L5-S1 spondylosis.

PLAN: Treatment options were discussed. I recommend ACDF at C5-6 and C6-7 with LDR system, also ALIF at L5-S1. He probably wants to get his neck done first.

William L. Mills, M.D. /5204
1969095

Chart Copy

28

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Work and/or School Release

Date: 6/4/2012

Patient Name: SCOTT LEDFORD
Patient ID: 62711
Diagnosis: Right ankle pain

Please be advised that our patient: SCOTT LEDFORD:

☒ Was seen in our office on the following dates: 6/4/2012

☐ May return to full duty on: _____

☒ May not return to work until: appointment with Dr. Taylor.

☐ May return to light duty _____

☐ May not participate in _____

☐ Other. _____

Return Appointment: _____

Attending MD

William L. Mills, MD DATE: 6/4/2012

29

Kristi S. Johnson

From: Tonya Smith
Sent: Wednesday, July 28, 2010 3 12 PM
To: Kristi S Johnson
Subject: FW. Scott Ledford DOI . 07/15/10 Dept of Public Safety /Transport Headquarters

From: Fowler, Raquel [mailto:rfowler@compendiumusa.net]
Sent: Wednesday, July 28, 2010 3.13 PM
To: Tonya Smith
Cc: Elizabeth Schachner; paulacrockett@scdps.net
Subject: Scott Ledford DOI . 07/15/10 Dept of Public Safety /Transport Headquarters

Rec'd verbal report from Kristy at Costal Ortho; DOS: 07/28 - Thoracic MRI has been completed and read by MD - It confirms;
T6 compression Fx w/ 25-30 vertebral body height lost, edema noted and this suggests the Fx is acute in nature and no chron-
This further confirms direct causal relationship between IW's diagnosis as it's related to the "Description of injury - of being tazed" causing fx due to muscle rigidity & violent muscle contractions.

Dr Mills wants to put IW in a TLSO brace to immobilizing IW from the neck to the waist ASAP before he leaves the office - she's requesting authorization for the brace which they have in stock their office.

IW also needs to be referred for a Neuro evaluation due to bilateral upper ext numbness - Verbal & e-mail Authorization (Auth # 2807104303275) sent for IW to be seen by Dr. Benjamin or any other Neuro at Strand Regional Specialty Associates - There is an office located in Conway and Myrtle beach - awaiting appt info so the correct location can be put in the system.
IW's still in the office at Costal Ortho being evaluated by Dr Mills and NCM still awaiting f/u appt w/ Dr Mills and IW's works status.
Conference call placed to claims adj and she provided verbal auth for DME to be directly faxed to claims, all parties updated/rlf

Raquel Fowler, LPN
Nurse Case Manager
CompEndium Services, Inc
Office Hours 8:00 am - 5.00pm
Main Phone 877-709-2667 Ext # 1017
Direct Fax: 678-985-4862
E-mail address, rfowler@compendiumusa.net

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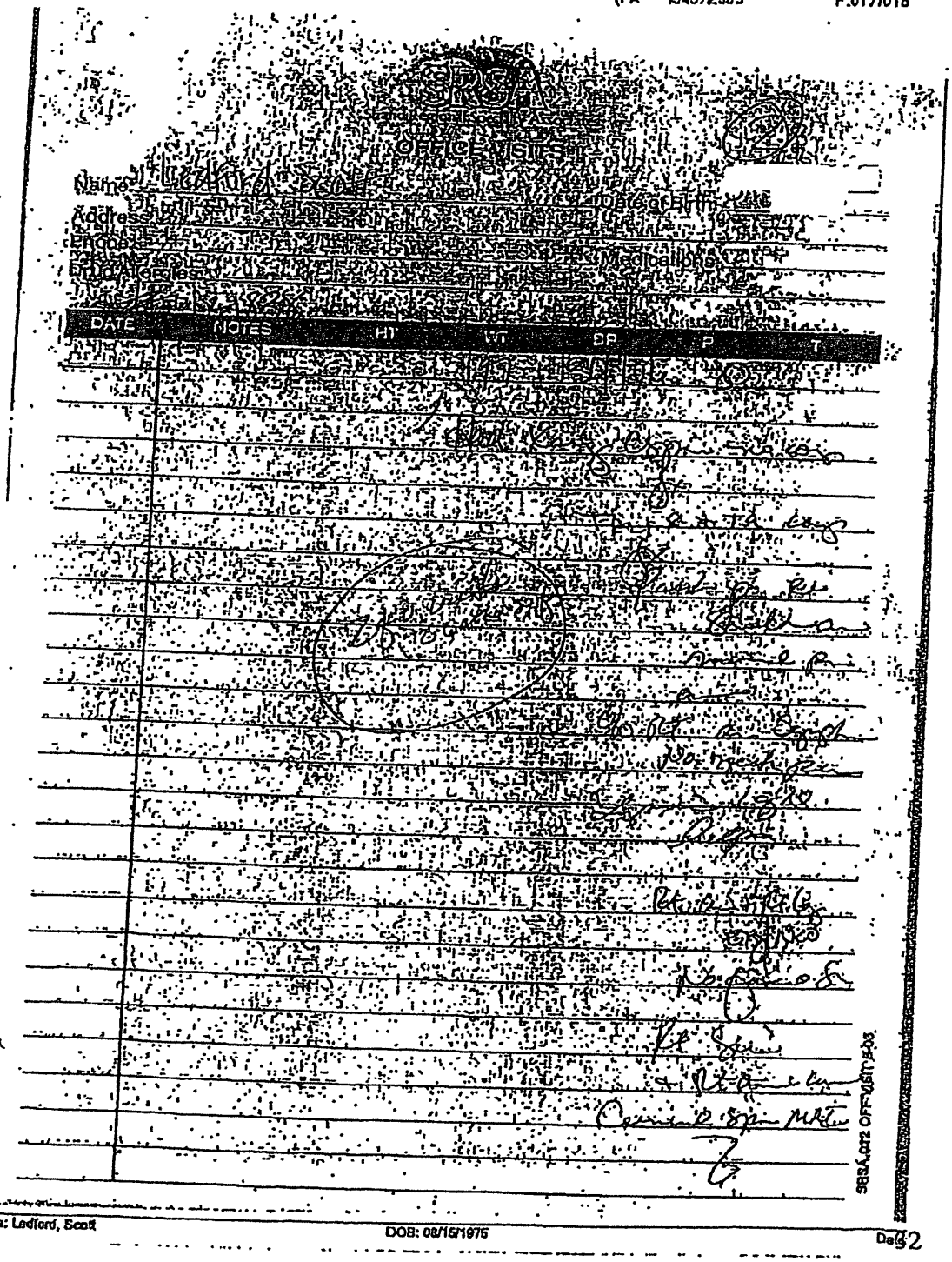
From: Fowler, Raquel
Sent: Tuesday, July 27, 2010 4.15 PM
To: 'tsmith@coastortho.net'
Cc: 'Elizabeth Schachner'; 'paulacrockett@scdps.net'
Subject: Auth for STAT MRI - Scott Ledford DOI . 07/15/10 Dept of Public Safety /Transport Headquarters

Update:
Rec'd verbal report from Dr. Haskins at Coastal Orthopedic:
He evaluated IW today DOS: 07/27/10, notes IW also brought in w/ him & MD watch the video of the incident when IW was tazed. Notes IW was gently placed to the ground, however per x-rays IW has a T7 compression fracture and is in need of a STAT MRI of Thoracic spine w/out contrast to help r/o acute or chronic fx then IW needs to f/u w/ their office on 07/28.
**MD notes either way IW is walking around w/ a "broken back" and he needs something done ASAP"
[redacted] tazed3

MD notes it's very possible for IW to have sustained a compression fx, caused by muscle rigidity & violent muscle contractions similar those whom have grand mal seizures, based on this verbal report the request is medically necessary and appropriate Auth # 27071043031001 -
and due to stat request I was not able to get One call medical to have testing set up in such short time, so OK'd IW to have MRI done at Coastal Orthopedic and once they get IW on the line to get him scheduled to have scan done no later than 07/28 and also f/u w/ Ortho back spit - Dr. William Mills on same day. Will look for an update from Tonya once all dates have been confirmed.
All parties updated/rlf

Raquel Fowler, LPN
Nurse Case Manager
CompEndium Services, Inc.
Office Hours 8:00 am - 5:00pm
Main Phone: 877-709-2667 Ext # 1017
Direct Fax: 678-985-4862
E-mail address: rfowler@compendiumusa.net

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OFFICE VISITS
Name
Address
Phone
Medicaid #
DATE
NOTES
HT
WT
BP
P
T
SRSA.072 OFFVISIT.PM5

Strand Regional Specialty Associates

OFFICE VISITS

Name: Ledford, Scott A. Date of Birth: [illegible]

Address: MR# MR# 121838

Phone: Medications:

Drug Allergies:

DATE	NOTES	HT	WT	BP	P	T
8/10			201	138/92	108	

with brace on.

[illegible]

[illegible]

[illegible]

Strand Regional Specialty Associates, LLC
Patient Data Base

Providing information about your personal and family medical history is one of the best ways to help your physician learn a great deal about your health in a short period of time. The questions in the Medical History Worksheet are designed to help you remember and communicate important details of your past and current health history. Complete as much of the worksheet as possible, answering as many of the questions as you can.

Name Scott Ledford Date of Birth [redacted]

Height 5'10 Weight 185 #'s ☒ Right-handed ☐ Left-handed

Please describe the problem you are experiencing:

Numbness Right Arm/Leg slight Numbness Left Arm

How long have you been having this problem? 7/4/2010 Toyota Train Controlled Among 10,000 Pts ① Thoracic Hand + Thigh at

How often does this problem occur? Most Dismantled + Landscape Yet

How severe is the problem? ☒ Very severe ☐ Moderately severe ☐ Mild Carpenter

Are there things that make this problem worse? Thumb

yes Pain

Are there things that make this problem better? Stay Walking

yes + help up Arm

What activities can you no longer do because of this problem? SOB much pull

Run / exercise right + contracted

Do you experience this problem with movement? ☒ Yes ☐ No Rt side & leg

Do you experience this problem at rest? ☒ Yes ☐ No Rt Numbness

post leg

Medical History

Prior Medical Problems (Include any Neurological and/or Orthopaedic related problems):

NONE

Prior Surgical History (List all operations and dates)

Right Index Finger 2005 3 weeks

Pain 2 years

Tips

No B/B

No fracture

Previous Hospitalizations other than Surgery (Include reason for hospitalization and dates):

NONE.

Medications (List all present medications with dosages - include over-the-counter vitamins, Tylenol, etc.):

NONE

Allergic History to Medications (List medication and specific allergy and/or reaction):

SHELLFISH.

Family History (List age and medical problems of parents, siblings, and children - if any deaths have occurred in the family please list age and cause of death):

Mother: —

Father: HEART ATTACK / Blood pressure

Brother(s): NONE

Sister(s): NONE

Children: NONE have Medical ISSUES

Social History

Do you smoke? ☐ Yes ☒ No

How long have you smoked? N/A

Did you ever quit? ☐ Yes ☐ No For How Long?

Do you drink alcohol? ☐ Yes ☒ No

If yes, indicate the number of drinks (and type) you take in an average week.

(Please include beer and wine) N/A

Do you use other drugs? ☐ Yes ☒ No

Have you ever had a blood transfusion? ☐ Yes ☒ No

Marital Status: ☐ Single ☒ Married ☐ Widowed ☐ Divorced ☐ Widowed/Divorced/Remarried

Name: Ledford, Scott DOB 08/15/1975 Date

35

Pt.Name Scott Ledford

Date: 8/24/2010

Strand-Regional Specialty Associates

In order for the physician to be more effective in meeting your medical needs, please answer the following questions for today's visit.

Why are you here today? [illegible]

Do you have any new problems or symptoms? If so, what are they?

No - [illegible]

Please list ALL medications taken and how often you take them.

Do you need any of these medications refilled? If so, please place a check in the box by that medication above.

Do you have any specific questions for the doctor? Please list below.

DO NOT WRITE BELOW PHYSICIAN ONLY

Thank you for allowing us to be of service to you today. Please follow these directions to best assist in the care of your medical condition:

Medications:

☐ No Changes

Make the following changes:

Add the following medications:

☐ Tests to be done:

☐ Call _____ for an Appt. at _____ ☐ You will be contacted. Check Info

☐ Other Instructions: Contact Number:

☐ Schedule a follow up appointment on or near:

Call for follow up appointment at 449-2336 on the day you prefer to be seen or the day before you wish to be seen.

STRAND REGIONAL SPECIALTY ASSOCIATES

Scott Ledford
DOB [redacted]
Chart: 121838
Date: 8/10/2010
Neurology Consultation

HISTORY OF PRESENT ILLNESS: Mr. Ledford is seen in evaluation at the request of Dr. Mills regarding work-related Taser injury. The patient states that on 07/15/2010, he was in a Taser training in a controlled atmosphere, at which time he was tasered with 50,000 volts with impact to left posterior shoulder region and at the right iliac crest at 7 feet distance. The patient states that he extended his back and was held up by two fellow troopers. He noted muscle contraction and spasm. He states that couple of days later, he was having shortness of breath and his muscles continued to feel tight and contracted. He also had numbness and tingling of the right arm, right leg especially down the right buttock, and posterior leg to the foot. There is a little bit of numbness on the left leg, but this has since resolved. He denies any bowel or bladder dysfunction or any face symptoms. He does note if he runs, the pounding seems to cause jolts of increased pain. He was seen by Dr. Mills approximately four or five days later for thoracic back pain and was found to have two compression fractures in the upper thoracic region and has been in a thoracic spine brace. He denies any neck pain.

PAST MEDICAL HISTORY: Pertinent for surgery on his right index finger in 2005. He denies any prior spine injury or medical illness.

MEDICATIONS: He is currently on no medications.

ALLERGIES: He does have any allergy to shellfish.

FAMILY HISTORY: Father with history of myocardial infarction and hypertension.

SOCIAL HISTORY: The patient denies any tobacco or alcohol use. He is married. He is a state trooper/police officer. He also owns the outdoor guide company and Landscape Company.

REVIEW OF SYSTEMS: The patient notes his right grip appears less than the left. He notes difficulty sleeping, shortness of breath which has gotten better, thoracic pain and stiffness, numbness and tingling in right arm appears to be on the undersurface of the arm more so than anywhere else with numbness of all fingers. Numbness and tingling of the right leg down the buttocks and back of leg primarily to the foot.

PHYSICAL EXAM:
VITAL SIGNS: Blood pressure 138/92, pulse 68, and weight 201 pounds.
GENERAL: The patient does have a thoracic back brace in place. He has no signs of shortness of breath.
HEENT: Normocephalic.

37

Scott Ledford
DOB: [redacted]
Chart: 121838
Date: 8/10/2010
Page 2

NECK: Supple
HEART: Regular rate and rhythm
LUNGS: Clear.

NEUROLOGICAL EXAMINATION:
CN II-XII: PERRLA. EOMI. Full visual fields with confrontation. Funduscopic exam is normal with no evidence of papilledema or hemorrhage. Spontaneous venous pulsations are seen. Facial sensation is intact to pinprick. Muscle of mastication are strong with symmetrical facial expressions. Hearing is intact to conversation. Soft palate elevated symmetrically with midline protrusion of the tongue. Gag is intact. Sternocleidomastoid and trapezius strength is symmetric
MOTOR: The patient does have a little bit of decreased right grip compared to the left. He is right-hand dominant. Intrinsic hand muscles are symmetric. Remainder of the motor strength testing is intact.
SENSORY: Sensation is intact to pinprick, temperature, vibration and position sense. There is no truncal sensory level.
DTRs: 2/4 in the upper and lower extremities with downgoing plantar response.
CEREBELLAR: There is an intact finger-nose-finger, rapid alternating movements and heel-to-shin testing.
MECHANICAL SPINE: The patient denies neck pain with range of motion and palpation. There is no sensory level in the cervical region. He does have back brace in place.
GAIT: His gait is stable. He is able to tandem work.

MEDICAL DECISION MAKING: Mr. Ledford is seen in evaluation for work-related Taser injury.

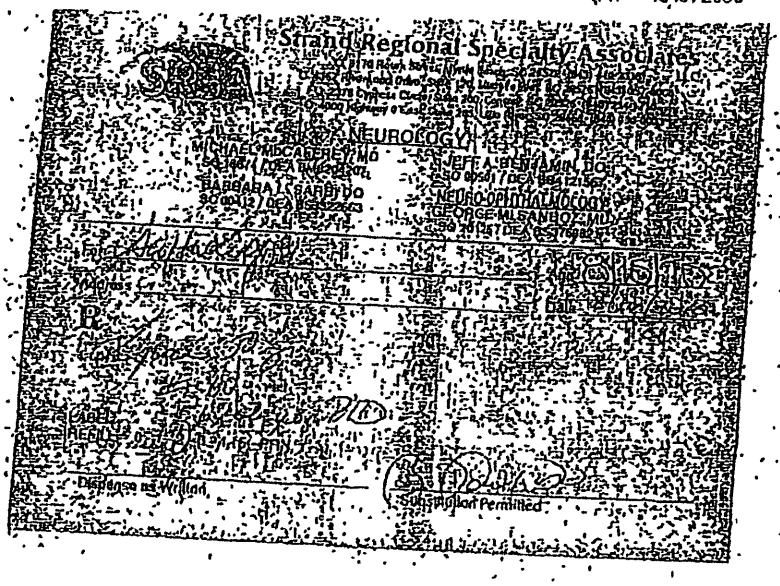
RECOMMENDATIONS: He has had two thoracic compression fractures and is having numbness, tingling, and paresthesias in the arms and legs secondary to nerve root inflammation/radiculitis post event. I have discussed treatment options with the patient. We are going to try him on some Lyrica 50 mg one to two tablets a day. Side effects to monitor for were discussed with the patient. I would like to see him back in followup in two weeks. If he is not showing improvement, we will proceed with the EMG and nerve conduction study of the right upper and lower extremity in addition to further imaging studies of the cervical and lumbar region at that time.

Barbara L. Sarb, DO

BS/apa

cc. William Mills, M.D.

38



Name: Ledford, Scott DOB 08/15/1975 Date

Scott Ledford
DOB:
Chart: 121838
Date: 8/27/2010
Page 1

Patient MRN: 121838

Date: 08/27/2010

Category: Dictation

Description. Sarb dictation

Provider ID:C706AC9B-07A5-4436-9BD0-99AC04AF5CE2

Transcription Date: August 27, 2010

Scott Ledford
DOB: 8/15/1975
Chart: 121838
Date: 8/27/2010
Neurology Follow Up

SSN#:

HISTORY OF PRESENT ILLNESS: Mr Ledford is seen in followup after a taser injury. He continues complaint of numbness and tingling of right arm and right leg and pain radiating down the arm. He states he had some cervical x-rays and updated thoracic x-rays at orthopedics. I do not have these notes and we will have him sign a record release. He states that everything, to his knowledge, was stable. He does have an area of tenderness and radiating pain on the right T6 through T9 area from the spine out to the rhomboid area and in towards the scapula area. He also feels like the right arm is just weaker in general His grip is decreased on the right arm strength testing today. That is his dominate arm He continues to have right sciatica pain and numbness, however, Lyrica is helping a little. He is just taking one tablet at nighttime. He is tolerating okay. He is really not interested in increasing. He states he is just not a medicine person.

PHYSICAL EXAM:
MOTOR: He does have decreased grip strength on the right compared to the left. Proximal strenght is intact. He does have subjective tenderness over the T6, T9 area just to the right of the midline Some increased muscle tone of the paraspinal muscles on the right radiating to the mid-

40

shoulder blade area. He does have complaint of pain down the right buttocks, back leg. Motor strength otherwise is intact..
SENSORY: No. dermatomal loss.

MEDICAL DECISION MAKING: Patient with taser injury. Patient with continued complaint of numbness, tingling in right arm, decreased right grip.

RECOMMENDATIONS: I have recommended MRI of the cervical region for evaluation of cervical disc pathology in addition to EMG and nerve conduction study of the right arm and right leg for paresthesias neuropathy. He may continue on the Lyrica which does seem to be helping neuropathic pain at this point. I have also placed a Lidoderm patch on the area of thoracic neuropathic pain. If this does help, I will give him a prescription for one patch daily, to remove at nighttime. He will be seen in followup after the above has completed or in four weeks

Barbara L. Sarb, DO

BS/ljh

cc:

Electronically Signed on 09/12/2010 5:00 PM

The End.

Barbara Sarb

InMed

Diagnostic Services of S.C., LLC

PATIENT NAME: SCOTT LEDFORD
DOB: [redacted]
REFERRING PHYSICIAN: B. SARB
GENDER: MALE
MR#: 416828
DATE OF STUDY: 9-9-10

MRI CERVICAL SPINE

HISTORY: Neck pain and mid back pain extending into the right arm with numbness. Prior history of thoracic spine fractures.

TECHNIQUE: Sagittal T1/T2 and axial T2 and gradient echo images obtained on a .3 Tesla open MRI unit.

FINDINGS: The paramidline lower cerebellum, lower brainstem and cervicomedullary junction are intact. C1-T2 are normally aligned. The T3 vertebral body is mildly decreased in height at the superior endplate. T4 is also mildly decreased in height and the findings may relate to chronic compression fractures at T3 and T4. There is no posterior bony retropulsion or cortical extension. Currently, no findings of marrow edema. The cervical and upper thoracic spinal cord is normal caliber and signal. Mild disc degeneration is seen at C2-3, C3-4, and C4-5. No significant disc bulge or foraminal stenosis at these levels. C5-6 disc is degenerated and narrowed with broad-based posterior disc protrusion greatest to the left of midline with overlying osteophytes. The findings are typical of moderate spondylosis with thecal sac effacement and mild left foraminal stenosis. Left sided moderate spondylosis is seen at C6-7 as well with osteophyte and chronic disc bulge best seen just ventral to the left C7 ventral rootlets. The foramina remain patent. C7-T1 and T1-2 and T2-3 discs are unremarkable. No defined paraspinal mass or muscle asymmetry. No significant right foraminal stenoses are identified with only mild spondylotic spurring to the right at C4-5, C5-6, and C6-7 levels.

IMPRESSION:

1. Moderate C5-6 and C6-7 left sided dominant spondylosis and degenerative disc disease with left sided thecal sac effacement and possible left C7 ventral rootlet contact. Mild left foraminal stenosis due to the chronic spondylotic spurring. No findings of acute disc herniation with particularly attention to the right side.
2. Mild mild cervical facet arthropathy with no acute fractures.
3. Mild wedge deformity and superior endplate deformities at T3 and T4 vertebral bodies that may relate to remote fractures.

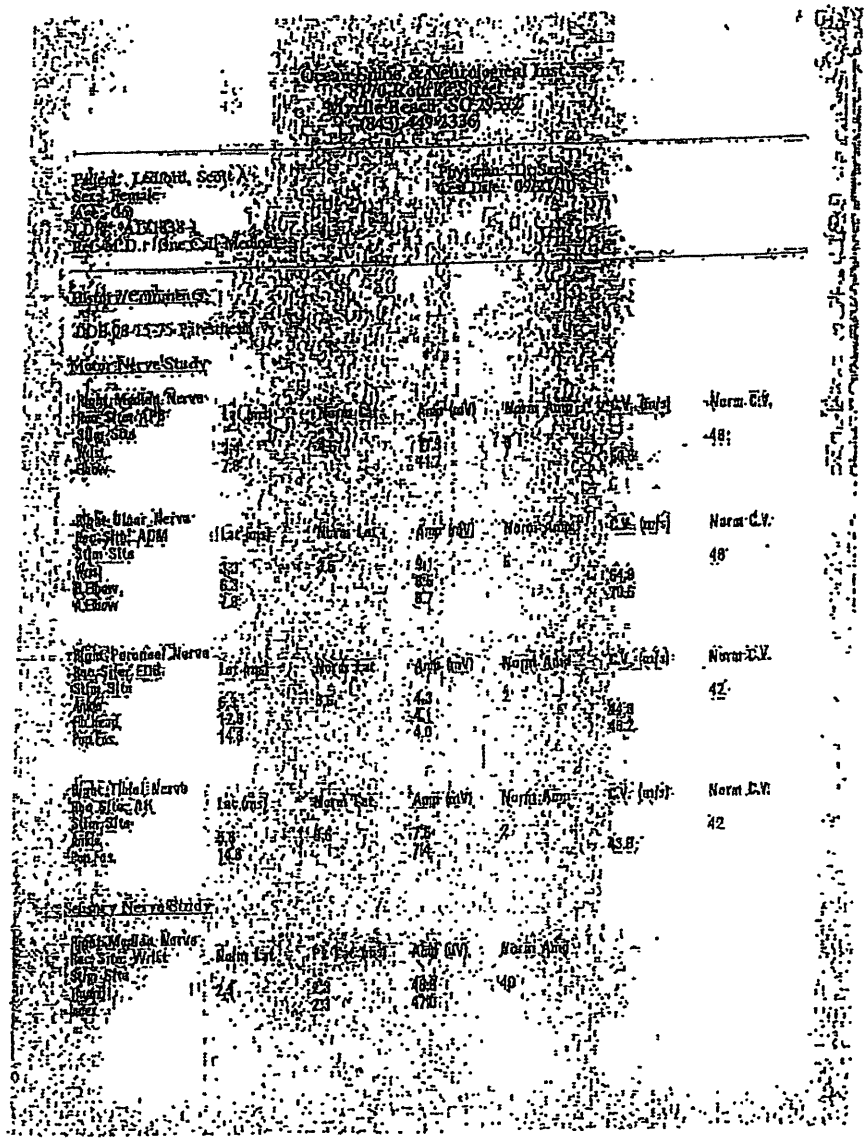
Charles E. Parks, M.D.

CEP/skd

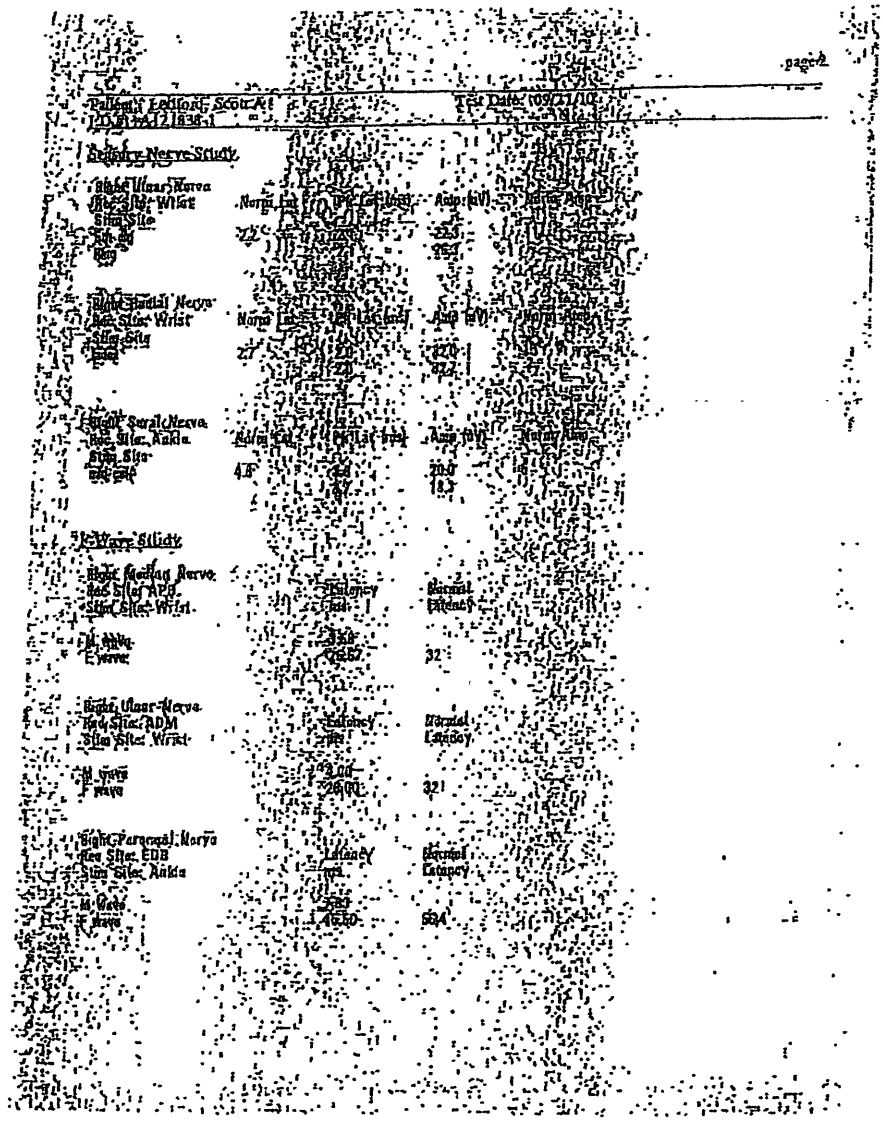
Hx football injury & canal compromise → Dr. Pfaller

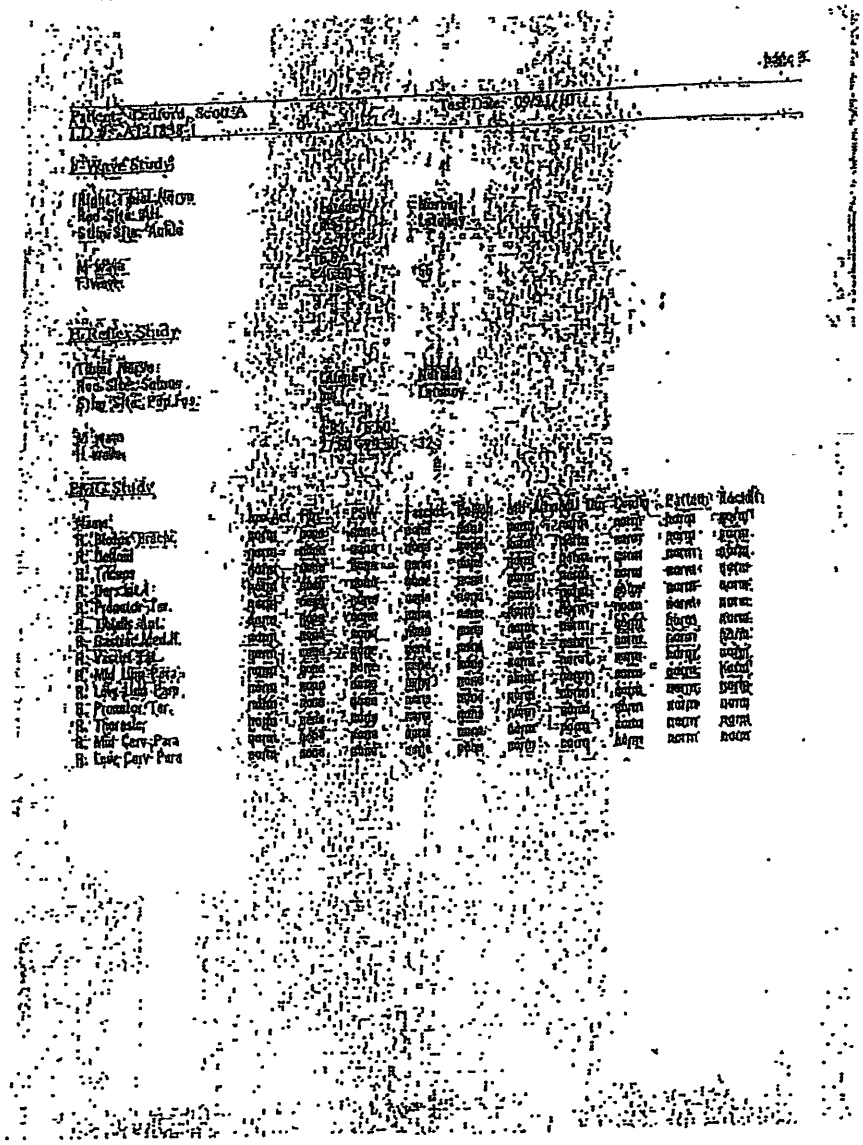
FAXED

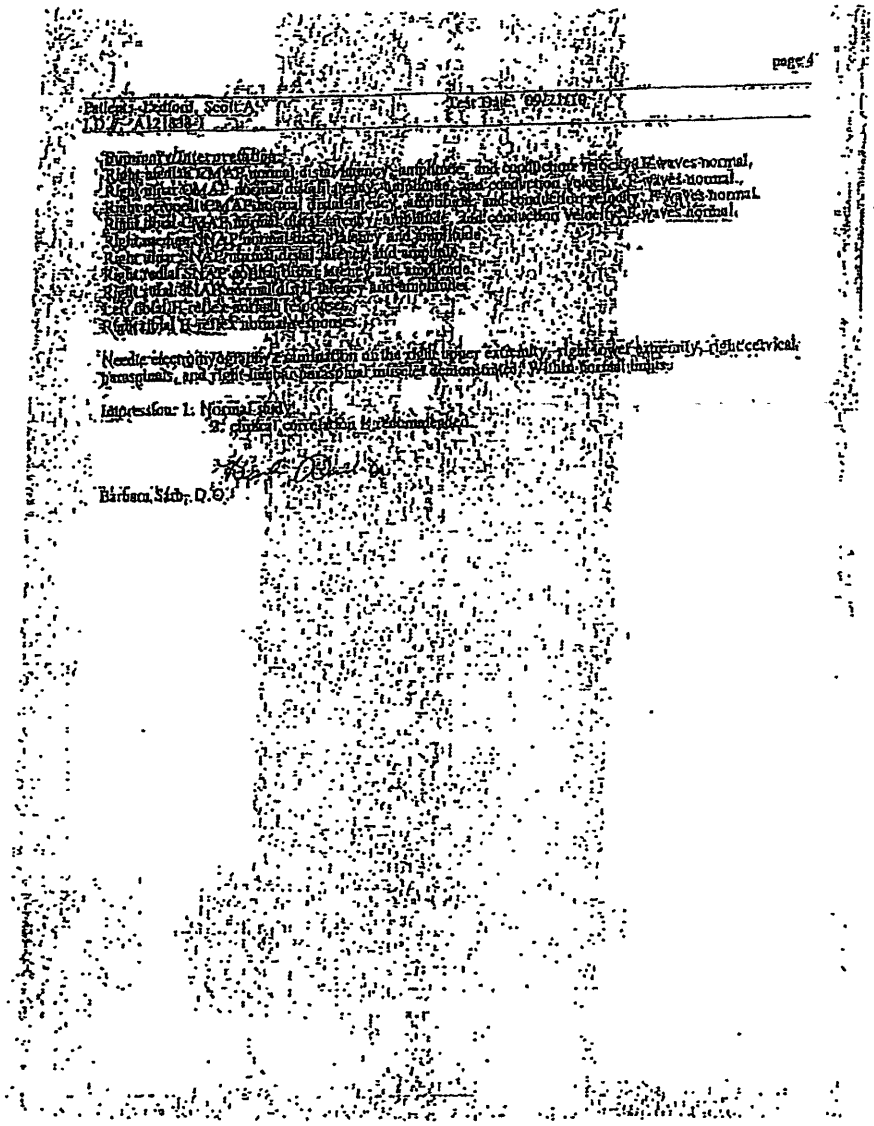
4701-Q Oleander Dr.
Myrtle Beach, S.C. 29577
P: (843) 692-0040 F: (843) 692-0045



Name: Ledford, Scott DOB: 08/16/1975 Page 3







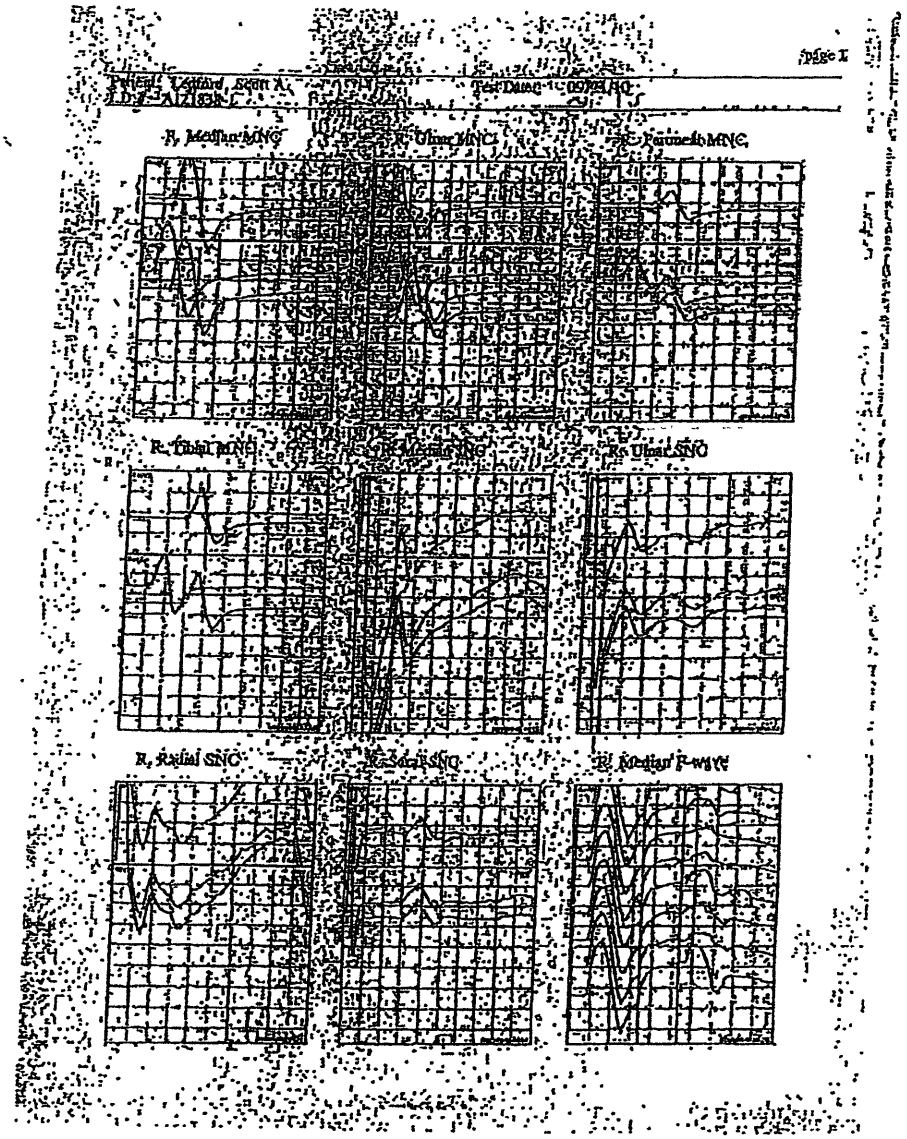
page 4

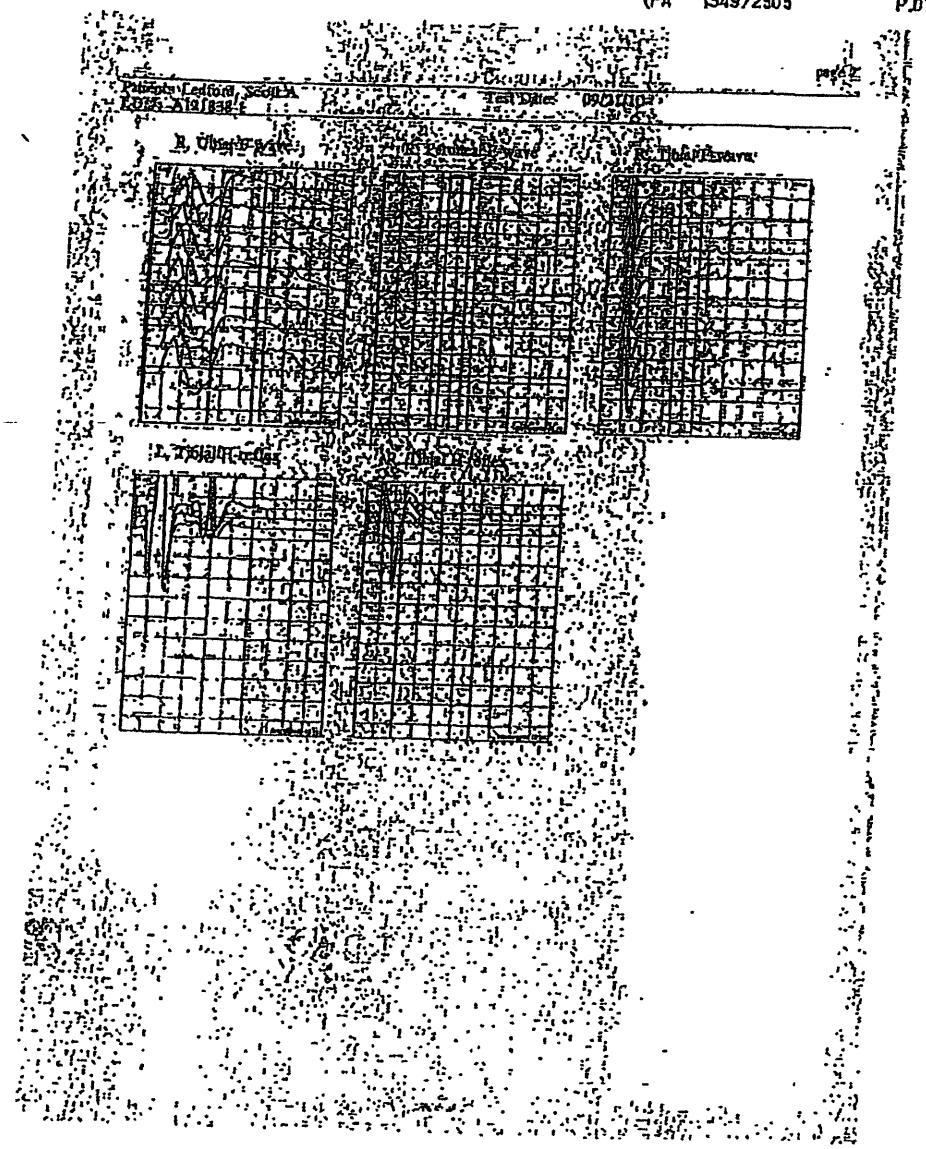
Ledford, Scott A
ID: A121[illegible]

Test Date: 09/21/10

Impression: 1. Normal study.

Barbara Sidy, D.O.


Page 1
Patient: Ledford, Scott A
ID#: AI2168
Test Date: 09/24/10
R, Median MNC
R, Ulnar MNC
R, Peroneal MNC
R, Tibial MNC
R, Median SNC
R, Ulnar SNC
R, Radial SNC
R, Sural SNC
R, Median F-wave



2010181

GRAND STRAND SPECIALTY ASSOCIATES NEUROLOGY

Neurology:
Jeff A. Benjamin, D.O.
Barbara L. Sarb, D.O.
Michael McCaffrey, M.D.

Neurology & Ophthalmology:
George M. Sahidoz, M.D.

Scott Ledford
DOB: [redacted]
Chart: 121838
Date: 8/16/2011
Neurology Follow Up

HISTORY OF PRESENT ILLNESS: Mr. Ledford is seen in followup. It has been awhile since I have seen him from his Taser injury back July 15, 2010. The patient states that he has no further neck or arm symptoms. He primarily has residual discomfort in the midthoracic region and some feeling of stiffness as though he has to twist and pop his back that he is tight in the area. He has been seen and treated by Dr. Mills for compression fractures T6, T8, T9. His cervical MRI also suggested possibly some old compression fractures at T3, T4. The patient states that he may have had x-rays in January but he is unsure. We will contact his attorney for further information on this. He is still having some change in sensation from this thoracic region approximately one-third down to two-thirds down of thoracic area to the right. He is not having any lower extremity pain or radicular symptoms. There is some radiating anteriorly near the axillary line with the thoracic discomfort, however. Feels like he has a knot at the area of compression fracture. He states that usually the pain is 3 or 4 out of 10; however, with certain activities, it will increase even up to 9.

CURRENT MEDICATIONS: He is currently on no medications.

PHYSICAL EXAM:
VITAL SIGNS: Blood pressure 132/78, pulse 82, and weight 196 pounds.
HEART: Regular rate and rhythm.
NEUROLOGICAL: Cranial nerves are intact.
MOTOR: Strength is intact. His grip on the right hand is a little less than on the left and he states he is right-hand dominant.
SENSORY: Examination reveals change in sensation from thoracic region on the right, decreased to pinprick and temperature approximately one-third right down the spine to two-thirds right down the spine, approximately T6 to T9 area.
DTRs: Deep tendon reflexes are grade 2/4 in the upper extremities, increased at the patella 3/4, and Achilles 1 to 2 over 4.
CEREBELLAR: Testing is intact. His gait is normal except for fairly regularly stretches, turns, moves to "stretch his back."

MEDICAL DECISION MAKING: The patient is seen in followup with Taser injury. He has done well with recovering from this except for persistent discomfort in the thoracic region,

described more as a stiffness, muscle tightness, and knot in the mid region. He does have some change in sensation in this area. The only other finding I see is some patellar hyperreflexia. If he has not had an MRI of the thoracic region with Dr. Mills which should be done several months out of injury time, I would recommend this looking for any nerve root foraminal compression attributing to the persistent paresthesias, any central column narrowing, or any worsening of compression fracture. If this has been already completed and can be faxed to me, then I do think the patient has met maximal medical improvement. If not, I will hold off on declaring maximal medical improvement until this is completed and reviewed.

Barbara L. Sarb, DO

BS/aji

cc: The Hyman Law Firm
Attn.: Hood Temple
Fax #: 843-678-9273

Electronically Signed on 08/24/2011 11:12 AM



GRAND STRAND SPECIALTY ASSOCIATES

Orthopaedic Surgery/Traumatology:
Christopher Bellamy, DO

Neurosurgery:
Thomas Anderson, MD
Eugene Giddens, MD

Neurology:
Jeff Benjamin, DO
Barbara Sarb, DO
Michael McCaffrey, MD

Neurology & Ophthalmology:
George Saucier, MD

August 26, 2011

To Whom It May Concern:

RE: Scott Ledford
DOB: [redacted]
Chart: 121838

Dear Sir or Madam:

A letter from attorney Temple in regards to Scott Ledford's impairment regarding cervical spine. The patient's chart was reviewed. Initial examinations and most recent examination, the patient fits the 5% whole-person impairment for cervical degenerative changes with stenosis and resolved radicular/paresthesia symptoms using the AMA Guides to the Evaluation of Permanent Impairment Sixth Edition. If you have any further questions or concerns, please do not hesitate to contact me.

Sincerely,

Barbara L. Sarb, DO

BS/ss

Electronically Signed on 10/11/2011 5:15 PM

8170 ROURK STREET • MYRTLE BEACH, SOUTH CAROLINA 29572
TELEPHONE: 843.449.2336 • FACSIMILE: 843.497.2605 • WWW.GRANDSTRANDSURGICAL.COM

SCOTT A LEDFORD

Date: 6/19/2012
Case No. 62711
AGE/SEX: 36/Male
DOB: [redacted]

Referred By: ER CONWAY

CHIEF COMPLAINT: Right ankle pain.

PRESENT ILLNESS: The patient is a 36-year-old white male who complains of pain in his right ankle, and points to the anterolateral ankle joint. The pain began in March when he was in a motorcycle accident. He was a seated driver, and State Trooper. He was involved in an accident as he was checking a car. He had pain in his ankle. He was seen at Doctors Care. He was initially seen by Dr. William Mills. The patient was treated for ankle swelling and contusions. He now presents for evaluation. He says the pain is now worse with standing and walking, and somewhat decreased with rest. The pain is somewhat improved, but he has no physical therapy. He says the pain is on the lateral aspect of his ankle.

PHYSICAL EXAMINATION:

GENERAL: Well developed, well nourished white male in no apparent distress.

LYMPHATIC: No cervical lymphadenopathy.

CARDIOVASCULAR: Bilateral upper extremities, radial pulse 1+ bilateral lower extremities, dorsalis pedis, and posterior tibial pulse 1+.

MUSCULOSKELETAL: Anatomic alignment of the right lower extremity. He is tender over the ATFL of his right ankle. There is mild swelling present. He has some anterior ankle joint tenderness as well. His peroneal strength is 4/5 on the right and 5/5 on the left. Full range of motion and complete stability of the left ankle, hindfoot, bilateral midfoot, and forefoot joints. Muscle strength and tone

JUL 10 2012 9:23AM COA INSURANCE NO. 847 P. 1

is normal. Gait is antalgic to the right side.

SKIN: No skin changes or rashes bilateral lower extremities.

NEUROLOGIC: Tinel's sign is palpable over the right superficial peroneal nerve and radiates pain out of the dorsal aspect of the right foot. Coordination intact to reciprocal testing. Achilles and patella tendon reflexes are 1+ bilaterally. Sensation is intact to light touch bilateral lower extremities.

MENTAL: The patient is alert and oriented to person, place and time. Mood and affect are appropriate.

ASSESSMENT:
1. Right ankle sprain on rehab.
2. Superficial peroneal neuritis.

PLAN: The patient was seen and evaluated by Dr. Taylor who recommended he go back into the cam walking boot, and begin physical therapy for ankle sprain protocol, 3 times a week for 4 weeks. Follow up in 4-6 weeks.

J. Chris Lewis, PA-C
For Ross Taylor, M.D. /5117
2011999

COASTAL
ORTHOPEDICS

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2376 Cypress Circle – Suite 300 / Conway, SC 29526
Phone: 843-347-7222 • Fax: 843-347-3305

COA PHYSICAL THERAPY/OCCUPATIONAL THERAPY PRESCRIPTION

Name: LEDFORD SCOTT

Date: 6/19/2012
Diagnosis: ankle sprain

Type: PT
Frequency: 2 times per week
Duration: 8 weeks
Special Instructions: see attached protocol

Protocols:

Treatment Goals:
- ☐ Increase ROM
- ☐ Increase strength
- ☐ Decrease pain
- ☐ Improve edema
- ☐ Establish home program

Anatomic area:

Side: ☐

Site:

☐ Shoulder	☐ Subtalar Joint	☐ Heel
☐ Elbow	☐ Hallux MTP Joint	
☐ Wrist	☐ Cervical Spine	
☐ Knee	☐ Lumbar Spine	
☐ Hip	☐ Hand, SELECT	
☐ Ankle	☐ Foot	

Weight Bearing Status:
- ☐ Full Weight Bearing
- ☐ Weight Bearing as tolerated
- ☐ Non Weight Bearing
- ☐ Toe Touch Weight Bearing
- ☐ May use regular shoe at In PT

Exercise:
- ☐ AROM
- ☐ PROM
- ☐ Proprioceptive Training
- ☐ General Conditioning

JUL. 10. 2012 9:24AM COA INSURANCE NO. 847 P. 3

☐ADL Training
☐Strengthening: SELECT
☐Gait Training: SELECT

Modalities:
☐Ultrasound
☐Phonophoresis
☐Electrical Stimulation
☐Ice and/or Heat
☐Edema Reduction Technique
☐Wound Care
☐Whirlpool
☐Intermittent Traction
☐Water Aerobics
☐Fluidotherapy

Occupational:
☐Work Hardening
☐Functional Capacity Evaluation

Dressing Changes:

Home Health PT:
☐Wet/Dry Dressing Changes - X QD
☐ Iodoform Packing - X QD
☐Wound Vac Dressing Changes - X QD

Splint fabrication:
Side: SELECT
☐ palm based thumb SPICA
☐ wrist cock-up
☐ joint jack
☐ LAPS
☐ post-op flexion tendon
☐ dynamic flexion
☐ dynamic extension
☐ dyna splint
☐ other____

Ross Taylor, MD
Ordering M.D.

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Work and/or School Release

Date: 6/19/2012

Patient Name: SCOTT LEDFORD
Patient ID: 62711
Diagnosis:

Please be advised that our patient: SCOTT LEDFORD:

☒ Was seen in our office on the following dates: 6/19/2012

☐ May return to full duty on: _____

☒ May not return to work until: follow up appt in 4-6 weeks

☐ May return to light duty: _____

☐ May not participate in: _____

☐ Other: _____

Return Appointment: _____

Attending MD:

Ross Taylor, MD DATE: 6/19/2012

JUL. 10. 2012 9:24AM COA INSURANCE NO. 847 P. 5

SCOTT A LEDFORD
62711
DOB: [redacted]
8/9/2012

REF: ER CONWAY

Scott is here for follow up, right ankle sprain.

SUBJECTIVE: He reports continued pain and swelling over the lateral aspect of his right ankle. He has been not yet authorized to begin physical therapy. He states he has been wearing his boot.

OBJECTIVE:
PHYSICAL EXAMINATION: Anatomic alignment of the bilateral lower extremities, with gait antalgic to the right side. He demonstrates mild swelling over the lateral aspect of the right ankle and hindfoot, and mild limitation of dorsi and plantar flexion. He demonstrates full range of motion and complete stability of the left ankle, bilateral hindfoot, midfoot, and forefoot joints, and muscle strength and tone is normal. He is tender over the anterolateral aspect of the right ankle, as well as the sinus tarsea region.

ASSESSMENT: Unrehabilitated ankle sprain, right ankle.

PLAN: Diagnosis and treatment options were discussed and reviewed. Scott is highly motivated to return to work, but has not yet received necessary treatment for his ankle injury. I have recommended he continue in the Cam walking boot and we keep his work status unchanged, pending treatment of his ankle injury. Again, he would require a course of physical therapy for range of motion and strengthening, as well as ankle stabilizing exercises. It is only after such a course of physical therapy is he likely to improve. He will follow up again in 4-6 weeks time.

Ross Taylor, M.D. /5127
2165628

Chart Copy

OCT. 8. 2012 8:41AM COA INSURANCE NO. 166 P. 3/14

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Work and/or School Release

Date: 8/9/2012

Patient Name: SCOTT LEDFORD
Patient ID: 62711
Diagnosis:

Please be advised that our patient: SCOTT LEDFORD:

☒ Was seen in our office on the following dates: 8/9/2012

☐ May return to full duty on: _____

☒ May not return to work until: follow up appt

☐ May return to light duty: _____

☐ May not participate in: _____

☐ Other: _____

Return Appointment: _____

Attending MD:

Ross Taylor, MD DATE: 8/9/2012

OCT. 8. 2012 8:45AM COA INSURANCE NO. 166 P. 14/14

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2012053

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August 9, 2012

Companion Insurance Company
PO Box 100102
Columbia, SC 29202-3102

RE: SCOTT A LEDFORD
Our Case No.: 62711

TO WHOM IT MAY CONCERN:

Scott has been under my care for a right ankle injury incurred at work. He was seen by me first on 06/19/2012. At that time I placed him in a Cam walking boot and recommended a course of physical therapy. He states he has been unable to perform this physical therapy, as it has not yet been approved by his workman's compensation carrier. He is highly motivated to return to work, and I feel he would do well if he underwent the physical therapy. Unfortunately, he yet has 4-6 weeks of physical therapy prior to even considering MMI. It is my hope that his workman's compensation carrier will approve his necessary physical therapy.

Sincerely,

Coastal Orthopaedic Associates, P.A.

Ross Taylor, M.D.

RT/5127
2165629

cc: Hyman Law Firm
170 Courthouse Square
Florence, SC 29501
Attention: Hood Temple

SCOTT A LEDFORD
62711
DOB: [redacted]
11/15/2012

REF: ER CONWAY

The patient is here for follow up of persistently painful right sprained ankle.

SUBJECTIVE: He has completed 12 visits of physical therapy with modest to no relief. He points to the anterolateral aspect of the right ankle joint. The pain in this area is dull and aching in nature. It is exacerbated by standing, walking and weightbearing, and somewhat relieved by rest.

OBJECTIVE:
PHYSICAL EXAMINATION:
MUSCULOSKELETAL: Anatomic alignment of the bilateral lower extremities. He is edematous about the right ankle joint. He demonstrates limitation of dorsiflexion to 8 degrees on the right versus 15 on the left. He demonstrates limitation of plantar flexion to 30 degrees on the right, 40 degrees on the left. He demonstrates full range of motion and complete stability of the bilateral subtalar, midfoot and forefoot joints. Muscle strength and tone is normal. He is tender over the posterolateral aspect of the left ankle in the area of Stieda process but not along there peroneal tendons. He is tender over the anterolateral aspect of the right ankle where palpable crepitus is induced with dorsiflexion.
HEART: Regular rate and rhythm.
LUNGS: Clear to auscultation bilaterally.

ASSESSMENT:
1. Probable impingement lesion, right ankle. Could not rule out osteochondral lesion.
2. Posterior impingement syndrome, right ankle.

PLAN: Diagnosis and treatment options were discussed and reviewed with the patient. Based on lack of response to conservative treatment it is unlikely additional physical therapy and/or bracing, or other conservative modalities would lead to adequate improvement. To reach full MMI and maximal function he will require surgery. Surgery would involve an arthroscopic debridement of the ankle joint done through an anterior approach and assessment of the cartilage surface. Any underlying cartilage pathology may need to be simultaneously treated. He would then require change to prone position for arthroscopic versus open resection of Stieda process. Outline of all surgical incisions, nature of the surgery and the

DEC. 11. 2012 2:58PM COA INSURANCE NO. 007 P. 3

potential risks associated with the surgery; including risk of continued pain, nerve injury, numbness or tingling about the foot, complex regional pain syndrome, deep vein thrombosis or infection were discussed, reviewed and expressed as understood. He is out-of-work.

Ross Taylor, M.D. /5142
2457145

Chart Copy

DEC. 11. 2012 2:58PM COA INSURANCE NO. 007 P. 4

Rm 3 EXAM ROOM TIME 812 — Doctors Care — CHECKOUT TIME 9:52

ACCOUNT NUMBER	DATE	TIME		TICKET NO
115996	03/13/12 TUESDAY	08:09am	DC CONWAY 501,	1169289

NAME & ADDRESS
LEDFORD, SCOTT
[redacted]
MYRTLE BEACH, SC 29588
[redacted]
WRK:
INSURED: LEDFORD, SCOTT
INS: WC/STATE ACCIDENT FUND
REASON: WKC ANKLE AND KNEE
NICKNAME: Rankle & Knee

DOB [redacted] (28 years)
GENDER: M
IBG:
CELL:
RELATION: SELF
DOI: 3-10-12
COPAY:

INSURANCE BALANCE	$0.00
ACCOUNT BALANCE	$0.00
CURRENT CHARGES	
AMOUNT PAID	
NEW BALANCE	

CASH | CHECK | EMO | CC

Social Hx / Family Hx / Social Hx
DM none — Alcohol —
HTN none — Tobacco —
Work? ☐ yes ☐ no If yes, which state: —
Accident: —
7 chart rev., no sig chg.: — Above Hx rev.: ☑

ROS (✓ 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 ears ☑ All others negative

Allergies: shellfish

Medications: 0

☐ Meds/Allergies Reviewed ☑

	HT	BMI	BP	PULSE	RESP	TEMP	
28			138/84	75	16	99.9	☐ LMP — ☐ Tetanus —

PHYSICAL: (see reverse) Circle if N/A
(E-enl., O if abnrml. & give details)
General WNL
HEENT
Neck
Nodes
Lungs
CV
Abd
Back
ER
XR
Extra
Skin/Breasts
Symptoms
I.V.
Injection
Nebulizer
Procedure
Pulse Ox

Chief Complaint:
HPI (see ER notes)
- PT in MVA
- knee feels fine
- ankle still sore c diff. on ambulating
- mild improved

Rt knee - medial collateral and patella: FROM, NT.
Rt ankle - lateral and medial NT, no deformity, no swelling
Neuro intact
Ambulates c limp
Ankle c contusions (ankle and knee)

☐ CBC
☐ EKG
☐ FBS
☐ PSA
☐ Hema
☐ Hgb A1C
☐ H. Pylori
☐ KOH
☐ Mercalb
☐ Mono
☐ Strep
☐ Tetanus
☐ UA
☐ UPreg
☐ Wet Prep
☐ X-Ray

DIAGNOSIS: Rt Ankle injury contusion/sprain — 845.00 844.9 E849.3

☐ Labs - Send Out

Patient Care Instructions Discussed
Lifestyle Modification
Preventative Recommendation(s)
Prescriptions / OTC Meds
Side Effects Discussed
Follow-Up: PRN. on 3-18-2012.
Xrm:
Worsening symptoms, go ER
If not better: —
Go ER if: —

Crutches/Splints/Supplies ☐ Given ☐ Recommended
Crutches - daily use PT
- Naprosyn 500 mg #20
- contusibles/ankle aid

PSR Notes: NEW 99203-142

Off Work / School

I, [redacted], MD, DO, P.A., F.N.P.
I voluntarily consent to any and all health care treatment and diagnostic procedures provided by Doctors Care and its associated physicians, dentists and other personnel. I am aware that the practice of medicine other health care professions is not an exact science and I further state that 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 designees for services rendered.

Self or Authorized Person's 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.

Self or Authorized Person's Signature _____ Date _____

62

CompEndium Services Inc.

1000 Hurricane Shoals Rd.
Bldg C Suite 300C
Lawrenceville, GA 30043
Toll Free 877-709-2667
FAX 877-710-2667 Medical Manager _____ RN

Demographic Information Date 3/8/12 Date of Injury 2/10/12 Treating Physician _____

Patient Name Scott Ledford SSN ___-___-____ Patient ID _____

Address [redacted] Job Title _____

Employer _____ Employer Phone(___)___-____ Home Phone(___)___-____

The actions taken during this authorization process will be based upon the information submitted for review. Authorization does not guarantee acceptance of this as a compensable workers' compensation injury. Any payments made will be in compliance with the state law governing workers' compensation.

Medical Information Date of last visit 1/1/__ Date of Next Visit 1/1/__

Diagnosis RT Ankle sprain / strain / contusion

Treatment Plan cont. crutches / Ankle Immobilizer / NSAIDS.

Surgery Date 1/1/__ Post DP RTW 1/1/__

☐ PT _____ ☐ Diagnostics _____ ☐ Procedures _____

Anticipated MMI 1/1/__ Impairment Rating ___ % Body part _____

Medication List Naproxen 500 mg

☐ Excellent ☐ Good ☐ Fair ☐ Poor

☐ Work Related ☐ Not Work Related ☐ Cannot be determined

☐ Return to work on 1/1/__ with no limitations Discharge From Care 1/1/__

☐ Return to work on 3/8/2012 With abilities noted below ☐ Employee sent home on 1/1/__ until 1/1/__

☐ Other _____

If any employee is taken off work, it must be pre-certified by a CompEndium Medical Manager or physician advisor who must document the objective findings that warrant not returning to work with modified activity.

Sit			✓	
Stand	✓			
Walk	✓			
Sedentary				
Lift up to 10 lbs.	✓		✓	
Light 10 – 25 lbs				
Medium 25 – 50 lbs				✓
Heavy 50 – 100 lbs				✓
Very Heavy 100+ lbs				✓
Patient may pull				✓
Push				✓
Twist				✓
Climb				✓
Bend				✓
Stoop				✓
Kneel				✓
Crawl				✓
Reach				✓
Grasp / Pinch			✓	
Repetitive Movement			✓	
Other	USE ANKLE IMMOBILIZER AND CRUTCHES ALL THE TIME			

Authorization Number _____ Valid Through 3/8/2012

Physician Signature [signature] Date 3/8/2012

1:20 EXAM ROOM TIME — Doctors Care — CHECKOUT TIME — 158

ACCOUNT NUMBER	DATE	TIME		TICKET NO
115996	03/18/12	01:10pm	DC CONWAY 501,	111237A

NAME & ADDRESS
LEDFORD, SCOTT
[redacted]
MYRTLE BEACH, SC 29588 tm
[redacted]
NRK:
INSURED: LEDFORD, SCOTT
INS: WC/STATE ACCIDENT FUND
REASON: WKC RECHECK
NICKNAME: "good"

DOB: [redacted] (36 years)
GENDER: M
IBG:
CELL:
RELATION: SELF

803.612 2712 CORAY, Kristen

INSURANCE BALANCE	$142.00
ACCOUNT BALANCE	$142.00
CURRENT CHARGES	
AMOUNT PAID	
NEW BALANCE	

CASH | CHECK | CRD | CRD

sonal Hx: ___ Family Hx: DM + HTN ___ Social Hx: Alcohol ___ Tobacco ___
Ident? ☐ yes ☐ no If yes, which state: ___
s of Accident: ___
v. chart rev., no sig chg.: ___ Above Hx rev.: ___

ROS (✓ 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: Shellfish

Medications: Ibuprofen 800mg BID

☐ Meds/Allergies Reviewed ___

	HT	BMI	BP	PULSE	RESP	TEMP	
30			122/71	73	16	97.1	☐ LMP ___ ☐ Tetanus ___

PHYSICAL: (see reverse) Omit if N/A
If numl., O if abnrml. & give details)
General
HEENT
Neck
Lungs
CV
Abd
Back
Ext
GU
Groin
Skin/Breasts
Chaperone
N.V.
Injection
Nebulizer
Procedure
Pulse Ox ___

Chief Complaint: DOI 3-10-12

HPI: Pt relates marked improved walking w/o any Noticable Limp. Pt relates the Current hard plastic immobilizer Ankle brace seems to aggravate the Ankle. (R) Knee feels 95% better at (R) ankle 90% better, pt Relates to Still having ICE. Only having Motrin BID. Pt wants to Resume Normal duties in 3 days

(R) Knee & (R) ankle have full ROM w/o crepitance Pulses & DTR's were Rt Equal (-) Homans sign - RLE Slight laxity of (R) knee, Non (R) ankle.

845.00 844.9 E849.3

☐ CBC ☐ EKG ☐ FBS ☐ Flu ☐ Hemo ☐ Hgb A1C ☐ H. Pylori ☐ KOH ☐ Microalb ☐ Mono ☐ Strep ☐ Tetanus ☐ U/A ☐ U Preg ☐ Wet Prep ☐ X-Ray

When Rec'd Schedule ☐ Labs - Send Out

DIAGNOSIS:
(R) Knee Sprain/strain (R) ankle Sprain tm

Patient Care Instructions Discussed
Lifestyle Modification
Preventative Recommendation(s)
Prescriptions / OTC Meds
Side Effects Discussed
Follow-Up: 3-31-12
RTC:
Worsening symptoms: ER
If not better: RTC Sooner
to ER If:

Crutches/Splints/Supplies ☐ Given ☐ Recommended

↑ Motrin 800, from BID to TID PC
D/C ICE
Use moist heat (R) knee/ankle QID prn
DC Plastic brace
(R) Ankle brace w/ ankle (canvas) brace
OK to resume Normal duties 3/21/12

Off Work / School

PSR Notes:
ESTAB
99214 - 14
00051 - 40

Dr. PA, FNP 03/18/12

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 am aware that the practice of medicine other health care professions is not an exact science and I further state that 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 physicians of Applied Benefits to Doctors Care physicians or their designee for services rendered.

Patient or Authorized Person's Signature: ___ Date: ___

RTWS faxed to compendium 64

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

Patient or Authorized Person's Signature: ___ Date: ___

Am

CompEndium Services Inc.

1000 Hurricane Shoals Rd.
Bldg C Suite 300C
Lawrenceville, GA 30043
Toll Free 877-709-2667
FAX 877-710-2667 Medical Manager _____ RN

Demographic Information Date 3/16/12 Date of Injury (R) 10/1/2007 Treating Physician K A Williams

Patient Name Scott Ledford SSN _____ Patient DOB _____

Address [redacted] Job Title _____

Employer SC Highway Patrol Employer Phone (___) ___-____ Home Phone (___) ___-____

The actions taken during this authorization process will be based upon the information submitted for review. Authorization does not guarantee acceptance of this as a compensable workers' compensation injury. Any payments made will be in compliance with the state law governing workers' compensation.

Medical Information Date of last visit 3/13/12 Date of Next Visit 3/31/12

Diagnosis (R) Knee sprain/strain (R) ankle strain

Treatment Plan 1. Motrin from BID to TID p.r.n. Change from plastic to canvas ankle brace

Surgery Date / / N/A Post OP RTW / /

☐ PT _____ ☐ Diagnostics _____ ☐ Procedures _____

Anticipated MMI / / Impairment Rating ___ % Body part _____

Medications Motrin

Prognosis ☐ Excellent ☒ Good ☐ Fair ☐ Poor

Condition ☐ Work Related ☐ Not Work Related ☐ Cannot be determined

☒ Return to work on 03/21/12 with no limitations Discharge From Care / /

☐ Return to work on / / With abilities noted below ☐ Employee seat home on / / Until / /

☐ Other _____

If any employee is taken off work, it must be pre-certified by a CompEndium Medical Manager or physician advisor who must document the objective findings that warrant not returning to work with modified activity.

Sit				
Stand				
Walk				
Sedentary				
Lift up to 10 lbs.				
Light 10 – 25 lbs				
Medium 25 – 50 lbs				
Heavy 50 – 100 lbs				
Very Heavy 100+ lbs				
Patient may pull				
Push				
Twist				
Climb				
Bend				
Stoop				
Kneel				
Crawl				
Reach				
Grasp / Pinch				
Repetitive Movement				
Other				

Authorization Number _____ Valid Through / /

Physician Signature K A Williams MD Date 3/18/12

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'm3

EXAM ROOM TIME 1:20

Doctors Care

CKOUT TIME 2:09

ACCOUNT NUMBER	DATE	TIME		TICKET NO
115996	03/31/12 SATURDAY	01:09pm	DC CONWAY 501,	112151

ME & ADDRESS
LEDFORD, SCOTT
[redacted]
MYRTLE BEACH, SC 29588
[redacted]
WRK:
INSURED: LEDFORD, SCOTT
INS: WC/STATE ACCIDENT FUND
REASON: WKC RECHECK Oral ® Knee/ankle
NICKNAME: ® ankle swelling PODAY: Pain
DOB: [redacted] (26 years)
GENDER: M
IBG:
CELL:
RELATION: SELF

INSURANCE BALANCE	$323.00
ACCOUNT BALANCE	$323.00
CURRENT CHARGES	
AMOUNT PAID	five
NEW BALANCE	

CASH | CHECK | AMO | C.C.

Allergies: Shellfish

Medications: (1)

☐ Meds/Allergies Reviewed

Family Hx: DM dad, HTN dad
Social Hx: Alcohol —, Tobacco —

ROS (✓ 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, Cramps, Dysuria, Freq., Urgency, Back Pain, Pelvic Pain, Vag. D/C, Headache, Syncope, Rash ☐ All others negative

Work? ☐ yes ☐ no If yes, which state: ____
Auto Accident: ____
e. chart rev, no sig chg ____ Above Hx rev ____

WT	HT	BMI	BP	PULSE	RESP	TEMP	
178			134/88	74	20	98.1	☐ LMP ☐ Tetanus

PHYSICAL: (see reverse) Omit if N/A
If norm., O if abnorm. & give details)
General
HEENT
Neck
Nodes
Lungs
CV
Abd
Back
Ext
GU
Neuro
Skin/Breasts
Temperature
I.V.
Injection
Nebulizer
Procedure
Pulse Ox

Chief Complaint:

HPI: DOI 3-10-12

Pt relates since last visit, pt returned to Normal activities and Both the ®knee & ®ankle have Both flared up and much more painful. No specific re-injuries - just at bearing.

Ligamentous laxity of the ®knee & ankle
+ Hoeman's Sign
Patient Reflex's WNL
↑ Edema ® lateral ankle w/ marked subjective pain on palpation & ROM of the ankle

☐ OBO
☐ EKG
☐ FBS
☐ Flu
☐ Hemo
☐ Hgb A1C
☐ H. Pylori
☐ KOH
☐ Microscop
☐ Mono
☐ Strep
☐ Tetanus
☐ U/A
☐ U Preg
☐ Wet Prep
☐ X-Ray

845.00 844.9 E849.3

St. Louis - Send Out

DIAGNOSIS:

Exacerbation ® Ankle Sprain Exacerbation, ® Knee Strain

Patient Care Instructions Discussed
Lifestyle Modification
Preventative Recommendation(s)
Prescriptions / OTC Meds
Side Effects Discussed
Follow-Up: 1a days
Return:
Worsening symptoms: ER
If not better: Date
Go to ER If:

Crutches/Splints/Supplies ☐ Given ☐ Recommended

Prednisone 10mg 6 day dose pak PC
Moist Heat & Non-wt bearing ROM exercises
4 to 6 W days
light duty

PSR Notes: EBTAB
99214-141
99051-40

Off Work / School

[redacted] M.D. D.O. P.A. F.N.P.

I voluntarily consent to any and all health care treatment and diagnostic procedures provided by Doctors Care and its associated physicians, employees and staff personnel. I am aware that the practice of medicine other health care professions is not an exact science and I further state that I understand that no guarantee has been or can be made as to the results of the treatments or examination at Doctors Care. I consent to the use and disclosure of my/the patient's protected health information for purposes of obtaining payment for care, as described in Doctors Care Notice of Privacy Practices. I authorize payment of medical benefits to Doctors Care physicians or their designees for services rendered.

Print or Authorized Person's Signature: _____ Date: _____

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

Print or Authorized Person's Signature: _____ Date: _____

66

CompEndium Services Inc.
1000 Hurricane Shoals Rd.
Bldg C Suite 300C
Lawrenceville, GA 30043
Toll Free 877-709-2667
FAX 877-710-2667 (Medical Manager)

Demographic Information Date 3/30/12 Date of Injury 3/10/12 Treating Physician

Patient Name Ledford SSN Patient DOB / /

Address Job Title

Employer Employer Phone ( ) Home Phone ( )

The actions taken during this authorization process will be based upon the information submitted for review. Authorization does not guarantee acceptance of this as a compensable workers' compensation injury. Any payments made will be in compliance with the state law governing workers' compensation.

Medical Information Date of last visit 3/18/12 Date of Next Visit 4/16/12

Diagnosis (B) Knee & (R) Ankle Sprain w/ re-examination

Treatment Plan Prod. Pak x 6 days Ice Moist heat Light duty

Surgery Date / / N/A Post OP RTW / /

☐ PT ☐ Diagnostics ☐ Procedures

Anticipated MMI / / Impairment Rating % Body part

Functional Progress Prod Pak

Prognosis ☐ Excellent ☐ Good (X) Fair ☐ Poor

Causality ☐ Work Related ☐ Partial Work Related ☐ Cannot be determined

☐ Return to work on / / with no limitations Discharge From Care / /

☒ Return to work on 4/01/12 With abilities noted below ☐ Employee sent home on / / until / /

☐ Other

If any employee is taken off work, it must be pre-certified by a CompEndium Medical Manager or physician advisor who must document the objective findings that warrant not returning to work with modified activity.

Sit				
Stand		X		
Walk	X			
Sedentary			X	
Lift up to 10 lbs.			X	
Light 10 – 25 lbs			X	
Medium 25 – 50 lbs		X		
Heavy 50 – 100 lbs	X			X
Very Heavy 100+ lbs				X
Patient may pull				
Push				
Twist				
Climb				
Bend				
Stoop				
Kneel				
Crawl				
Reach				
Grasp / Pinch				
Repetitive Movement				
Other				

Authorization Number Valid Through / /

Physician Signature [signature] DO Date 3/31/12

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4/ EXAM ROOM TIME 15 CHECKOUT TIME 410

ACCOUNT NUMBER	DATE	TIME		TICKET NO.
115996	04/06/12 FRIDAY	03:13pm	DC CONWAY 501,	1155389

NAME & ADDRESS: LEDFORD, SCOTT [redacted] DM
MYRTLE BEACH, SC 29588 [redacted]
WRK#
INSURED: LEDFORD, SCOTT
INS: WC/STATE ACCIDENT FUND
REASON: WKC RECHECK DOI 3.10.12
NICKNAME:

DOB: [redacted] (6 years)
GENDER: M
IBG:
CELL:
RELATION: SELF
COPAY: DX (R) KNEE, EFFUSION, (R) ANKLE PAIN "

INSURANCE BALANCE $504.00
ACCOUNT BALANCE $504.00
CURRENT CHARGES
AMOUNT PAID 410
NEW BALANCE
CASH | CHECK | MO | CC

Maternal Hx: M - IN -
Family Hx: DM - HTN -
Social Hx: Alcohol - Tobacco -

ROS (√ 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, Dysturia, Freq., Urgency, Back Pain, Pelvic Pain, Vag. D/C, Headache, Syncope, Rash
☐ All others negative

Allergies: [illegible]

Accident? ☐ yes ☐ no If yes, which state: ____
Hx of Accident: ____
Rev. chart rev., no sig chg.: ____ Above Hx rev: ____

Medications: Pred DM/Lortab 10.mg FINISHED TODAY

HT	BMI	BP	PULSE	RESP	TEMP	
5'4"		133/80	63	16	98.5	☐ LMP ____ ☐ Tetanus ____

☐ Medn/Allergies Reviewed

PHYSICAL: (see reverse) Omit if N/A
(If Rml., O if abnorm. & give details)
General
HEENT
Neck
Nodes
Lungs
CV
Abd
Back
Ext
GU
Neuro
Skin/Gnosis
Chaperone ____
LV.
Injection
Nebulizer
Procedure
Pulse Ox ____

Chief Complaint: STATE OF IMPROVEMENT
HPI
DOI 3-10-12
Pt' reports he is getting NO relief w/ the Prednisone for the knee pain NOR swelling. Pt saw Dr Mills (Ortho) who ordered an X-Ray & suspects 2 fractures & he the WKC is requesting MRI & referral to Dr Mills.
mild Edema over (R) patient
multiple abrasions w/ superficial tenderness to palpation.

☐ CBC
☐ EKG
☐ FBS
☐ PSA
☐ Hema
☐ HgbA1C
☐ H. Pylori
☐ KOH
☐ Mononb
☐ Mono
☐ Strep
☐ Tetanus
☐ U/A
☐ U Preg
☐ Wet Prep
☐ X-Ray

DIAGNOSIS: 845.00 V8491.3
(R) Ankle Sprain w/o improvement r/o internal derangement DM
☐ Labs - Send Out

Patient Care Instructions Discussed
Lifestyle Modification
Preventative Recommendation(s)
Prescriptions / OTC Meds
Side Effects Discussed
Follow-Up: ____
Return:
Worsening symptoms: ER
not better: RTC.
> ER If:

Crutches/Splints/Supplies ☐ Given ☐ Recommended

Refer to Dr Mills for Ortho to take over the case & order MRI
Rx Naproxen 500 mg #60 tab bid pc
Cont. moist heat & Appropriate Stretches
Off Work / School

PSR Notes: ESTAB
7/12/12 4
14

I hereby consent to have and all health care treatment and diagnostic procedures performed by Doctors Care and its associated physicians, clinicians and other personnel. I am aware that the practice of medicine, health care professions is not an exact science and I further state that I understand that no guarantee has been or can be made as to the results of the treatments or examinations at Doctors Care. I authorize the use and disclosure of my/the patient's protected health information for purposes of obtaining payment for services rendered to me/the patient, insurance and health care operations consistent with the Notice of Privacy Procedure.
I authorize payment of medical benefits to Doctors Care physicians or their designee for services rendered.

Witness ____ M.D., D.C., P.A., F.N.P.

Authorized Person's Signature ____ Date: ____

Responsible patient: 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 [illegible] and the treatment I have received or will receive.

Authorized Person's Signature: ____ Date: ____

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CompEndium Services Inc.

1000 Hurricane Shoals Rd.
Bldg C Suite 300C
Lawrenceville, GA 30043
Toll Free 877-709-2667
FAX 877-710-2667 Medical Manager [redacted] RN

Demographic Information Date 7/18/12 Date of Injury 03/19/2012 Treating Physician KA Williams

Patient Name Scott Ledford SSN ___-__-____ Patient DOB __/__/____

Address [redacted] Job Title ____

Employer Speedway petrol Employer Phone(___)___-____ Home Phone(___)___-____

The actions taken during this authorization process will be based upon the information submitted for review. Authorization does not guarantee acceptance of this as a compensable workers' compensation injury. Any payments made will be in compliance with the state law governing workers' compensation.

Medical Information Date of last visit 7/11/12 Date of Next Visit With Ortho

Diagnosis Retained ankle Syndesmosis Reduction Rt internal derangement

Treatment Plan Refer to ortho & joint Mgmt

Surgery Date __/__/____ Post OP RTW __/__/____

☐ PT ____ ☐ Diagnostics ____ ☐ Procedures ____

Anticipated MMI __/__/____ Impairment Rating ____ % Body part ____

Medications Prescribed: Naproxen 500 BID pc

Prognosis: ☐ Excellent ☐ Good (Fair) ☐ Poor

Employee's Work Related ☐ Not Work Related ☐ Cannot be determined

☐ Return to work on __/__/____ with no limitations Discharge From Care __/__/____

☐ Return to work on __/__/____ With abilities noted below ☐ Employee sent home on __/__/____ Until __/__/____

☐ Other Off work Until Evaluated by ortho

If any employee is taken off work, it must be pre-certified by a CompEndium Medical Manager or physician advisor who must document the objective findings that warrant not returning to work with modified activity.

Sit				
Stand				
Walk				
Sedentary				
Lift up to 10 lbs.				
Light 10 – 25 lbs				
Medium 25 – 50 lbs				
Heavy 50 – 100 lbs				
Very Heavy 100+ lbs				
Patient may pull				
Push				
Twist				
Climb				
Bend				
Stoop				
Kneel				
Crawl				
Reach				
Grasp / Pinch				
Repetitive Movement				
Other				

Authorization Number ____ Valid Through __/__/____

Physician Signature KA Williams DO Date 07/16/12

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OUTPATIENT AND EMERGENCY DEPT. RECORD

CONWAY MEDICAL CENTER
CONWAY, S.C.

MEDICAL RECORDS COPY

Unit # MO00223640 | Patient LEDFORD, SCOTT A [redacted] (843)742-5330 | Maiden LEDFORD, SCOTT ALLEN | Patient SS# [redacted]

Sex M | Race CA | Marital M | Age 36 | Date of Birth [redacted] | Religion

Admit Date and Time 03/10/12 0833 | Location/Room ER | Visit # V6370886

Discharge Date and Time | Previous Admission/Visit 03/06 08/11 ER | PTP | NSV | P/C BC

Physician CONWAY EMERGENCY GROUP

Patient Mother's Name

Local Address, Phone

Emergency Contact: LEDFORD, CARRIE (843)742-5330 SPOUSE

Patient's Occupation and Employer: SOUTH CAROLINA HIGHWAY PATROL (843)365-5001 POLICE OFFICER

Next of Kin (Name and Address): LEDFORD, CARRIE 4338 BRADFORD CIRCLE MYRTLE BEACH, SC 29588 (843)742-5330 SPOUSE

Guarantor (Name and Address): LEDFORD, SCOTT A 4338 BRADFORD CIRCLE MYRTLE BEACH, SC 29588 (843)742-5330 SELF/SAME AS PATIENT ONLY

Guarantor's Employer (Name and Address): SOUTH CAROLINA HIGHWAY PATROL 4195 HIGHWAY 701 M CONWAY, SC 29526 (843)365-5001 POLICE OFFICER

Insurance 1	Insurance 2	Insurance 3	Insurance 4	Work Comp?	Veteran?	By
BCBS				☐Yes ☐No	☐Yes ☐No	CERIDGES

1. 400 BCBS STATE EMPLOYEE ZCS26327122 LEDFORD, SCOTT A SELF
2.
3.
4.

Admitting Diagnosis: MOTORCYCLE ACCIDENT

Healthcare Power of Attorney | Living Will

Time

General Lab
- ☐ Blood Culture___
- ☐ BMP
- ☐ BNP (CHF)
- ☐ C. diff (A&B)
- ☐ CBC no diff
- ☐ CBC w/ AD
- ☐ CBC MD
- ☐ CMP
- ☐ D. Bilirubin
- ☐ D. Dimer
- ☐ GC/Chlamydia/Wet Prep
- ☐ Hepatic Panel
- ☐ LP C&S___
- ☐ LP gram stain___
- ☐ LP Glucose___
- ☐ LP Protein___
- ☐ LP Cell Count___
- ☐ NP Flu (A & B)
- ☐ NP RSV
- ☐ QYN HOG
- ☐ Stool Culture
- ☐ Stool heme
- ☐ Stool O&P
- ☐ Stool WBC
- ☐ Strep Screen
- ☐ Type for Rh
- ☐ UA
- ☐ UHCG (qual)
- ☐ Urine C&S
- ☐ Wound Culture___

☐ Cardiac
- CBC w/ AD
- CIP #1
- CMP
- EKG 1:___
- Magnesium
- PT, PTT
- Troponin I

☐ Trauma
- ABG
- Amylase
- Lipase
- CBC w/ AD
- CIPF1
- CMP
- ETOH
- PT, PTT
- Type & Cross___
- Type & Screen
- Urine Drug Screen
- UA
- Urine Drug Screen
- CT AP (trauma)

Radiology
- ☐ PCXR___Views
- ☐ CXR___Views
- ☐ C-spine Part Lat.
- ☐ C-spine w/Flex + Ex
- ☐ C-spine
- ☐ T-spine
- ☐ L-spine
- ☐ L Shoulder R
- ☐ L Elbow R
- ☐ L Wrist R
- ☐ L Hand R
- ☐ L Finger R___
- ☐ L Hip/Pelvis R
- ☐ Pelvis
- ☐ L Knee R
- ☐ L Ankle R
- ☐ L tibia R
- ☐ L Foot R
- ☐ Abdomen___Views
- ☐ CT Abdomen w/o
- ☐ CT Angio Pulm.
- ☐ CT AP Renal
- ☐ CT AP w
- ☐ CT C-Spine
- ☐ CT Head w/o
- ☐ L US Leg R
- ☐ Transvag US
- ☐ Gall Bladder US

Time	Orders
	☐ CR Monitor
	☐ Pulse OX
	☐ Td 0.5ml IM

Diagnosis

Physician's Signature | Time | Discharge condition: ☐ Good ☐ Admitted

EPIC Int. | S | ACDS | Refer | Work/School ___ Days

Other Instructions: Tcv Def 3 0949

☐ Patient ☐ RAD

PDF processed with CutePDF evaluation edition www.CutePDF.com

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Form # 156

Conway Medical Center
Conway South Carolina

EMS RUN REPORT

LEDFORD,SCOTT A
V00006370886 [redacted] N
M000223640 [redacted]
[redacted] 03/10/12
(Patient Admission Label)

Date: 3/10/12 time: (24hr) 0813 Unit: 29 Priority: 1 2 3 4

Age: 36 Sex: ☒ Male ☐ Female

CC: motorcycle - laid Bike Down - ankle swollen

PE:

BP	P	RR
145/87	99	20

Dextrostix

Oxygen — IV

Monitor — NTG

Atropine — EPI

Lido — Lasix

D50 — Narcan

ORDERS/PROCEDURES/DRESSINGS

(Time)

Carol Jeremiah RN
Nurse Signature

Physician Signature

AVPU

MOTOR
- Obeys 6
- Localizes 5
- Withdraws 4
- Flexes 3
- Extends 2
- None 1

VERBAL RESPONSE
- Normal 5
- Disoriented 4
- Inappropriate 3
- Incomprehensive 2
- None 1

EYE OPENING
- Spontaneous 4
- To Voice 3
- To Pain 2
- None 1

GCS TOTAL = _____

TRAUMA SCORE = _____

ETA: 8-9 pm

X:\Forms\EMS-RUN.RPT.doc\ 10-00

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Nurse's Notes

Conway Medical Center

Name: Scott Ledford
Age: 36 years Sex: Male DOB: [redacted]
Arrival Date: 03/10/2012 Time: 08:23
Bed ED9

MRN: M0002236410
Account#: V00006370886
Private MD: Carolina health specialists, Dr

Presentation:

03/10 Presenting complaint: EMS states: *fell on motorcycle and injured right leg. No LOC or back or neck* bd
08:28 *pain.* Care prior to arrival: See EMS report. Transition of care. patient was not received from another setting of care.

08:28 Method Of Arrival: EMS. bd

Triage Assessment:

08:24 (08:26) General: Appears in no apparent distress, Behavior is appropriate for age. (08:26) Communication: No Barriers. (08:26) Pain: Complains of pain in right ankle and right knee. (08:26) Injury Description: Abrasion sustained to right knee. bd

Historical:

Allergies:
08:24 (08:26) SHELLFISH; bd

Home Meds:
08:24 (08:26) 1 . Fexofenadine HCl Oral 1 tablet daily, as needed (Last dose: 03/10/2012 05:40) bd

PMHx:
08:24 (08:26) Hypertension; bd

PSHx:
08:24 (08:26) finger; (08:26) nasal; (08:26) Back Surg; bd

Screening:

08:24 (08:28) Abuse screen: bd
Denies threats or abuse.
(08:28) Nutritional screening:
No deficits noted.
(08:28) Tuberculosis screening:
No symptoms or risk factors identified

Historical:

08:24 (08:26) Immunization history: Last tetanus Immunization: up to date. < 5 years ago Pneumococcal vaccine is not up to date. Flu vaccine is not up to date. (08:26) Code Status: Full code. (08:26) Do you have an Advanced Directive or Health Care Power of Attorney? No. (08:26) Social history Smoking status: Patient/guardian denies using tobacco, Patient uses N/A, patient denies use of alcohol and/or tobacco products. No barriers to communication noted. (08:26) Family history: Not pertinent. bd

09:03 (09:06) The history from nurses notes was reviewed and I agree with what is documented up to this point. ct

Assessment:

08:28 Pain: Complains of pain in right knee and right ankle. bd

Vital Signs:

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Height	Pain	Staff
08:24 (08:27)	138 / 99	85	18	97.8(O)	99% on R/A	82.55 kg / 181.99 lbs	5 ft. 10 in. (178 cm)	6/10	bd

Vitals:

Print Time: 3/12/2012 12:54:34 *** CHART COMPLETE *** Page 1 of 3

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Nurse's Notes Con't

08:24 (08:27) Acuity: Level 3. bd

Glasgow Coma Score:

Time	Eye Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
08:24 (08:27)	spontaneous(4)	oriented(5)	obeys commands(6)		15	bd

ED Course:

08:23 Patient arrived in ED.	bd
08:23 Dougherty, Bronwyn RN is Primary Nurse.	bd
08:23 Patient moved to ED9.	bd
08:23 Triage completed.	bd
08:24 Carolina health specialists, Dr is Private Physician.	bd
08:24 (08:28) Arm band placed on.	bd
08:26 Tarbert, Charles, MD is Attending Physician.	ct
08:26 Patient visited by Tarbert, Charles, MD.	ct
08:28 (08:29) Patient has correct armband on for positive identification. Bed in low position. Call light in reach. Side rails up X2. Adult w/ patient.	bd
08:29 Patient visited by Dougherty, Bronwyn RN.	bd
08:34 Patient name changed from scott^^ledford^ to Scott^A^Ledford.	EDMS
08:52 Patient moved to Radiology.	bd
08:52 Patient visited by Dougherty, Bronwyn RN.	bd
08:52 Knee, Right, Complete, M4v * Sent.	bd
08:52 Ankle (4 Views) Right * Sent.	bd
08:52 Foot, Right, M3v * Sent.	bd
09:01 Knee, Right, Complete, M4v * In Process Unspecified.	EDMS
09:01 Ankle (4 Views) Right * In Process Unspecified.	EDMS
09:01 Foot, Right, M3v * In Process Unspecified.	EDMS
09:12 Patient moved to ED9.	zp
09:22 Patient visited by Dougherty, Bronwyn RN.	bd
09:22 Assisted to bathroom.	bd
09:29 Mills, William, MD is Referral Physician.	ct
09:38 (09:39) Wound care to abrasion, located on right knee was cleaned with soap and water, dressed with Neosporin, 4X4s.	bd
09:38 (09:39) Crutch training done. Air stirrup applied to right ankle Knee immobilizer applied on right knee.	bd
09:39 Patient visited by Dougherty, Bronwyn RN.	bd

Outcome:

09:29 Aware of vital signs, to follow up with PMD.	ct
09:29 Discharge ordered by MD.	ct
09:38 (09:39) Discharged to home ambulatory, with friend. (09:39) Condition: stable. (09:39) Instructed on discharge instructions, no drinking with medication, no driving heavy equipment, follow up and referral plans crutch walking, Demonstrated understanding of instructions, crutch walking, medications, Prescriptions given : 1.	bd

Nurse's Notes Con't

09:49 Patient left the ED. ct

Medication	Prescribing Physician	Dose	Frequency	Last Dose	Physician Order Continue on Admission/Discharge?
Fexofenadine HCl Oral		1 tablet	daily, as needed	03/10/2012 05:40	Y N

Signatures:

Dispatcher MedHost		EDMS	Dougherty, Bronwyn RN	RN	bd
Tarbert, Charles, MD	MD	ct	Packard, Zachary, MST	MST	zp

Physician Documentation

Name: Scott Ledford
Age: 36 years Sex: Male DOB: [redacted]
Arrival Date: 03/10/2012 Time: 08:23
Bed ED9

Conway Medical Center

MRN: M000223640
Account#: V00006370886
Private MD: Carolina health specialists. Dr

HPI:

03/10 (09:06) This 36 years old Caucasian Male presents to ED via EMS with complaints of Motorcycle 09:03 Collision. ct

09:03 (09:06) The patient presents with an abscess, an injury. (09:06) The complaints affect the lateral aspect of right foot and right knee and right ankle. (09:06) Context: The problem was sustained at work, the patient can partially bear weight, *Patient is a state trooper. He was on his motorcycle when he was pulling out to go after a speeding car. He "laid down" the bike on his right leg. He complains of pain at the right knee, ankle and lateral aspect of the right foot.*. (09:06) Onset: The symptoms/episode began/occurred acutely, just prior to arrival. (09:06) Modifying factors: The symptoms are alleviated by nothing. the symptoms are aggravated by movement, weight bearing, bending knee. (09.06) Associated signs and symptoms: Pertinent positives: swelling, Pertinent negatives fever, numbness, tingling, weakness. (09:06) Treatment prior to arrival includes: no previous treatment. (09:06) Severity of symptoms: At their worst the symptoms were moderate, In the emergency department the symptoms are unchanged. (09:06) The patient has not experienced similar symptoms in the past. ct

Historical:

Allergies:

08:24 (08:26) SHELLFISH; bd

Home Meds:

08:24 (08:26) 1. . Fexofenadine HCl Oral 1 tablet daily, as needed (Last dose: 03/10/2012 05:40) bd

PMHx:

08:24 (08:26) Hypertension; bd

PSHx:

08:24 (08:26) finger; (08:26) nasal; (08:26) Back Surg; bd

Historical:

08:24 (08:26) Immunization history: Last tetanus immunization: up to date. < 5 years ago Pneumococcal vaccine is not up to date. Flu vaccine is not up to date. (08:26) Code Status: Full code. (08:26) Do you have an Advanced Directive or Health Care Power of Attorney? No. (08:26) Social history Smoking status: Patient/guardian denies using tobacco, Patient uses N/A, patient denies use of alcohol and/or tobacco products. No barriers to communication noted. (08:26) Family history: Not pertinent. bd

09:03 (09:06) The history from nurses notes was reviewed and I agree with what is documented up to this point. ct

ROS:

09:03 (09:06) Constitutional: Negative for fever or chills. Neck: Negative for pain, and swelling, Cardiovascular: Negative for CP or palpitations. Abdomen/GI: Negative for abdominal pain, nausea, vomiting, diarrhea, and constipation. Back: Negative for injury and pain, Neuro: Negative for headache, weakness, numbness and tingling. (09:06) MS/extremity: Positive for injury or acute deformity, pain, swelling, of the lateral aspect of right foot and right knee and right ankle. (09:06) Skin: Positive for abrasion(s). ct

Exam:

09:03 (09:08) ct

Constitutional: This is a well developed, well nourished patient who is awake, alert, and in no acute distress.
Head/Face: Normocephalic, atraumatic.
Neck: No mass or lymphadenopathy. Neck is supple without pain with movement.
Neuro: Awake and alert, oriented. No gross motor or sensory deficits. (09:08)
Musculoskeletal/extremity: *Abrasion to the patella of the right knee. No effusion, swelling or ligamentous instability noted. There is pain with active and passive ROM. Right ankle with swelling laterally. Pain over the medial and lateral malleoli. Foot with pain over the base of the 5th MT. No swelling. He has normal distal pulses. Neuro exam is also normal.*

Physician Documentation Con't

Vital Signs:

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Height	Pain	Staff
08:24 (08:27)	138 / 99	85	18	97.8(O)	99% on R/A	82.56 kg / 181.99 lbs	5 ft. 10 in. (178 cm)	6/10	bd

Glasgow Coma Score:

Time	Eye Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
08:24 (08:27)	spontaneous(4)	oriented(5)	obeys commands(6)		15	bd

MDM:

08:41 Patient medically screened. dn2

08:41 Financial registration complete. dn2

09:28 ct

Data reviewed: vital signs, nurses notes, radiologic studies, plain films.
Counseling: I had a detailed discussion with the patient and/or guardian regarding: the historical points, exam findings, and any diagnostic results supporting the discharge/admit diagnosis, radiology results, the need for outpatient follow up.
ED course: ***Air splint, knee immobilizer and crutches supplied. He will be off normal duties at work until cleared by ortho.***

Order	Status	Time	By	For
Knee, Right, Complete, M4v *	Ordered	03/10/12 08:47	ct	ct
	Returned	03/10/12 17:11	Dispatcher MedHost	
Notes: Bed Name: ED9	Order Method: Electronic			

Order	Status	Time	By	For
Ankle (4 Views) Right *	Ordered	03/10/12 08:47	ct	ct
	Returned	03/10/12 17:11	Dispatcher MedHost	
Notes: Bed Name: ED9	Order Method: Electronic			

Order	Status	Time	By	For
Foot, Right, M3v *	Ordered	03/10/12 08:47	ct	ct
	Returned	03/10/12 17:11	Dispatcher MedHost	
Notes: Bed Name: ED9	Order Method: Electronic			

Order	Status	Time	By	For
Air Splint	Ordered	03/10/12 09:30	ct	ct
	Completed	03/10/12 09:38	Dougherty, Bronwyn RN	
Notes:	Order Method: Electronic			

Order	Status	Time	By	For
KNEE IMMOBILIZER: 26 inch	Ordered	03/10/12 09:30	ct	ct
	Completed	03/10/12 09:38	Dougherty, Bronwyn RN	

Physician Documentation Con't

Notes:	Order Method: Electronic			
Order	**Status**	**Time**	**By**	**For**
CRUTCHES	Ordered	03/10/12 09:30	ct	ct
	Completed	03/10/12 09:38	Dougherty, Bronwyn RN	
Notes:	Order Method: Electronic			

Order Signatures:
Tarbert, Charles, MD MD ct

Disposition:
09:28 (09:29) Disposition. ct
09:29 Aware of vital signs, to follow up with PMD ct
09:29 Chart complete. ct

Disposition:
03/10/12 09:29 Discharged to Home. Impression: Internal Derangement of Knee, Ankle Sprain, Abrasion.
- Condition is Stable.
- Discharge Instructions: Abrasions, Ankle Sprain, Crutches, Use of, Knee Pain, General.
- Prescriptions for
  Percocet 5
  - 325 mg Oral Tablet - take 1 to 2 tablet by ORAL route every 6-8 hours As needed; 20 tablet
- Work release 3 day form.
- Follow up: Dr. William Mills; When: Next week; Reason: Recheck today's complaints.
- Problem is new.
- Symptoms are unchanged.

Signatures:
Dispatcher MedHost EDMS Dougherty, Bronwyn RN RN bd
Tarbert, Charles, MD MD ct Nelson, Donna dn2

CONWAY MEDICAL CENTER
PO BOX 829
300 SINGLETON RIDGE ROAD
CONWAY, SC 29526-0829
(843) 347-8132

Name: LEDFORD,SCOTT A
Phys: Tarbert, Charles MD
DOB: [redacted] Age: 36 Sex: M
Acct: V00006370896 Loc: ER
Exam Date: 03/10/2012 Status: DLP ER
Radiology No: 00148701
Unit No: M000223640
Patient Phone: (843)742-5330
CPT4 Code: 73630

ADMITTING DX: MOTORCYCLE ACCIDENT

EXAM#	TYPE/EXAM	RESULT
0010046713	RAD/FOOT, RIGHT, M3V	

Exam: Right Foot.

Clinical data: Motorcycle accident and pain.

Findings:

AP, oblique and lateral views of the right foot show the bones to demonstrate a normal alignment. No fractures are identified.

Impression:

No fractures of the right foot are seen.

P

** REPORT SIGNED IN OTHER VENDOR SYSTEM 03/10/2012 **
Reported By: ED SHELLEY M.D.

CC: Charles MD Tarbert

Technologist: ROBERT CLARK, R.T.(R)
Transcribed Date/Time: 03/10/2012 (1711)
Transcriptionist: ESHELLEY
Printed Date/Time: 03/10/2012 (1711)

CONWAY MEDICAL CENTER [redacted]
PO BOX 829
300 SINGLETON RIDGE ROAD
CONWAY, SC 29526-0829
(843) 347-8132

Name: LEDFORD,SCOTT A
Phys: Tarbert, Charles MD
DOB: [redacted] 36 Sex: M
Acct: V00006370886 Loc: ER
Exam Date: 03/10/2012 Status: DOP ER
Radiology No: 00148701
Unit No: M000223640
Patient Phone: (843)742-5330
CPT4 Code: 73610RT

ADMITTING DX: MOTORCYCLE ACCIDENT

EXAM#	TYPE/EXAM	RESULT
001046712	PAD/ANKLE, RIGHT, COMPLETE, M3V	

Exam: Right Ankle.

Clinical data: Motorcycle accident.

Findings:

AP, oblique and lateral views of the right ankle show the bones to demonstrate a normal alignment. I do not see a fracture.

Impression:

No fractures of the right ankle are identified.

P

** REPORT SIGNED IN OTHER VENDOR SYSTEM 03/10/2012 **
Reported By: ED SHELLEY M.D.

CC: Charles MD Tarbert

Technologist: ROBERT CLARK, R.T.(R)
Transcribed Date/Time: 03/10/2012 (1711)
Transcriptionist: ESHELLEY
Printed Date/Time: 03/10/2012 (1711)

PAGE 1 MEDICAL RECORDS FOR CSG-C-RAD

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CONWAY MEDICAL CENTER
PO BOX 829
300 SINGLETON RIDGE ROAD
CONWAY, SC 29526-0829
(843) 347-8132

Name: LEDFORD,SCOTT A
Phys: Tarbert, Charles MD
DOB: [redacted] Age: 36 Sex: M
Acct: V000006370886 Loc: ER
Exam Date: 03/10/2012 Status: DEP ER
Radiology No: 00148701
Unit No: M000223640
Patient Phone: (843)742-5330
CPT4 Code: 73564

ADMITTING DX: MOTORCYCLE ACCIDENT

EXAM#	TYPE/EXAM	RESULT
001046711	RAD/KNEE, RIGHT, COMPLETE, M4V	

Exam: Right Knee.

Clinical data: Motorcycle accident.

Findings:

AP, oblique and lateral views of the right knee show the bones to demonstrate a normal alignment. No focal bony abnormalities are seen.

Impression:

Unremarkable right knee.

P

** REPORT SIGNED IN OTHER VENDOR SYSTEM 03/10/2012 **
Reported By: ED SHELLEY M.D.

CC: Charles MD Tarbert

Technologist: ROBERT CLARK, R.T.(R)
Transcribed Date/Time: 03/10/2012 (1711)
Transcriptionist: ESHELLEY
Printed Date/Time: 03/10/2012 (1711)

2012053

Horry County Fire Rescue

PATIENT'S NAME LAST: LEDFORD	FIRST: SCOTT	MID INITIAL	PATIENT NUMBER: 1	EMS UNIT: M29	
PATIENT'S ADDRESS: [redacted]			SEX: M	RACE: White	
CITY: CONWAY	STATE: SC	ZIP CODE: 29526	Signature On File: Yes		
PATIENT'S PHONE: [redacted]	AGE: 38 Years	DATE OF BIRTH: [redacted]			
PATIENT'S SOCIAL SECURITY NUMBER: [redacted]		PERSONAL PHYSICIAN			
PATIENT'S EMPLOYER		PHYSICIAN'S ADDRESS			
PATIENT'S CLOSEST RELATIVE	RELATIONSHIP TO PATIENT	RELATIVE'S ADDRESS			

BILLING & INSURANCE

MEDICARE
MEDICAID
INS 1 bobs state plan Group Policy
ZCS2627122
INS 2 Group Policy

CALL INTO CENTER	DISPATCH TIME	UNIT ENROUTE	P.R. ARRIVED SCENE	UNIT ARRIVED SCENE	TIME AT PATIENT	UNIT DEPARTS SCENE	ARRIVED DEST.	READY FOR SVC.	CALL COMPLETED	SCENE MI.	DEST MI.
07:47:15	07:49:32	07:54:19	07:54:44	08:00:55	08:00:57	08:09:03	08:19:24	08:40:10	08:40:10		

DISPATCH AS | **GRID #** | **LOCATION**

DISPATCH AS: Lights and Sirens	FROM GRID #:	VEHICLE DISPATCHED FROM:
INCIDENT LOCATION: Street or Highway	TO GRID #:	VEHICLE DISPATCHED TO: CHURCH ST CONWAY SC 29526
Assisted by: ( )Air Medical ( )Bystander ( )Fire ( )First Responder ( )Law Enforcement ( )MD/RN ( )Rescue ( )Other		PATIENT TRANSPORTED TO: Conway Hospital — FACILITY CODE: 3006
SCENE DELAY: None;		OTHER: Loaded Miles: 6.40
		RESPONSE DELAY: None;

TRANSPORTED AS( )AIR ( )BY ( )FD ( )FR ( )LE ( )MD | **CALL OUTCOME** | **APPARENT CAUSE OF INCIDENT**

CODE DESCRIPTION	DESCRIPTION	CODE DESCRIPTION
	Treated, Transported by EMS	960 Motorcycle Accident (E81X.1)

CATEGORY OF COMPLAINT | **INJURIES** | **MEDICAL HISTORY / MEDICATIONS**

PRIMARY
CODE DESCRIPTION
640 Traffic Accident

SECONDARY
CODE DESCRIPTION

MEDICATIONS: ( ) SEE NARRATIVE
ALLERGIES: (X) NKDA
MEDICAL HISTORY: ( ) SEE NARRATIVE
ALLERGIES: ( ) SEE NARRATIVE

PHYSICAL ASSESSMENT

	Date/Time	Level Cons.	Pulse Rate	Pulse Quality	Resp. Rate	Resp. Quality	Sys BP	Dia BP	ECG	Rhythm	Medic ID
1.	03/10/2012 08:08	3255	98	Regular	20	Normal	145	87		-	000002

GLASGOW COMA SCALE (ADULT / CHILD)
EYES
VERBAL
MOTOR
TOTAL

( ) PULSE UPON ARRIVAL AT HOSPITAL
( ) DNR IN PLACE

BLS PROCEDURES | **ALS PROCEDURES**

	Time	Proc.Type	Medic
1	08:00	Assessment-Adult	000002438

TRAUMA DETAILS | **TRAUMA SCORES** | **MEDICATIONS**

TRAUMA DETAILS IN NARRATIVE
(X) MVC
( ) BURNS
( ) FALL
( ) ASSAULT
( ) ELECTROCUTION

ADULT SCALE		PEDIATRIC SCALE	
RESPIRATORY RATE	4	SIZE	
RESP. EXPANSION		AIRWAY	
SYSTOLIC BP	4	CNS	
CAP. REFILL		SYSTOLIC BP	
GCS POINTS		OPEN WOUND	
TOTAL SCORE		SKELETAL	
		TOTAL SCORE	

( ) NARCOTICS USED

SIGNATURES

Signature / Certification ID	Level	Name	Medic ID
1. 000002438 SC0079GZ	EMT-I	nteSeprish, Regina D.	
2. A.000007837 SC020581	EMT-P	araSzymoniak, Christopher	

PATIENT RECEIVED BY
ORDERS RECEIVED FROM
PHYSICIAN SIGNATURE FOR ORDERS

Completed report printed at 17:01 on 04/23/2012 by HARDEEG

Additional	RUN/TRIP NUMBER FR1203100 59.M29 1	PROVIDER NUMBER 037	DATE CALL RECEIVED 03/16 12
	PATIENT'S NAME LAST LEDFORD	FIRST SCOTT	MI. INITIAL

M29 DISPATCHED TO MVA. WAS CANCELLED TWICE AND THEN REQUESTED BACK ON SCENE BY EMS-1 BECKY PAVILACK. UPON ARRIVAL FOUND PT WALKING AROUND TALKING TO OTHER POLICE OFFICERS. PT IS A HIGHWAY PATORLMAN WHO LAID MC DOWN IN HIGHWAY. PT C/O RIGHT ANKLE PAIN. PT COAXI. SKIN WAD, PEARL. M29 CREW WAS MET BY EMS-1 STATING THAT OFFICER WAS GOING TO HOSPITAL AFTER REFUSING 3 TIMES. PT SUPERVISOR WANTS HIM TO GO AND BE CHECKED OUT. CREW WAS GOING TO LSB AND COLLAR PT WHEN EMS-1 SAYS NO WE ARE NOT GOING TO MAKE HIM DO THAT. PT THEN APPROACHES EMS-1 AND SAYS I WILL GO BY AMBULANCE IF YOU DO NOT STRAP ME DOWN ON BOARD. PAVILACK TELLS HIM "NO WE ARE NOT GOING TO DO THAT TO YOU" IT WAS APPARENT THAT PT HAD BEEN WALKING AROUND WITH NO PROBLEM AND WAS NOT EVEN LIMPING. PT DENIES NECK OR BACK PAIN, DENIES LOC. EMS WAS ASKED TO WAIT ON PT TO GET THINGS TOGETHER BEFORE TRANSPORTING EVEN THOUGH THEY HAD BEEN ON SCENE FOR AWHILE BEFORE EMS ARRIVED. PT WAS ASKED TO LETS GO AHEAD AND LOAD TO GET PT CARE STARTED. WHEN FINALLY IN AMBULANCE PT SAT IN CAPTAINS SEAT, WHICH WAS SAID THAT WE WOULD GET A WHEEL CHAIR WHEN ARRIVE AT HOSPITAL SO HE WOULD NOT HAVE TO WALK, THEN PAVILACK SAID WE HAD TO PUT HIM ON STRETCHER EVEN THOUGH PT DID NOT WANT TO AND WE COULD HAVE GOT A WHEEL CHAIR AT HOSPITAL. WHEN FINALLY GOT TO DO ASSESSMENT, TOOK PT BOOT OFF TO FIND THAT THE ANKLE HAS ALREADY BEGINNING TO SWELL AND THERE WAS ABRASION TO RIGHT KNEE. PT WAS ASKED AGAIN IF THERE WERE ANY OTHER INJURIES OR PAIN. HE SAID NO. NOTHING OBVIOUS WAS NOTED. VITALS TAKEN. ICE PACK WAS PLACED ON ANKLE TO HELP WITH SWELLING. TRANSPORTED PT TO CONWAY ER WITH NO OTHER COMPLICATIONS OR COMPLAINTS. TRANSFERRED CARE TO NURSING STAFF WITH VERBAL REPORT. MOVED PT TO ROOM 9

End of Report

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5739
www.wcc.sc.gov

PRE-HEARING BRIEF
WCC File No: 1202545

Claimant's Name: Scott Ledford
Address: [redacted]
City: Myrtle Beach State: SC Zip: 29587
Home Phone: [redacted] Work Phone:
Preparer's Name: Sarah S. Alphin, Attorney for Defendants

Employer's Name: Department of Public Safety
Address: 10311 Wilson Blvd.
City: Blythewood State: SC Zip: 29016
Carrier: State Accident Fund
Preparer's Phone #: (803) 227-2885

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

1. Compensation Rate: $473.32 2. AWW: $709.95 Date of Injury: March 10, 2012
3. Type of injury and body part(s): Admitted right ankle and right knee
4. Facts in controversy: Whether the Claimant sustained a compensable injury by accident to his back on March 10, 2012; to what additional benefits, if any, is the Claimant entitled.
5. Legal issues involved: § 42-9-35; § 42-1-120; § 42-15-60; § 42-1-160; § 42-9-10; § 42-9-30; Curiel vs. Environmental Management Services 665 S.E.2d 482 (S.C. 2007); Shealy vs. Algernon Blair, Inc. 25 S.C. 106 and other applicable statutes, regulations, and case law.
6. Unusual aspects: Defendants reserve the right to and may move to either postpone or adjourn the scheduled hearing to exercise due process rights afforded by law to cross examine, respond to, and otherwise oppose evidence presented by the claimant.
7. Witnesses (designate if expert):* Claimants, Employer Representative, and multiple depositions of Dr. William Mills.
8. Exhibits: Claimant's Employment/Personnel File; Payroll Records; Deposition of Claimant; Multiple depositions of Dr. William Mills.
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance): SEE APA SUBMISSION
10. Name, address, and specialty, if any, of the treating physician: Coastal Orthopaedics Associates, P.A., 2376 Cypress Circle, Suite 300, Conway, SC 29526
11. Impairment rating(s); body part(s); physician and date of opinion: N/A
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: Sarah S. Alphin
Sarah S. Alphin, Wilson Jones Carter & Baxley, P.A.
Email: ssalphin@wjlaw.net

Date of hearing: January 15, 2013 Time needed for hearing: 1.5hrs
On behalf of ☐ Claimant ☒ Employer

I certify that I have served this document pursuant to R.67-212 by delivering a copy to E. HOOD TEMPLE, Esquire,
Name
170 Courthouse Square, P.O. Box 1770, Florence, SC 29503-1770; and The Honorable Andrea C. Roche, SC WCC, P.O. Box 1715, Columbia, SC 29202-1715; and SAMUEL T. BRUNSON, Esquire, P.O. Drawer 431 521 West Evans Street, Florence, SC 29503
Address
on the 4th day of January, 2013 by ☒ first class mail; ☐ personal service; ☐ certified mail.

Courtney C. Noble
Courtney C. Noble, Certifier
January 4, 2013
Date

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

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

WCC File # 1202545
Carrier File # 2012-000722
Carrier Code #
Employer FEIN

Scott Ledford	[redacted]	Department of Public Safety	
Claimant's Name	SSN	Employer's Name	
[redacted]		10311 Wilson Blvd., Blythewood, SC 29016	
Address City State Zip		Address City State Zip	
[redacted]		State Accident Fund	
Home Phone Work Phone		Insurance Carrier	
Sarah S. Alphin	4500 Fort Jackson Boulevard, Columbia, SC 29209	(803) 227-2585	
Preparer's Name	Address	Phone #	

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND
E. HOOD TEMPLE, ESQUIRE, ATTORNEY FOR CLAIMANT

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

NAME OF PHYSICIAN/OTHER	DATE OF REPORT	PAGE
8. The Southeastern Spine Institute, Dr. Richard Holgate	5/16/2012	83

EXHIBITS

Deposition of Claimant		
Multiple Depositions of Dr. William Mills		

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

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

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the defendants: Claimants, Employer Representative, and multiple depositions of Dr. William Mills.

Sarah S. Alphin
Sarah S. Alphin
Wilson Jones Carter & Baxley, P.A.
4500 Fort Jackson Boulevard
Columbia, SC 29209

January 4, 2013

January 15, 2013
(hearing date)

DISC RAD

Richard C. Holgate, M.D.

The Southeastern Spine Institute
389 Johnnie Dodds Blvd
Suite 117A
Mount Pleasant, SC 29464
843-266-0720

FINAL REPORT

Patient: Scott Ledford
Patient Phone: ——
[redacted]
Patient #: 631380

Exam Date: 6/16/2012
Exam Name: Cervical
Modality: MRI
Referring Doctor: Petelli, Steven

Clinical Information: M/36 WITH PAIN DOWN THE CENTER OF SPINE,NUMBMESS IN BOTH SHOULDER AND ARM INTO HANDS,MAINLY IN THE RIGHT SINCE 7/10/10,INCREASE PAIN 3/3/12. RECENT TRAUMA. HT-5'10" WT-190 LBS.

TECHNIQUE: The patient is examined on the High Field GE Horizon LX High Speed MR System which functions at 1.0 Tesla. A dedicated spine coil is used to obtain high resolution images of the cervical spine. SERIES: 1) COR, T1, SE, 7 mm; 2) SAG, T2, FSE, 3 mm; 3) AX, T2, GRE, 4 mm. ADDITIONAL SERIES: 1) AX, T1, SE, 5 mm; 2) SAG, T1, SE/Fat Sat, 3 mm; 3) AX, T1, SE, 3 mm. 3D REFORMATIONS: 3mm REFORMATIONS PERFORMED IN 1) AX; 2)COR; 3)SAG/OBL RT; 4) SAG/OBL LT; 5) CORONAL PLANES.

CONTRAST: The last two T1 weighted axial sequences were carried out following injection of 19 cc of contrast. (With and Without Contrast)

OVERVIEW: Overview of the cervical spine shows there is normal marrow signal and normal bony alignment with no evidence of a congenital anomaly of the spine. The visualized paraspinal soft tissues which include the pulmonary apices and the proximal brachial plexus are within normal limits.

SPINAL CORD The spinal cord is demonstrated from the craniocervical junction down to the upper thoracic region. It is of normal caliber throughout showing no evidence of compression or enlargement and no area of focal signal abnormality to indicate the presence of intrinsic spinal cord disease. There is no evidence of abnormal enhancement within the spinal cord.

C2-3, C3-4, C7-T1. Mild noncompressive spondylosis.

C4-5, C5-6, C6-7. Osteophytes with severe bilateral foraminal stenosis.

3D REFORMATIONS: Because of movement between sagittal and axial sequences multiplanar 3D reformations were performed for accuracy and confirm the findings set out above. Please refer to the axial and oblique sagittal reformations for accuracy.

Opinion: MRI of the cervical spine including multi-planar reformations show a normal spinal cord and severe spondylosis with probable nerve root compression at C4-5, C5-6 and C6-7. No abnormal enhancement is seen in the cervical spine.

Patient: Scott Ledford
Patient #: 631380
Exam Name: Cervical
Exam Date: 5/16/2012

Richard C. Holgate, MD
DISC Radiologists
1341C Old Georgetown Road - Mount Pleasant, SC 29464
(843) 884-8095 - (800) 898-1294 - Fax (843) 856-7312

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5739 www.wcc.sc.gov

AMENDED PRE-HEARING BRIEF
WCC File No: 1202545

Claimant's Name: Scott Ledford
Address: [redacted]
City: Myrtle Beach State: SC Zip: 29587
Home Phone: [redacted] Work Phone:
Preparer's Name: Sarah S. Alphin

Employer's Name: Department of Public Safety
Address: 10311 Wilson Blvd.
City: Blythewood State: SC Zip: 29016
Carrier: State Accident Fund
Preparer's Phone #: (803) 227-2685

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

1. Compensation Rate: $709.95 2. AWW: $ 473.32 Date of Injury: [redacted]/2012
3. Type of injury and body part(s): Right lower extremity and back.
4. Facts in controversy: (1) Whether the Claimant has reached maximum medical improvement; (2) Whether the Claimant is entitled to permanency benefits; (3) Whether the Claimant is entitled to any additional benefits under the Act; and (4) Whether the Defendants are entitled to credit for overpayment of temporary benefits.
5. Legal issues involved: §42-1-120; §42-15-60; §42-1-160; §42-9-10; §42-9-30; §42-9-60; Quiel v. Environmental Management Services; Shealy v. Aloermon Blair, Inc.; 250 S.C. 106 and other applicable statutes, regulations, and case law.
6. Unusual aspects: Defendants reserve the right to and may move to either postpone or adjourn the scheduled hearing to exercise due process rights afforded by law to cross examine, respond to, and otherwise oppose evidence presented by the claimant.
7. Witnesses (designate if expert):* The Claimant and Employer Representative and/or Supervisor.
8. Exhibits: Claimant's Employment/Personnel File; Payroll Records; Deposition of Claimant; Exhibit A: Form 19 for WCC# 1009581; Exhibit B: Form 16A for WCC #1009581; Exhibit C: Tax returns for ProCutters.
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance): SEE APA SUBMISSION
10. Name, address, and specialty, if any, of the treating physician: William L. Mills, MD, Coastal Orthopaedic Associates, Conway Health Plaza, 235 Singleton Ridge Road, Conway, SC 29527; W.S. Edwards, Jr., M.D. Pee Dee Orthopaedic Associates, 901 E. Cheves Street, Suite 100, Florence, SC 29506.
11. Impairment rating(s); body part(s); physician and date of opinion: 7% to right lower extremity by Dr. Mills on 5/12/13; 15% to the back by Dr. Edwards on 10/31/13.
12. I am amending my Form 50/51 in the following manner: N/A.

☐ **Mediation**
- ☐a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
- ☐b. Mediation is required pursuant to Reg. 67-1802.
- ☐c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
- ☒d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

I verify the contents of this form are accurate and true to the best of my knowledge.
I certify that I have served this document pursuant to R.67-212 by delivering a copy to: E. Hood Temple, 170 Courthouse Square, P.O. Box 1770, Florence, SC 29503-1770 and Susan S. Barden, P.O. Box 1715, Columbia, SC 29202-1715 on the 11th day of August, 2014 by ☒ first class mail ☐ personal service ☐ certified mail.

Certifier, Mary B Lavracy

Signature: Sarah S. Alphin
Sarah S. Alphin, Wilson Jones Carter & Battey, P.A.

Email: ssalphin@wjlaw.net

Date of hearing: 8/15/2014

Time needed for hearing: 1 hour

Questions about the use of this form should be directed to the Jurisdictional Commissioner. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615; as well as Regulation 67- 1801. File this form and proof of service on the opposing party according to R.67-611 and R 67-212. Do not send medical reports. * Commissioners reserve the right to admit expert witnesses at hearings.

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

WCC File # 1202545
Carrier File # 2012-000722
Carrier Code #
Employer FEIN

Scott Ledford [redacted] SSN
Claimant's Name
[redacted]
Address City State Zip
[redacted]
Home Phone Work Phone

Department of Public Safety
Employer's Name
10311 Wilson Blvd., Blythewood, SC 29016
Address City State Zip
State Accident Fund
Insurance Carrier

Sarah S. Alphin
Preparer's Name
4500 Fort Jackson Boulevard, Columbia, SC 29209
Address
(803) 227-2885
Phone #

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND
E. HOOD TEMPLE, ESQUIRE, ATTORNEY FOR CLAIMANT

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

NAME OF PHYSICIAN/OTHER	DATE OF REPORT	PAGE
APA #1: Coastal Orthopaedic Associates, William L. Mills, M.D.	07/28/2010 – 05/23/2013	1-12
APA #2: InMed	09/09/2010	13
APA #3: Conway Medical Center	03/23/2012 – 03/28/2012	14-30
APA #4: Doctor's Care	03/13/2012 – 04/06/2012	31-34
APA #5: Long Bay Diagnostic Imaging	04/17/2012 – 04/18/2012	35-40
APA #6 Atlantic Physical Therapy & Rehabilitation	10/18/2012 – 11/14/2012	41-57
APA #7: Carolina Bone and Joint Surgery Center	01/30/2013 – 03/18/2013	58-63
APA #8: Community Rehab and Physical Therapy	03/20/2013	64-65
APA#9: Pee Dee Orthopaedic Associates, P.A.	08/15/2013	66-67
APA #10: Corvel Initial Vocational Evaluation w/Labor Market Survey	07/17/2014 – 07/21/2014	68-83
EXHIBITS		
EXHIBIT A: Form 19 for WCC #1009581		
EXHIBIT B: Form 16 A for WCC #1009581		
EXHIBIT C: Tax Returns for Procutters		

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

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

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the defendants: The Claimant and Employer Representative/Supervisor.

Sarah S. Alphin

Sarah S. Alphin
Willson Jones Carter & Baxley, P.A.
4500 Fort Jackson Boulevard
Columbia, SC 29209

August 11, 2014

August 15, 2014
(hearing date)

AMENDED APA

Corvel Scan Date: 8/2/2010

Coastal Orthopaedic Associates MPI
Conway Health Plaza
235 Singleton Ridge Road
Conway, South Carolina 29527
(843) 234-2094 Office
(843) 347-4376 Fax

Professionally Interpreted By:
Carolina Radiology Associates, LLC

NAME: LEDFORD, SCOTT
DOB:
PHYSICIAN: HASKIN

DATE OF EXAM: 07/28/2010
PATIENT ID: COA627111

EXAM: MRI of the thoracic spine.

HISTORY: T7 compression fracture.

TECHNIQUE: Sagittal and selected axial T1 and T2-weighted imaging as well as sagittal inversion recovery images were obtained through the thoracic spine.

FINDINGS: There is a T6 compression fracture. This is counting from the atrophal spine down. There is approximately 25-30% vertebral body height loss. No retropulsed fragment is seen. Edema is seen suggesting that this is acute in nature, consistent with history. Additionally, there is some edema in the superior anterior endplate of T9, likely representing a small contusion.

No significant central canal or foraminal stenosis is identified. Visualized paraspinal soft tissues are unremarkable, as is the cord itself.

IMPRESSION:

1. T6 acute compression fracture with approximately 30% vertebral body height loss. It should be noted that this counting is performed from the top down.

2. Probable contusion of the anterior superior endplate of T9.

Preliminary report faxed to Coastal Orthopaedics at 9:38 a.m. on 7/28/2010.

Images were interpreted at CRA office.

SIGNEDBY
DD: 07/28/2010
DT: 07/28/2010

emj

1

Corvel Scan Data: 2/1/2011

SCOTT A LEDFORD REF: CONWAY ER
62711
01/27/2011

SUBJECTIVE: He is 6-1/2 months out from T6 compression fracture, doing well having minimal pain. He just has a little bit of tightness across his upper back area.

OBJECTIVE: AP and lateral thoracic x-rays show no significant kyphosis.

ASSESSMENT: Healed compression fracture.

PLAN: Core strengthening. Motrin as needed. He is at MMI, 10% residual impairment. He is able to work full duty.

William L. Mills, M.D. /5204
759455

Chart Copy

cc: Conway Medical Center Emergency Room

Corvel Scan Date: 4/30/2012

SCOTT A LEDFORD REF: ER CONWAY
62711
DOB: [redacted]
04/20/2012

SUBJECTIVE: He continues with thoracic pain, lower back pain and right ankle pain. He is on the Nucynta. He is out of work.

OBJECTIVE: Thoracic MRI is reviewed. The compression fractures are healed. Lumbar MRI shows fairly advanced spondylosis L5-S1. Right ankle MRI shows a contusion. No definite fracture line.

ASSESSMENT:
1. Myofascial pain thoracic area.
2. Right ankle contusion.
3. L5-S1 spondylosis.

PLAN: Equalizer boot. Out of work. I think probably the best option for him as far as his lower back is an ALIF at L5-S1. First let's try some bilateral facet blocks at L5-S1. Out of work status. Equalizer boot. We will see him back in a couple of weeks.

[redacted]
William L. Mills, M.D. /5204
1848516

Chart Copy

3

COASTAL
ORTHOPEDICS
Specializing in You

2378 Cypress Circle – Suite 300 / Conway, SC 29526
843-347-7222 • Fax: 843-347-3305 • www.coastalortho.com

Work and/or School Release

Date: 4/20/2012

Patient Name: SCOTT LEDFORD
Patient ID: 62711
Diagnosis:

RECEIVED
APR 25 2012
Human Resources Office
D.P.S.

Please be advised that our patient: SCOTT LEDFORD.

☒ Was seen in our office on the following dates: 4/20/2012

☐ May return to full duty on: _____

☒ May not return to work until: further notice

☐ May return to light duty: _____

☐ May not participate in: _____

☐ Other: _____

Return Appointment. _____

Attending MD:

William L. Mills, MD DATE: 4/20/2012

4

2012053+2010181

SCOTT A LEDFORD REP: ER CONWAY
62711
DOB: [redacted]
06/04/2012

SUBJECTIVE: He has right hand numbness and right arm pain, neck and right arm pain, lower back pain.

OBJECTIVE: Cervical MRI is reviewed. There is disc space narrowing C5-6, C6-7. Lumbar MRI shows a central herniation L5-S1. Advanced spondylosis.

ASSESSMENT:
1. C5-6, C6-7 spondylosis with right cervical radiculopathy.
2. L5-S1 spondylosis.

PLAN: Treatment options were discussed. I recommend ACDF at C5-6 and C6-7 with LDR system, also ALIF at L5-S1. He probably wants to get his neck done first.

William L. Mills, M.D. /5204
1969095

Chart Copy

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2012-722

C:\E-alpha, k atty 5*27128]

Corvel Scan Date: 6/12/2012

SCOTT A LEDFORD REF: ER CONWAY
62711
DOB: [redacted]
06/04/2012

ADDENDUM
SUBJECTIVE: He is also having some pain in his right ankle.

OBJECTIVE: He still has some swelling over the right ankle area.

ASSESSMENT: 1. Right ankle contusion with continued pain.

PLAN: I want him to try some Voltaren gel. We will put him out of work for now. Again, I recommend an ACDF at C5-6 and C6-7. Probably at some point he is going to need an ALIF at L5-S1.

William L. Mills, M.D. /5204
1969096

Chart Copy

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C : S. Alphin, k-atty 7.10.12 ej

Corvel Scan Date: 6/27/2012

SCOTT A LEDFORD

Date: 6/19/2012
Case No. 62711
AGE/SEX: 36/Male
DOB: [redacted]

Referred By: ER CONWAY

CHIEF COMPLAINT: Right ankle pain.

PRESENT ILLNESS: The patient is a 36-year-old white male who complains of pain in his right ankle, and points to the anterolateral ankle joint. The pain began in March when he was in a motorcycle accident. He was a seated driver, and State Trooper. He was involved in an accident as he was checking a car. He had pain in his ankle. He was seen at Doctors Care. He was initially seen by Dr. Willian Mills. The patient was treated for ankle swelling and contusions. He now presents for evaluation. He says the pain is now worse with standing and walking, and somewhat decreased with rest. The pain is somewhat improved, but he has no physical therapy. He says the pain is on the lateral aspect of his ankle.

PHYSICAL EXAMINATION:

GENERAL: Well developed, well nourished white male in no apparent distress.

LYMPHATIC: No cervical lymphadenopathy.

CARDIOVASCULAR: Bilateral upper extremities, radial pulse 1+ bilateral lower extremities, dorsalis pedis, and posterior tibial pulse 1+.

MUSCULOSKELETAL: Anatomic alignment of the right lower extremity. He is tender over the ATFL of his right ankle. There is mild swelling present He has some anterior ankle joint tenderness as well. His peroneal strength is 4/5 on the right and 5/5 on the left. Full range of motion and complete stability of the left ankle, hindfoot, bilateral midfoot, and forefoot joints. Muscle strength and tone

Corvel Scan Date: 6/27/2012 -

is normal. Gait is antalgic to the right side.

SKIN: No skin changes or rashes bilateral lower extremities.

NEUROLOGIC: Tinel's sign is palpable over the right superficial peroneal nerve and radiates pain out of the dorsal aspect of the right foot. Coordination intact to reciprocal testing. Achilles and patella tendon reflexes are 1+ bilaterally. Sensation is intact to light touch bilateral lower extremities.

MENTAL: The patient is alert and oriented to person, place and time. Mood and affect are appropriate.

ASSESSMENT:
1. Right ankle sprain on rehab.
2. Superficaial peroneal neuritis..

PLAN: The patient was seen and evaluated by Dr. Taylor who recommended he go back into the cam walking boot, and begin physical therapy for ankle sprain protocol, 3 times a week for 4 weeks. Follow up in 4-6 weeks.

J. Chris Lewis, PA-C
For Ross Taylor, M.D. /5117
2011999

8

SCOTT A LEDFORD REF: ER CONWAY
62711
DOB: [redacted]
11/15/2012

The patient is here for follow up of persistently painful right sprained ankle.

SUBJECTIVE: He has completed 12 visits of physical therapy with modest to no relief. He points to the anterolateral aspect of the right ankle joint. The pain in this area is dull and aching in nature. It is exacerbated by standing, walking and weightbearing, and somewhat relieved by rest.

OBJECTIVE:
PHYSICAL EXAMINATION:
MUSCULOSKELETAL: Anatomic alignment of the bilateral lower extremities. He is edematous about the right ankle joint. He demonstrates limitation of dorsiflexion to 8 degrees on the right versus 15 on the left. He demonstrates limitation of plantar flexion to 30 degrees on the right, 40 degrees on the left. he demonstrates full range of motion and complete stability of the bilateral subtalar, midfoot and forefoot joints. Muscle strength and tone is normal. He is tender over the posterolateral aspect of the left ankle in the area of Stieda process but not along there peroneal tendons. He is tender over the anterolateral aspect of the right ankle where palpable crepitus is induced with dorsiflexion.
HEART: Regular rate and rhythm.
LUNGS: Clear to auscultation bilaterally.

ASSESSMENT:
1. Probable impingement lesion, right ankle. Could not rule out osteochondral lesion.
2. Posterior impingement syndrome, right ankle.

PLAN: Diagnosis and treatment options were discussed and reviewed with the patient. Based on lack of response to conservative treatment it is unlikely additional physical therapy and/or bracing, or other conservative modalities would lead to adequate improvement. To reach full MMI and maximal function he will require surgery. Surgery would involve an arthroscopic debridement of the ankle joint done through an anterior approach and assessment of the cartilage surface. Any underlying cartilage pathology may need to be simultaneously treated. He would then require change to prone position for arthroscopic versus open resection of Stieda process. Outline of all surgical incisions, nature of the surgery and the

Corvel Scan Date: 11/21/2012

potential risks associated with the surgery, including risk of continued pain, nerve injury, numbness or tingling about the foot, complex regional pain syndrome, deep vein thrombosis or infection were discussed, reviewed and expressed as understood. He is out-of-work.

Ross Taylor, M.D. /5142
2457145

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Corvel Scan Date: 1/15/2013

SCOTT A LEDFORD REF:
62711
[redacted]
01/08/2013

The patient presents for a heart and lung check today.

OBJECTIVE: Heart is regular rate and rhythm. Lungs are clear to auscultation bilaterally.

PLAN: We will proceed with surgery as outlined. He will follow up 7 to 10 days afterwards.

J. Chris Lewis, PA-C
for Ross Taylor, M.D. /5204
2598246

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11

COASTAL
ORTHOPEDICS
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SCOTT LEDFORD
Date: 5/23/2013
Case No. 62711
[redacted]

Patient is here for followup right ankle sprain that occurred while working that led to requirement for arthroscopy and open resection of os trigonum on 1/30/2013

SUBJECTIVE: Intermittent dull aching pain right ankle. He describes inability to run or cut or pivot.

OBJECTIVE: Anatomic alignment of the bilateral lower extremities. Gait is nonantalgic. Range of motion right ankle limited to 5 of dorsiflexion and 20 of plantarflexion first 15 of dorsiflexion and 40 of plantar flexion of the opposite or left ankle. He demonstrates full range of motion complete stability of the bilateral hindfoot midfoot and forefoot joints. Muscle strength and tone is normal.

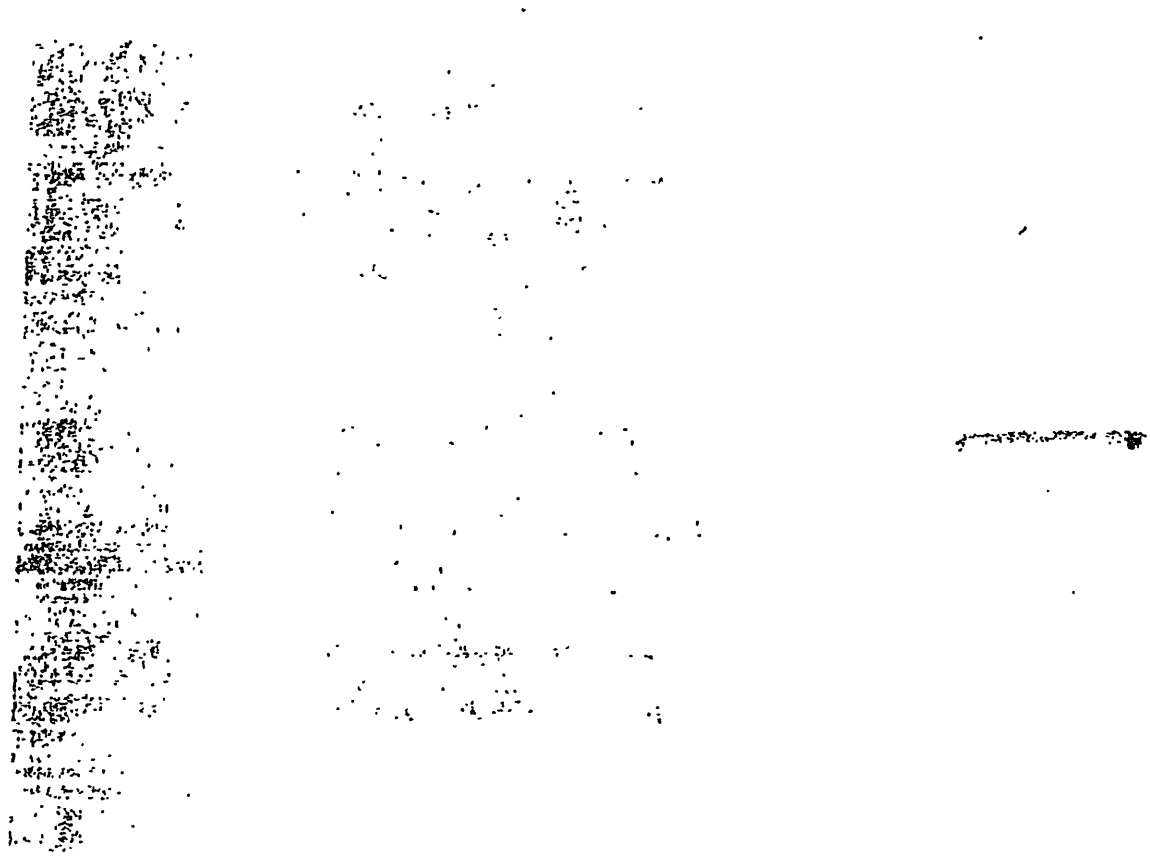
RADIOGRAPHS: None.

ASSESMENT: Residual stiffness right ankle due to sequelae of ankle sprain requiring arthroscopic debridement and open resection of os trigonum.

PLAN: He is reached MMI. Residual impairment rating is 7% based on range of motion restrictions secondary to sprain. Although he has done well he will be unable to safely tolerate running, cutting, pivoting or unpredictable surfaces. He has a possibility but not a likelihood of developing arthritis of his ankle secondary to his injury at a later point in life. At this time he requires no further treatment.

Ross Taylor, M.D.

Fcc: ER Conway,



Coryel Scan Date: 10/4/2010

InMed
Diagnostic Services of S.C., LLC

PATIENT NAME:	SCOTT LEDFORD
DOB:	[redacted]
REFERRING PHYSICIAN:	B. SARB
GENDER:	MALE
MR#	416626
DATE OF STUDY	9-9-10

MRI CERVICAL SPINE

HISTORY: Neck pain and mid back pain extending into the right arm with numbness. Prior history of thoracic spine fractures.

TECHNIQUE: Sagittal T1/T2 and axial T2 and gradient echo images obtained on a .3 Tesla open MRI unit.

FINDINGS: The paramidline lower cerebellum, lower brainstem and cervicomedullary junction are intact. C1-T2 are normally aligned. The T3 vertebral body is mildly decreased in height at the superior endplate. T4 is also mildly decreased in height and the findings may relate to chronic compression fractures at T3 and T4. There is no posterior bony retropulsion or cortical extension. Currently, no findings of marrow edema. The cervical and upper thoracic spinal cord is normal caliber and signal. Mild disc degeneration is seen at C2-3, C3-4, and C4-5. No significant disc bulge or foraminal stenosis at these levels. C5-6 disc is degenerated and narrowed with broad-based posterior disc protrusion greatest to the left of midline with overlying osteophytes. The findings are typical of moderate spondylosis with thecal sac effacement and mild left foraminal stenosis. Left sided moderate spondylosis is seen at C6-7 as well with osteophyte and chronic disc bulge best seen just ventral to the left C7 ventral rootlets. The foramina remain patent. C7-T1 and T1-2 and T2-3 discs are unremarkable. No defined paraspinal mass or muscle asymmetry. No significant right foraminal stenoses are identified with only mild spondylotic spurring to the right at C4-5, C5-6, and C6-7 levels.

IMPRESSION:

1. Moderate C5-6 and C6-7 left sided foraminal spondylosis and degenerative disc disease with left sided thecal sac effacement and possible left C7 ventral rootlet contact. Mild left foraminal stenosis due to the chronic spondylotic spurring. No findings of acute disc herniation with particular attention to the right side.
2. Mild mid cervical facet arthropathy with no acute fractures.
3. Mild wedge deformity and superior endplate deformities at T3 and T4 vertebral bodies that may relate to remote fractures.

Charles E. Parke, M.D.

CEP/skd

4701-C Oleander Dr.
Myrtle Beach, S.C. 29577
P: (843) 692-0040 F: (843) 692-0046

FAX

13

Corvel Scan Date: 3/23/2012

CONWAY HOSPITAL
P.O. BOX 829
300 SINGLETON RIDGE ROAD
CONWAY, SC 29526-0829
(843) 347-8232

NAME: LEDFORD,SCOTT A
ORD PHYS: TARCH - -Tarbet, Charles MD
DOF
AGE: 36 SEX: M
ACCT, [illegible]886 LOC: ER
EXAM DATE: 03/10/12 STATUS: DIS IN
RADIOLOGY NO, 00148701
UNIT NO: M0007231640
RADIOLOGIST: ESHELLEY --ED SHELLEY M D.
SIGN PHYS. ESHELLEY --ED SHELLEY M.D.
PATIENT PHONE: (843)742-5330
CPT4 CODE 73610RT

ADMITTING DX NSC
ADMITTING DX 1: L INDEX FINGER AMPUT
ADMITTING DX 2:
EXAM: 001046712 - ANKLE, RIGHT, COMPLETE, M3 V

Exam: Right Ankle

Clinical data: Motorcycle accident.

Findings:

AP, oblique and lateral views of the right ankle show the bones to demonstrate a normal alignment. I do not see a fracture

Impression:

No fractures of the right ankle are identified.

P

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CONWAY HOSPITAL
P.O. BOX 829
300 SINGLETON RIDGE ROAD
CONWAY, SC 29526-0829
(843) 347-8232

NAME: LEDFORD,SCOTT A
ORD PHYS: TARCH -Tarbet, Charles MD
[redacted]GE: 36 SEX: M
ACCT: V00006370886 LOC: ER
EXAM DATE: 03/10/12 STATUS: DIS IN
RADIOLOGY NO 00148701
UNIT NO M000223640
RADIOLOGIST: ESHELLEY -ED SHELLEY M.D
SIGN PHYS: ESHELLEY -ED SHELLEY M.D,
PATIENT PHONE: (843)742-5330
CPT4 CODE: 73564

Corvel Scan Date: 3/23/2012

[redacted]

ADMITTING DX NSC:
ADMITTING DX 1: L INDEX FINGER AMPUT
ADMITTING DX 2:
EXAM. 001046711 - KNEE, RIGHT, COMPLETE, M4V

Exam: Right Knee.

Clinical data: Motorcycle accident.

Findings.

AP, oblique and lateral views of the right knee show the bones to demonstrate a normal alignment. No focal bony abnormalities are seen.

Impression:

Unremarkable right knee.

P

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CONWAY HOSPITAL
P.O. BOX 829
300 SINGLETON RIDGE ROAD
CONWAY, SC 29526-0829
(843) 347-8232

NAME: LEDFORD,SCOTT A
ORD PHYS TARCH --Tarbet, Charles MD
[redacted] 36 SEX: M
ACCT: V00006370886 LOC: ER
EXAM DATE: 03/10/12 STATUS: DIS IN
RADIOLOGY NO: 00148701
UNIT NO: M000223640
RADIOLOGIST: ESHELLEY --ED SHELLEY M D
SIGN PHYS: ESHELLEY --ED SHELLEY M.D.
PATIENT PHONE: (843)742-5330
CPT4 CODE: 73630

Corvel Scan Date: 3/23/2012

ADMITTING DX NSC:
ADMITTING DX 1: L INDEX FINGER AMPUT
ADMITTING DX 2:
EXAM: 001046713 - FOOT, RIGHT, M3V

Exam: Right Foot

Clinical data: Motorcycle accident and pain

Findings:

AP, oblique and lateral views of the right foot show the bones to demonstrate a normal alignment. No fractures are identified.

Impression:

No fractures of the right foot are seen.

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16

%%START V00006370886 TARCH
03/11/2012 10:59 %%
Physician Documentation
Conway Medical Center
Name:Scott Ledford
Age:36 years
Sex:Male
[redacted]
MRN:M000223640
Arrival Date:03/10/2012
Time:08:23
Account#:V00006370886
Bed:ED9
Private MD:Carolina health specialists, Dr

HPI:
03/10 This 36 years old Caucasian Male presents to ER via EMS with ct
09:03 complaints of Motorcycle Collision.
09:03 The patient presents with an abscess, an injury. The complaints ct
affect the lateral aspect of right foot and right knee and right ankle. Context: The problem was sustained at work, the patient can partially bear weight, Patient is a state trooper. He was on his motorcycle when he was pulling out to go after a speeding car He "laid down" the bike on his right leg. He complains of pain at the right knee, ankle and lateral aspect of the right foot,. Onset: The symptoms/episode began/occurred acutely, just prior to arrival. Modifying factors: The symptoms are alleviated by nothing. the symptoms are aggravated by movement, weight bearing, bending knee. Associated signs and symptoms: Pertinent positives: swelling, Pertinent negatives fever, numbness, tingling, weakness, Treatment prior to arrival includes: no previous treatment. Severity of symptoms: At their worst the symptoms were moderate, in the emergency department the symptoms are unchanged. The patient has not experienced similar symptoms in the past.

Historical:
- Allergies: SHELLFISH;
- Home Meds:
  1. Fexofenadine HCl Oral 1 tablet daily, as needed (Last dose: 03/10/2012 05:40)
- PMHx: Hypertension;
- PSHx: finger; nasal; Back surg;
- Immunization history: : Last tetanus immunization: up to date. < 5 years ago Pneumococcal vaccine is not up to date. Flu vaccine is not up to date.
- Code Status: Full code.
- Do you have an Advanced Directive or Health Care Power of Attorney?: No.
- Social history: Smoking status: Patient/guardian denies using tobacco, Patient uses N/A, patient denies use of alcohol and/or tobacco products. No barriers to communication noted.
- Family history:: Not pertinent.
- The history from nurses notes was reviewed: and I agree with what is documented up to this point.

Name:Scott Ledford
MRN:M000223640

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Corvel Scan Date: 3/27/2012

Account#:V00006370886
Page 1 of 4
&&PAGE
Physician Documentation
Conway Medical Center
Name:Scott Ledford
Age:36 years
Sex:Male
[redacted]
MRN:M0000221640
Arrival Date:03/10/2012
Time:08:23
Account#:V00006370886
BedED9
Private MD:Carolina health specialists, Dr

ROS:
09:03 Constitutional: Negative for fever or chills. Neck: Negative for pain, and swelling, Cardiovascular: Negative for CP or palpitations. Abdomen/GI: Negative for abdominal pain, nausea, vomiting, diarrhea, and constipation, Back: Negative for injury and pain, Neuro: Negative for headache, weakness, numbness and tingling. MS/extremity: Positive for injury or acute deformity, pain, swelling, of the lateral aspect of right foot and right knee and right ankle. Skin: Positive for abrasion(s). ct

Exam:
09:03 Constitutional: This is a well developed, well nourished patient who is awake, alert, and in no acute distress. Head/Face: Normocephalic, atraumatic. Neck: No mass or lymphadenopathy, Neck is supple without pain with movement. Neuro: Awake and alert, oriented. No gross motor or sensory deficits. Musculoskeletal/extremity: Abrasion to the patella of the right knee. No effusion, swelling or ligamentous instability noted. There is pain with active and passive ROM, Right ankle with swelling laterally. Pain over the medial and lateral malleoli. Foot with pain over the base of the 5th MT. No swelling. He has normal distal pulses. Neuro exam is also normal.. ct

Vital Signs:
08:24 BP 130 / 99; Pulse 85; Resp 18; Temp 97.8(O); Pulse Ox 99% on R/A; Weight 82.55 kg / 181.99 lbs; Height 5 ft. 10 in. (178 cm); Pain 6/10; bd

Glasgow Coma Score:
08:24 Eye Response. spontaneous(4). Verbal Response: oriented(5). Motor Response: obeys commands(6). Total: 15. bd

MDM:
08:41 Patient medically screened. dn2
08:41 Financial registration complete. dn2
09:28 Data reviewed: vital signs, nurses notes, radiologic studies, plain films Counseling: I had a detailed discussion with the patient and/or guardian regarding: the historical points, exam findings, and any diagnostic results supporting the discharge/admit diagnosis, radiology results, the need for outpatient follow up. ED course: Air splint, knee immobilizer ct

Name:Scott Ledford

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Corvel Scan Date: 3/27/2012

Physician Documentation
Conway Medical Center
Name:Scott Ledford
Age:36 years
Sex:Male
[redacted]
MRN:M000223640
Arrival Data:03/10/2012
Time:08:23
Account#:V00006370886
BedED9
Private MD:Carolina health specialists, Dr

and crutches supplied. He will be off normal duties at work until cleared by ortho.

Orders:
Order: Knee, Right, Complete, M4v *; Ordered: 03/10 08:47; By: ct; For: ct; Returned 03/10 17:11 By: Dispatcher MedHost; Notes: Bed Name: ED9; Order Method: Electronic
Order: Ankle (4 Views) Right *; Ordered: 03/10 08:47; By: ct; For: ct; Returned 03/10 17:11 By: Dispatcher MedHost; Notes: Bed Name: ED9; Order Method: Electronic
Order: Foot, Right, M3v *; Ordered: 03/10 08:47; By: ct; For: ct; Returned 03/10 17:11 By: Dispatcher MedHost; Notes: Bed Name: ED9; Order Method: Electronic
Order: Air Splint; Ordered: 03/10 09:30; By: ct; For: ct; Completed 03/10 09:38 By: Dougherty, Bronwyn RN; Order Method: Electronic
Order: KNEE IMMOBILIZER: 26 inch; Ordered: 03/10 09:30; By: ct; For: ct; Completed 03/10 09:38 By. Dougherty, Bronwyn RN; Order Method: Electronic
Order: CRUTCHES; Ordered: 03/10 09:30; By: ct; For: ct; Completed 03/10 09:38 By: Dougherty, Bronwyn RN; Order Method: Electronic

Order Signatures:
Tarbert, Charles, MD, MD. ct;
Disposition:
09:28 Disposition. ct
09:29 Aware of vital signs, to follow up with PMD. ct
09:29 Chart complete. ct

Disposition:
03/10/12 09:29 Discharged to Home. Impression: Internal Derangement of Knee, Ankle Sprain, Abrasion.
- Condition is Stable.
- Discharge Instructions: Abrasions, Ankle Sprain, Crutches, Use of, Knee Pain, General.
- Prescriptions for Percocet 5- 325 mg Oral Tablet - take 1 to 2 tablet by ORAL route every 6-8 hours As needed; 20 tablet.
- Work release 3 day form.
- Follow up: Dr. William Mills; When: Next week; Reason: Recheck today's complaints.
- Problem is new.

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Corvel Scan Date: 3/27/2012

Name:Scott Ledford
MRN:M0000223640
Account#:V00006370886
Page 3 of 4
**PAGE
Physician Documentation
Conway Medical Center
Name:Scott Ledford
Age:36 years
Sex:Male
[redacted]
MRN:M0000223640
Arrival Date.03/10/2012
Time:08:23
Account#:V00006370886
BedEDS
Private MD:Carolina health specialists, Dr

- Symptoms are unchanged.

Signatures:

Dispatcher MedHost		EDHS
Dougherty, Bconwyn RN	RN	bd
Tarbert, Charles, MD	MD	ct
Nelson, Donna		dn2

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Corvel Scan Date: 3/17/2012

**START V00006370886 TARCH.
03/11/2012 10:59 **
Order Summary
Name:Scott Ledford
MRN:M000223640
36 years
/Caucasian
/Male
Arrival:03/10/2012
08:23
Chief Complaint:Motorcycle Collision
Departure:03/10/2012
09:49
Orders:
Radiology
Order Name: Knee, Right, Complete, M4v *; Last Status:
Returned; Time: 2012/03/10 08:47; By: ct; For: ct; Order
Method: Electronic; Notes: Bed Name: ED9
Test: 1; Value: Exam; Right Knee,\.br\ \.br\Clinical data:
Motorcycle accident.\.br\ \.br\Findings: \.br\ \.br\AP, oblique
and lateral views of the right knee show the bones
to\.br\demonstrate a normal alignment. No focal bony
abnormalities are seen.\.br\ \.br\ \.br\Impression: \.br\
\.br\Unremarkable right knee. \.br\
\.br\P\.br\\.br\\.br\Reported By: ED SHELLEY
M.D.\.br\\.br\----------
\.br\; Status: F
Order Name: Ankle (4 Views) Right *; Last Status: Returned;
Time: 2012/03/10 08:47; By: ct; For: ct; Order Method:
Electronic; Notes: Bed Name: ED9
Order Name: Foot, Right, M3v *; Last Status: Returned; Time:
2012/03/10 08:47; By: ct; For: ct; Order Method: Electronic;
Notes: Bed Name: ED9

Name:Scott Ledford
MRN:M000223640
36 years
/Caucasian
/Male
Page 1 of 1
Arrival:03/10/2012
Arrival Time:08:23
Chief Complaint:Motorcycle Collision

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Corvel Scan Date: 3/27/2012

%%START V00006370886 FARCR
03/11/2012 10 59 %%
Nurse's Notes
Conway Medical Center
Name:Scott Ledford
Age:36 years
Sex:Male
[redacted]
MRN:M000223640
Arrival Date:03/10/2012
Time:08:23
Account#:V00006370886
Bed:ED9
Private MD:Carolina health specialists, Dr

Presentation:
03/10 Presenting complaint: EMS states: fell on motorcycle and injured right leg. No LOC or back or neck pain. Care prior to arrival: See EMS report. Transition of care: patient was not received from another setting of care. bd
08:28 Method Of Arrival: EMS bd

Triage Assessment:
08:24 General: Appears in no apparent distress, Behavior is appropriate for age. Communication: No Barriers, Pain: Complains of pain in right ankle and right knee, Injury Description: Abrasion sustained to right knee. bd

Historical:
- Allergies: SHELLFISH;
- Home Meds:
  1. Fexofenadine HCl Oral 1 tablet daily, as needed (Last dose: 03/10/2012 05:40)
- PMHx: Hypertension;
- PSHx. finger; nasal; Back Surg;
- Immunization history: : Last tetanus immunization: up to date. < 5 years ago Pneumococcal vaccine is not up to date. Flu vaccine is not up to date
- Code Status:: Full code.
- Do you have an Advanced Directive or Health Care Power of Attorney?: No.
- Social history: Smoking status: Patient/guardian denies using tobacco, Patient uses N/A, patient denies use of alcohol and/or tobacco products. No barriers to communication noted.
- Family history:: Not pertinent.
- The history from nurses notes was reviewed: and I agree with what is documented up to this point.

Screening:
08:24 Abuse screen: Denies threats or abuse. Nutritional screening: bd
. No deficits noted, Tuberculosis screening: No symptoms or risk factors identified.

Assessment:
08:28 Pain: Complains of pain in right knee and right ankle. bd

Name:Scott Ledford
MRN:M000223640

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Corvel Scan Date; 3/28/2012

Physician Documentation

Conway Medical Center

Name: Scott Ledford
Age: 36 years Sex: Male [redacted]
Arrival Date: 03/10/2012 Time: 08:23
Bed: ED9

MRN: M0002213649
Account#: V0000670856
Private MD: Carolina health specialists, Dr

HPI:
03/10 (09:06) This 36 years old Caucasian Male presents to ED via EMS with complaints of Motorcycle Collision. ct
09:03
09:03 (09:06) The patient presents with an abscess, an injury. (09:06) The complaints affect the lateral aspect of right foot and right knee and right ankle. (09:06) Context: The problem was sustained at work, the patient can partially bear weight, *Patient is a state trooper. He was on his motorcycle when he was pulling out to an after a speeding car. He "laid down" the bike on his right leg. He complains of pain in the right knee, ankle and lateral aspect of the right foot.* (09:06) Onset: The symptoms/episode happened/started acutely, just prior to arrival. (09:06) Modifying factors: The symptoms are alleviated by nothing, the symptoms are aggravated by movement, weight bearing, bending knee. (09:06) Associated signs and symptoms: Pertinent positives: swelling. Pertinent negatives fever, numbness, tingling, weakness. (09:06) Treatment prior to arrival includes: no previous treatment. (09:06) Severity of symptoms: At their worst the symptoms were moderate. In the emergency department the symptoms are unchanged. (09:06) The patient has not experienced similar symptoms in the past. ct

Historical:
Allergies: bd
08:24 (08:26) SHELLFISH;
Home Meds: bd
08:24 (08:26) 1 Fexofenadine HCl Oral 1 tablet daily, as needed (Last dose: 03/10/2012 05:40)
PMHx: bd
08:24 (08:26) Hypertension;
PSHx: bd
08:24 (08:26) finger; (08:26) nasal; (08:26) Back Surgt

Historical: bd
08:24 (08:26) Immunization history. Last tetanus immunization: up to date, < 5 years ago Pneumococcal vaccine is not up to date Flu vaccine is not up to date, (08:26) Code Status: Full code, (08:26) Do you have an Advanced Directive or Health Care Power of Attorney? No. (08:26) Social history Smoking status. Patient/guardian denies using tobacco, Patient uses N/A, patient denies use of alcohol and/or tobacco products No barriers to communication noted, (08:26) Family history Not pertinent. ct
09:03 (09:06) The history from nurses notes was reviewed and I agree with what is documented up to this point.

ROS: ct
09:03 (09:06) Constitutional: Negative for fever or chills. Neck: Negative for pain. and swelling. Cardiovascular: Negative for CP or palpitations. Abdominal/GI: Negative for abdominal pain, nausea, vomiting, diarrhea, and constipation. Back: Negative for injury and pain. Neuro: Negative for headache, weakness, numbness and tingling. (09:06) MSK/Extremity: Positive for injury or pain to bone, normal, pain, swelling, of the lateral aspect of right foot and right knee and right ankle. (09:06) Skin: Positive for abrasion(s).

Exam: ct
09:03 (09:06)
Constitutional: This is a well developed, well nourished patient who is awake, alert, and in no acute distress.
Head/Face: Normocephalic, atraumatic.
Neck: No mass or lymphadenopathy. Neck is supple without pain with movement.
Neuro: Awake and alert, oriented, no gross motor or sensory deficits. (09:06).
MSK/Neck/Back/Extremity: *Abrasion to the patella of the right knee. No contusion, swelling or deformity. Pain to palpation of the right knee. No instability noted. There is pain with active and passive ROM. Right ankle with swelling and tenderness to palpation noted. There is pain with active and passive ROM. Right ankle with swelling and tenderness to palpation noted. There is pain with active and passive ROM. Pain over the medial and lateral malleoli. Foot with pain over the base of the 5th MT. No deformity

Physician Documentation Con't.

Vital Signs:

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Height	Pain	Staff
08:24 (08:24)	138 / 99	65	18	97.6(O)	99% on RA	82.55 kg / 181.90 lbs	5 ft. 10 in. (178 cm)	6/10	bd

Glasgow Coma Score:

Time	Eye Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
08:24 (08:24)	spontaneous(4)	oriented(5)	obeys commands(6)		15	bd

MDM: dn2

08:41 Patient medically screened dn2

08:41 Financial registration complete. ct

09:26

Data reviewed: vital signs, nurses notes, radiologic studies, plain films.
Counseling: I had a detailed discussion with the patient and/or guardian regarding: the historical points, exam findings, and any diagnostic results supporting the discharge/admit diagnosis, radiology results, the need for outpatient follow up.
ED course: *Air splint, knee immobilizer and crutches supplied. He will be off normal duties at work until cleared by ortho.*

Order	Status	Time	By	For
Knee, Right, Complete, Min	Ordered	03/10/12 08:47	ct	rd
	Returned	03/10/12 17:11	Dispatcher MedHost	
Notes: Bed Name: ED9	Order Method: Electronic			

Order	Status	Time	By	For
Ankle (4 Views) Right	Ordered	03/10/12 08:47	ct	ct
	Returned	03/10/12 17:11	Dispatcher MedHost	
Notes: Bed Name: ED9	Order Method: Electronic			

Order	Status	Time	By	For
Foot, Right, Min	Ordered	03/10/12 08:47	ct	ct
	Returned	03/10/12 17:11	Dispatcher MedHost	
Notes: Bed Name: ED9	Order Method: Electronic			

Order	Status	Time	By	For
Air Splint	Ordered	03/10/12 09:30	ct	ct
	Completed	03/10/12 09:38	Dougherty, Bronwyn RN	
Notes:	Order Method: Electronic			

Order	Status	Time	By	For
KNEE IMMOBILIZER, 26 inch	Ordered	03/10/12 09:30	ct	ct
	Completed	03/10/12 09:38	Dougherty, Bronwyn RN	

Corvel Scan Date: 3/28/2012

Physician Documentation Con't.

Notes:	Order Method: Electronic			
Order	Status	Time	By	For
CRUTCHES	Ordered	03/10/12 09:30	ct	ct
	Completed	03/10/12 09:34	Dougherty, Bronwyn RN	
Notes:	Order Method: Electronic			

Order Signatures:
Tarbert, Charles, MD MD ct

Disposition:
09:28 (09:29) Disposition ct
09:29 Aware of vital signs, to follow up with PMD ct
09:29 Chart complete ct

Disposition:
03/10/12 09:29 Discharged to Home, Impression: Internal Derangement of Knee, Ankle Sprain, Abrasion.
- Condition is Stable.
- Discharge Instructions Abrasions, Ankle Sprain, Crutches, Use of, Knee Pain, General.
- Prescriptions for
  Percocet 5
  - 325 mg Oral Tablet - take 1 to 2 tablet by ORAL route every 6-8 hours As needed; 20 tablet.
- Work release 3 day form.
- Follow up: Dr. William Mills, When: Next week; Reason. Recheck today's complaints
- Problem is new.
- Symptoms are unchanged

Signatures:

Dispatcher MedHost		EDMS	Dougherty, Bronwyn RN	RN	bd
Tarbert, Charles, MD	MD	ct	Nelson, Donna		dn2

Corvel Scan Date: 3/28/2012

CONWAY MEDICAL CENTER
PO BOX 829
300 SINGLETON RIDGE ROAD
CONWAY, SC 29526-0829
(843) 347-8132

Name: LEDFORD,SCOTT A
Phys: Tarbert, Charles MD
[redacted] 36 Sex: M
Acct: V0000063708B6 Loc: ER
Exam Date: 03/10/2012 Status: DEP ER
Radiology No: 00148701
Unit No: M0000223640
Patient Phone: (843)742-5330
CPT4 Code: 73630

ADMITTING DX: MOTORCYCLE ACCIDENT

EXAM#	TYPE/EXAM	RESULT
001046713	RAD/FOOT, RIGHT, MIN	

Exam, Right Foot.

Clinical data: Motorcycle accident and pain

Findings:

AP, oblique and lateral views of the right foot show the bones to demonstrate a normal alignment. No fractures are identified.

Impression:

No fractures of the right foot are seen.

P

** REPORT SIGNED IN OTHER VENDOR SYSTEM 03/10/2012 **
Reported By: ED SHELLEY M.D.

CC: Charles MD Tarbert

Technologist: ROBERT CLARK, R T.(R)
Transcribed Date/Time: 03/10/2012 (1711)
Transcriptionist: ESHELLEY
Printed Date/Time: 03/10/2012 (1711)

PAGE 1 MEDICAL RECORDS FOR TSG-C-RAD

807CC465G59C8A8A4AZ7 LEDFORD.16

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Corvel Scan Date: 3/28/2012

CONWAY MEDICAL CENTER
PO BOX 829
300 SINGLETON RIDGE ROAD
CONWAY, SC 29526-0829
(843) 347-8132

Name: LEDFORD,SCOTT A
Phys: Tarbert, Charles MD
[redacted] Sex: M
Acct: V00006370886 Loc: ER
Exam Date: [redacted]10/2012 Status: DEP ER
Radiology No: 00148701
Unit No: M0000223640
Patient Phone: (843)742-5330
CPT4 Code: 73560

ADMITTING DX: MOTORCYCLE ACCIDENT

EXAM#	TYPE/EXAM	RESULT
001046711	RAD/KNEE, RIGHT, COMPLETE, MIN	

Exam: Right Knee.

Clinical data: Motorcycle accident.

Findings:

AP, oblique and lateral views of the right knee show the bones to demonstrate a normal alignment. No focal bony abnormalities are seen.

Impression:

Unremarkable right knee.

P

** REPORT SIGNED IN OTHER VENDOR SYSTEM 03/10/2012 **
Reported By: ED SHELLEY M.D.

CC: Charles MD Tarbert

Technologist: ROBERT CLARK, R.T.(R)
Transcribed Date/Time: 03/10/2012 (1711)
Transcriptionist: ESHELLEY
Printed Date/Time: 03/10/2012 (1711)

Corvel Scan Date: 3/28/2012

CONWAY MEDICAL CENTER
PO BOX 829
300 SINGLETON RIDGE ROAD
CONWAY, SC 29526-0829
(843) 347-8132

Name: LEDFORD, SCOTT A
Phys: Tarbert, Charles MD
[redacted] Sex: M
Acct: V00006370886 Loc: ER
Exam Date: 03/10/2012 Status: DSP ER
Radiology No: 00148701
Unit No: M0000223640
Patient Phone: (843)742-5330
CPT: Code: 73610RT

ADMITTING DX: MOTORCYCLE ACCIDENT

EXAM#	TYPE/EXAM	RESULT
001046712	RAD/ANKLE, RIGHT, COMPLETE, MIN	

Exam: Right Ankle.

Clinical data: Motorcycle accident.

Findings:

AP, oblique and lateral views of the right ankle show the bones to demonstrate a normal alignment. I do not see a fracture.

Impression:

No fractures of the right ankle are identified.

F

** REPORT SIGNED IN OTHER VENDOR SYSTEM 03/10/2012 **
Reported By: ED SHELLEY M.D.

CC: Charles MD Tarbert

Technologist: ROBERT CLARK, R.T.(R)
Transcribed Date/Time: 03/10/2012 (1711)
Transcriptionist: ESHELLEY
Printed Date/Time: 03/10/2012 (1713)

PAGE 1 MEDICAL RECORDS FOR TSG-C-RAD

807CC46S6S9CBADA4A27 LEDFORD.18

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Corvel Scan Date: 3/28/2012

Conway Medical Center

Nurse's Notes

Name: Scott Ledford
Age: 36 years Sex: Male [redacted]
Arrival Date: 03/10/2012 Time: 08:23
Bed ED9

MRN: M0002231640
Account#: V00004370486
Private MD: Carolina health specialists, Dr

Presentation:
03/10 Presenting complaint: EMS states: *fell on motorcycle and injured right leg, No LOC or back or neck* bd
08:28 *pain.* Care prior to arrival: See EMS report. Transition of care: patient was not received from another setting of care.
08:28 Method Of Arrival: EMS. bd

Triage Assessment: bd
08:24 (08:20) General: Appears in no apparent distress, Behavior is appropriate for age. (08:26) Communication: No Barriers. (08:26) Pain: Complains of pain in right ankle and right knee. (08:26) Injury Description: Abrasion sustained to right knee.

Historical:
Allergies:
08:24 (08:26) SHELLFISH; bd
Home Meds:
08:24 (08:26) 1.. Fexofenadine HCl Oral 1 tablet daily, as needed (Last dose: 03/10/2012 05:40) bd

PMHx:
08:24 (08:26) Hypertension. bd
PSHx:
08:24 (08:26) finger, (08:26) nasal, (08:26) Back Surg; bd

Historical:
08:24 (08:26) Immunization history: Last tetanus immunization up to date, < 5 years ago Pneumococcal vaccine is not up to date. Flu vaccine is not up to date, (08:26) Code Status: Full code (08:26) Do you have an Advanced Directive or Health Care Power of Attorney? No, (08:26) Social history Smoking status Patient/guardian denies using tobacco, Patient uses N/A, patient denies use of alcohol and/or tobacco products No barriers to communication noted, (08:26) Family history: Not pertinent bd
09:03 (09:06) The history from nurses notes was reviewed and I agree with what is documented up to this point. el

Screening:
08:24 (08:26) Abuse screen: bd
Denies threats or abuse
(08:26) Nutritional screening:
No deficits noted,
(08:26) Tuberculosis screening:
No symptoms or risk factors identified.

Assessment: bd
08:28 Pain: Complains of pain in right knee and right ankle.

Vital Signs:

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Height	Pain	Staff
08:24 (08:27)	138 / 99	85	18	97.8(O)	99% on R/A	82.55 kg / 181.99 lbs	5 ft. 10 in (178 cm)	8/10	bd

Vitals:

Print Time: 3/12/2012 12:54:34 *** CHART COMPLETE *** Page 1 of 3

807CC465659CBA8A4A27.LEDFORD.10

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Corvel Scan Date: 3/28/2012

Encounter Summary

Name: Scott Ledford
Age: 36 years [redacted]
Sex: Male
Race: Caucasian
Marital Status: Married

SSN: 110-58-0432
MRN: M0002233640
Account#: [redacted]
Home phone: (841)742-5330
Work phone: (845)365-5001

Arrival: 03/10/2012 08:23

Chief Complaint: Motorcycle Collision
MOA: EMS
Acuity: Level 3

Care Complete Date: 03/10/2012
Care Complete Time: 09:29
Departure Date: 03/10/2012
Departure Time: 09:49

Responsible Dept: Ortho

Special Handling:
Family Waiting: No
Bed: ED9

Assigned Staff & Roles

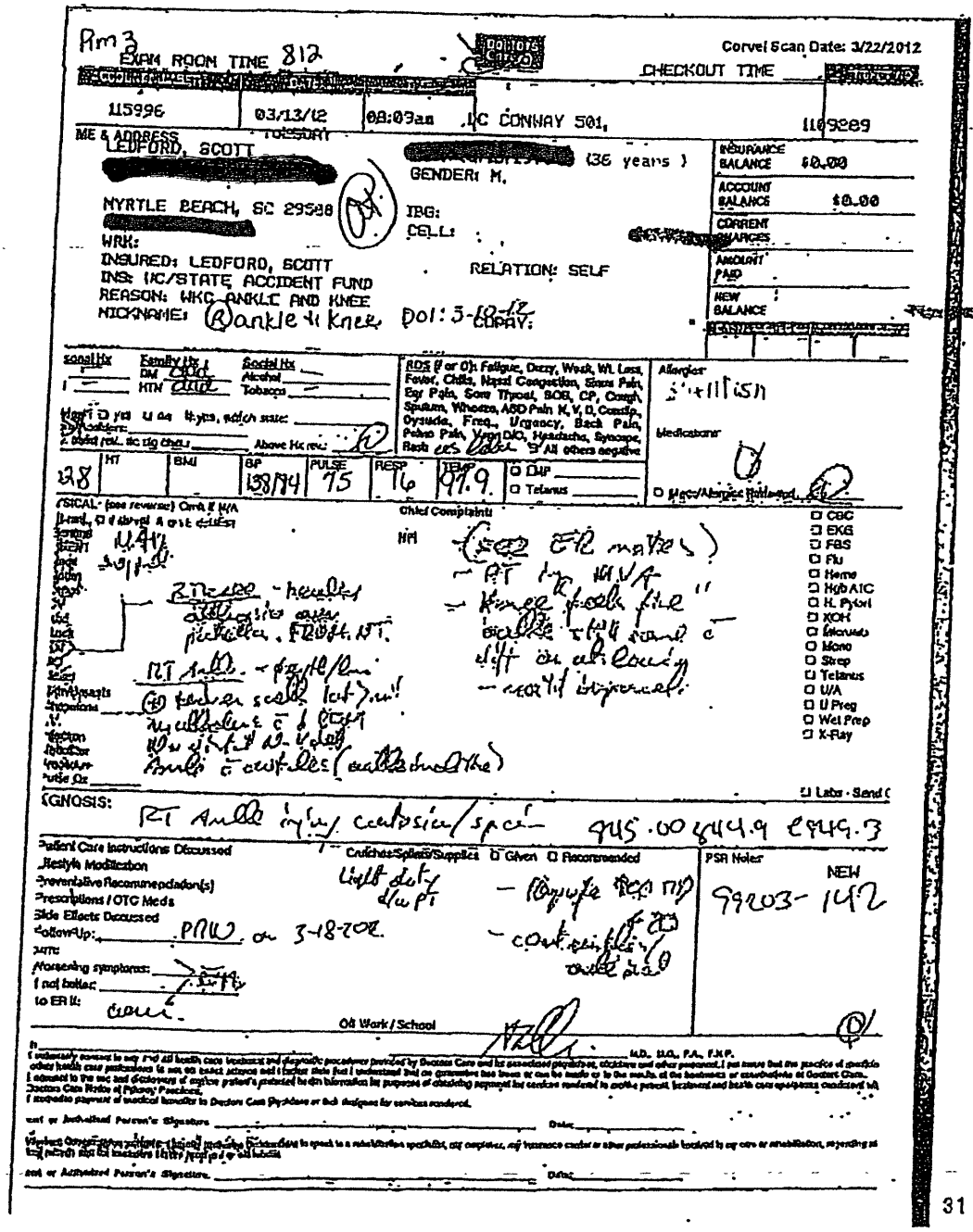
Name	Role	Specialty
Carolina health specialists, Dr	Private Physician	--
Dougherty, Brandon	Primary Nurse	--
Warren, Tahnee		
Mills, William	Referral Physician	Orthopaedics
Tarbert, Charles	Attending Physician	Emergency Medicine

Outcome: Discharge
Location: Home
Condition: Stable
Chief Complaint: Motorcycle Collision
Diagnosis: Internal Derangement of Knee, Ankle Sprain, Abrasion
Prescriptions: Percocet 5-325 mg Oral Tablet - take 1 to 2 tablet by ORAL route every 6-8 hours As needed, 20 tablet
Follow up: Mills
Special Notes:
Attending Physician: Tarbert
Mid Level Provider:
Followup Physician: Mills
Orders: Knee, Right, Complete, M4v *, Ankle (4 Views) Right *, Foot, Right, M3v *, Air Splint, KNEE IMMOBILIZER: 26 Inch, CRUTCHES
Discharge Instruction: Disposition Documents, Discharge Summary Sheet, Abrasions, Ankle Sprain, Crutches, Use of, Knee Pain, General, Work release 3 day

Page 1 of 1

807CC465659CBA8A4A27 LEDFORD,S

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Rm 3
EXAM ROOM TIME 812
CHECKOUT TIME
Corvel Scan Date: 3/22/2012

115996 | 03/13/12 | 08:03am | IC CONWAY 501, | 1109289

NAME & ADDRESS
LEDFORD, SCOTT
[redacted]
MYRTLE BEACH, SC 29588
[redacted]
WRK:
INSURED: LEDFORD, SCOTT
INS: IC/STATE ACCIDENT FUND
REASON: WKC-ANKLE AND KNEE
NICKNAME: Ankle & knee DOI: 3-12-12 COPAY:
[redacted] (38 years)
GENDER: M.
IRG:
CELL:
RELATION: SELF

INSURANCE BALANCE $0.00
ACCOUNT BALANCE $0.00
CURRENT BALANCES
AMOUNT PAID
NEW BALANCE

Social Hx | Family Hx | Social Hx
DM CAD | Alcohol
HTN CAD | Tobacco

ROS (if no 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 (as Table) S All others negative

Allergies: Sulfa (SN)

Medications: 0

Above Hx rev: 0

HT	BMI	BP	PULSE	RESP	TEMP
28		138/74	75	16	97.9

☐ DNP ☐ Tetanus

☐ Meds/Allergies Reviewed 0

(SICAL: (see reverse) Circle if N/A

Chief Complaint: MM (See ER notes)
- RT ankle injury
- knee took the "brunt" of the fall
- ankle still sore c left on ambulating
- nearly improved.

- CBC
- EKG
- FBS
- Flu
- Hemo
- HgbA1C
- K, Pykn
- KOH
- Mononu
- Mono
- Strep
- Tetanus
- U/A
- U Preg
- Wet Prep
- X-Ray

GNOSIS: RT Ankle injury contusion/sprain 845.00 V454.9 E849.3

Patient Care Instructions Discussed
Lifestyle Modification
Preventative Recommendation(s)
Prescriptions / OTC Meds
Side Effects Discussed
Follow-Up: PRN on 3-18-2012
Note:
Worsening symptoms:
If not better:
to ER if:

Crutches/Splints/Supplies ☐ Given ☐ Recommended
Light duty RT
- Ibuprofen 800 mg
- continue ice
- elevate

PSR Notes: NEW 99203-142

Off Work / School

_____ M.D., D.O., P.A., F.N.P.

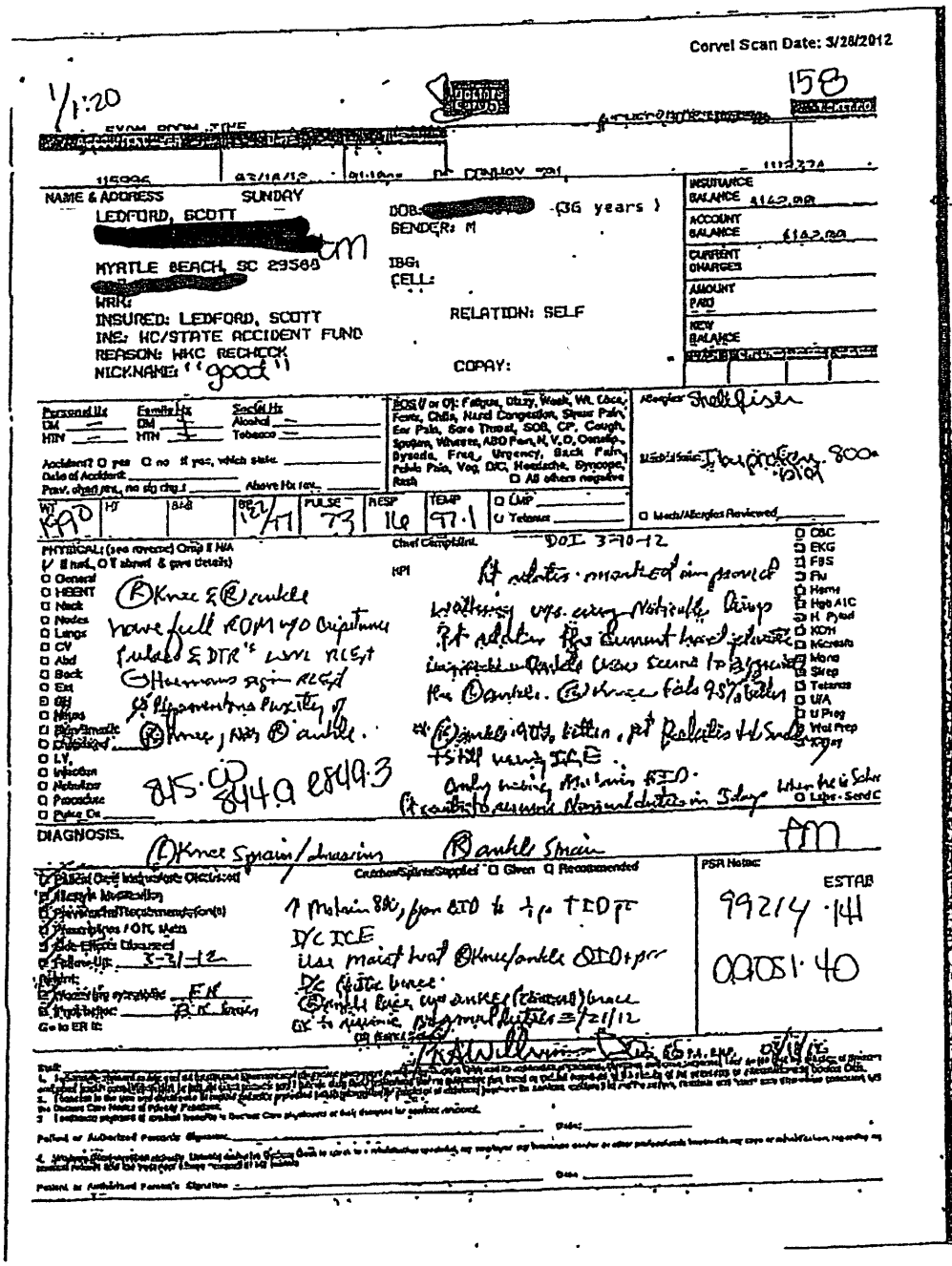
I voluntarily consent to any and all health care treatment and diagnostic procedures provided by Doctors Care and its associated physicians, clinicians and other personnel. I am aware that the practice of specific other health care professions is not an exact science and I further state that I understand that no guarantees have been or can be made as to the results of the treatment or examination at Doctors Care. I consent to the use and disclosure of my/her patient's protected health information for purposes of obtaining payment for services rendered to my/her patient, treatment and health care operations conducted by Doctors Care Notice of Privacy Practices.
I authorize payment of medical benefits to Doctors Care Physicians or their designee for services rendered.

Patient or Authorized Person's Signature _____ Date: _____

Workers' Compensation patients: I authorize Doctors Care to speak to a rehabilitation specialist, any employer, any insurance carrier or other professionals involved in my care or rehabilitation, as pertaining to my injury. I also authorize Doctors Care to release all of my medical records and bills pertaining to my injury.

Patient or Authorized Person's Signature _____ Date: _____

31



Corvel Scan Date: 3/28/2012

1/1:20

158

115996 03/18/12 01:18pm PT CONFIRMED 111334

NAME & ADDRESS SUNDAY
LEDFORD, SCOTT
[redacted] cm
MYRTLE BEACH, SC 29588
[redacted]
WRK:
INSURED: LEDFORD, SCOTT
INS: HC/STATE ACCIDENT FUND
REASON: WKC RECHECK
NICKNAME: "good"

DOB: [redacted] (36 years)
GENDER: M
IBG:
CELL:
RELATION: SELF
COPAY:

INSURANCE BALANCE $142.00
ACCOUNT BALANCE $142.00
CURRENT CHARGES
AMOUNT PAID
NEW BALANCE

Personal Hx: DM — HTN —
Family Hx: DM — HTN —
Social Hx: Alcohol — Tobacco —

Accident? ☐ yes ☐ no If yes, which state:
Date of Accident:
Prev. chest xrs, no obj chg: Above Rx rev:

ROS (✓ 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, Veg, DIC, Headache, Syncope, Rash
☐ All others negative

Allergies: Shellfish
Medications: Ibuprofen 800 tid

WT	HT	BMI	BP	PULSE	RESP	TEMP
190			162/71	73	16	97.1

☐ CMP ☐ Tetanus
☐ Meds/Allergies Reviewed

Chief Complaint: DOI 3-10-12

PHYSICAL: (see reverse) Circle if N/A
✓ if nml, OT above & give details)
☐ General
☐ HEENT
☐ Neck
☐ Nodes
☐ Lungs
☐ CV
☐ Abd
☐ Back
☐ Ext
☐ GU
☐ Neuro
☐ Psych/Mental
☐ Dvt/Homan's
☐ LV
☐ Injection
☐ Nebulizer
☐ Procedure
☐ Pulse Ox

(R) Knee & (R) ankle
have full ROM w/o crepitus
pulses & DTR's WNL B/L
Homans sign NEG
↓'s Hyperventilation Anxiety
(R) knee, (R) ankle.

HPI: Rt patella - manifested improved
walking w/o assist. using Velcro knee
Pt admits Rt knee current level intensity
is tolerable. Ankle also seems to be
the Ankle. (R) knee feels 95% better
Rt (R) ankle 90% better, Pt Reports Rt Swelling
↑ ROM using ICE
only needing Motrin PRN.
Pt verifies accurate Work and duties in Injury

☐ CBC
☐ EKG
☐ FBS
☐ Flu
☐ Hemo
☐ Hgb A1C
☐ H. Pylori
☐ KOH
☐ Microalb
☐ Mono
☐ Strep
☐ Tetanus
☐ UA
☐ U Prog
☐ Viral Prep
☐ X-ray

When the ☐ Solve ☐ Labs - Send C

845.00 8449 8449.3

DIAGNOSIS:
(L) Knee Sprain/Strain (R) Ankle Strain

Cratches/Splints/Supplied ☐ Given ☐ Recommended

1 Motrin 800, from ED to tid PRN
D/C ICE
use moist heat (R) knee/ankle QID+prn
D/C Splint brace.
(R) ankle brace, use ankle (Universal) brace
OK to resume Pre-Injury duties 3/21/12

PSR Notes:
ESTAB
99214 · 14
00051 · 40

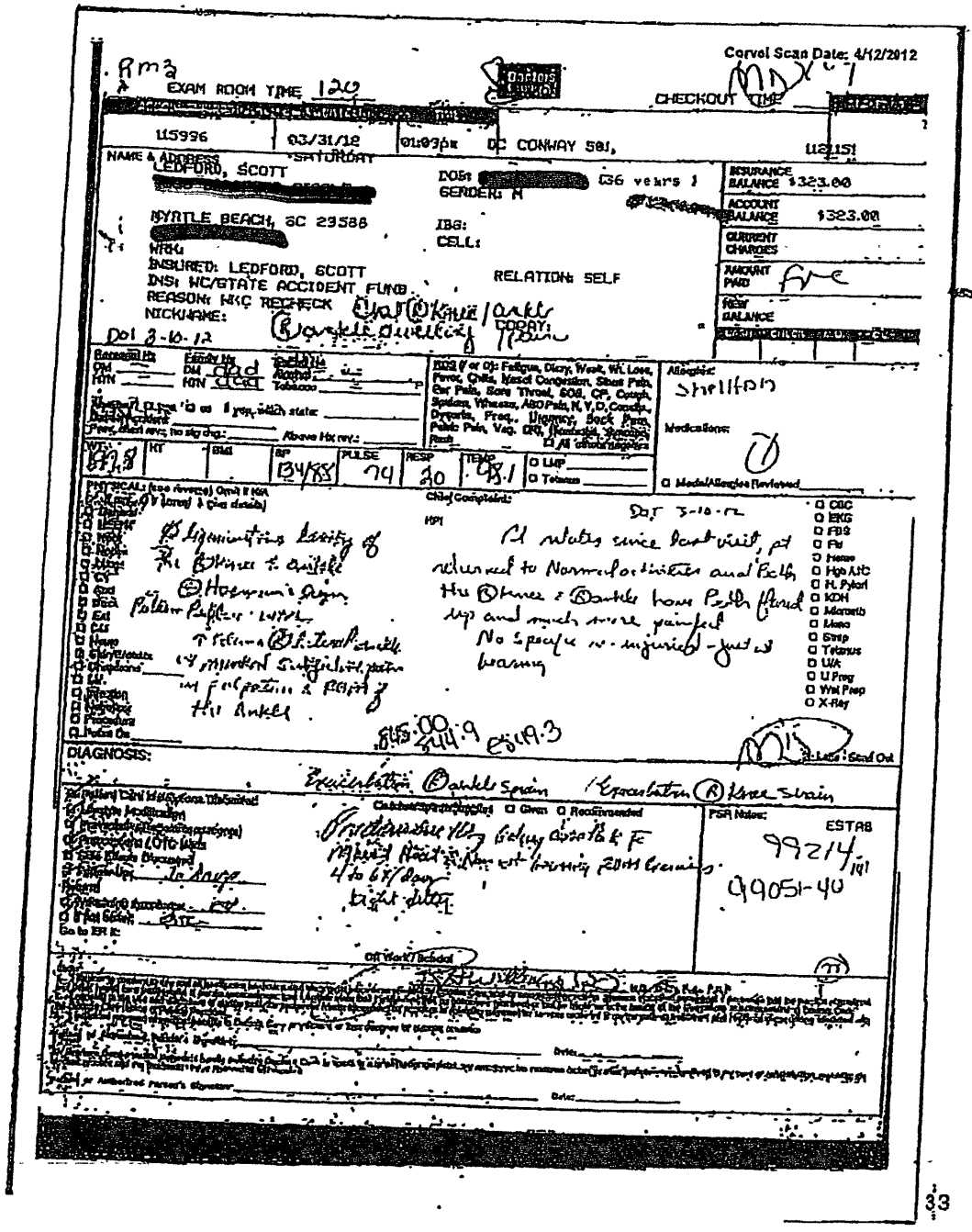
Go to ER to:
☐ Blood test
☐ Urine test
☐ X-ray
☐ CT scan
☐ Other
Follow-Up: 3-21-12
Report:
☐ Mailed to my provider EK
☐ Hand to pt BK brain

MRA Williams DO 03.18.12

Patient or Authorized Parent's Signature

Date

32



Carvel Scan Date: 4/12/2012

Rm 2

EXAM ROOM TIME 1209

CHECKOUT TIME

115996 | 03/31/12 | 01:09pm | DC CONWAY SAT, | 112151

SATURDAY

NAME & ADDRESS
LEDFORD, SCOTT
[redacted]
MYRTLE BEACH, SC 29588
WORK:

DOB: [redacted] (36 years)
GENDER: M
IBG:
CELL:

INSURED: LEDFORD, SCOTT
INS: WC/STATE ACCIDENT FUND
REASON: WC RECHECK
NICKNAME:
DOI 3-10-12

RELATION: SELF

INSURANCE BALANCE $323.00
ACCOUNT BALANCE $323.00
CURRENT CHARGES
AMOUNT PAID
NEW BALANCE

Allergies: Shellfish

Medications: 0

Medical/Allergies Reviewed

WT: 197.8 | HT | BMI | BP 134/88 | PULSE 74 | RESP 20 | TEMP 98.1 | LMP | Tobacco

ROS (if no Dx): 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, [illegible]

Chief Complaint:

DOI 3-10-12

HPI

Pt states since last visit, pt returned to Normal activities and both Rt Elbow & Rt Ankle have both flared up and much more painful. No specific re-injuries - just re-using

PHYSICAL: (use reverse) Check if WNL
(If Abnormal & Give details)

Rt Epicondylitis tenderness of Rt Elbow & Ankle
Hoffmann's Sign
Patellar Reflex - WNL
Tenderness Rt. Forearm & Rt. Ankle
(4 months Subjective pain in Forearm & Rt Ankle)

CBC
EKG
FBS
Flu
Hemo
Hgb A1C
H. Pylori
KOH
Mononb
Mono
Strep
Tetanus
UA
U Prog
Wet Prep
X-Ray

845.00 / 244.9 / E849.3

DIAGNOSIS:

Exacerbation Rt Ankle Sprain / Exacerbation Rt Elbow Strain

Continue Meds / Continue Ortho Meds / Continue Pain Meds / Continue Lotrel / Continue Diovan / Continue Lo Dose / Patient / Pt Not Seen / Go to ER If:

Given / Recommended

Continue Ibuprofen 800mg Every 8hrs & Ice Apply Ice to Rt Elbow & Ankle 4 to 6x/day Light duty

PSR Notes: ESTAB

99214
99051-40

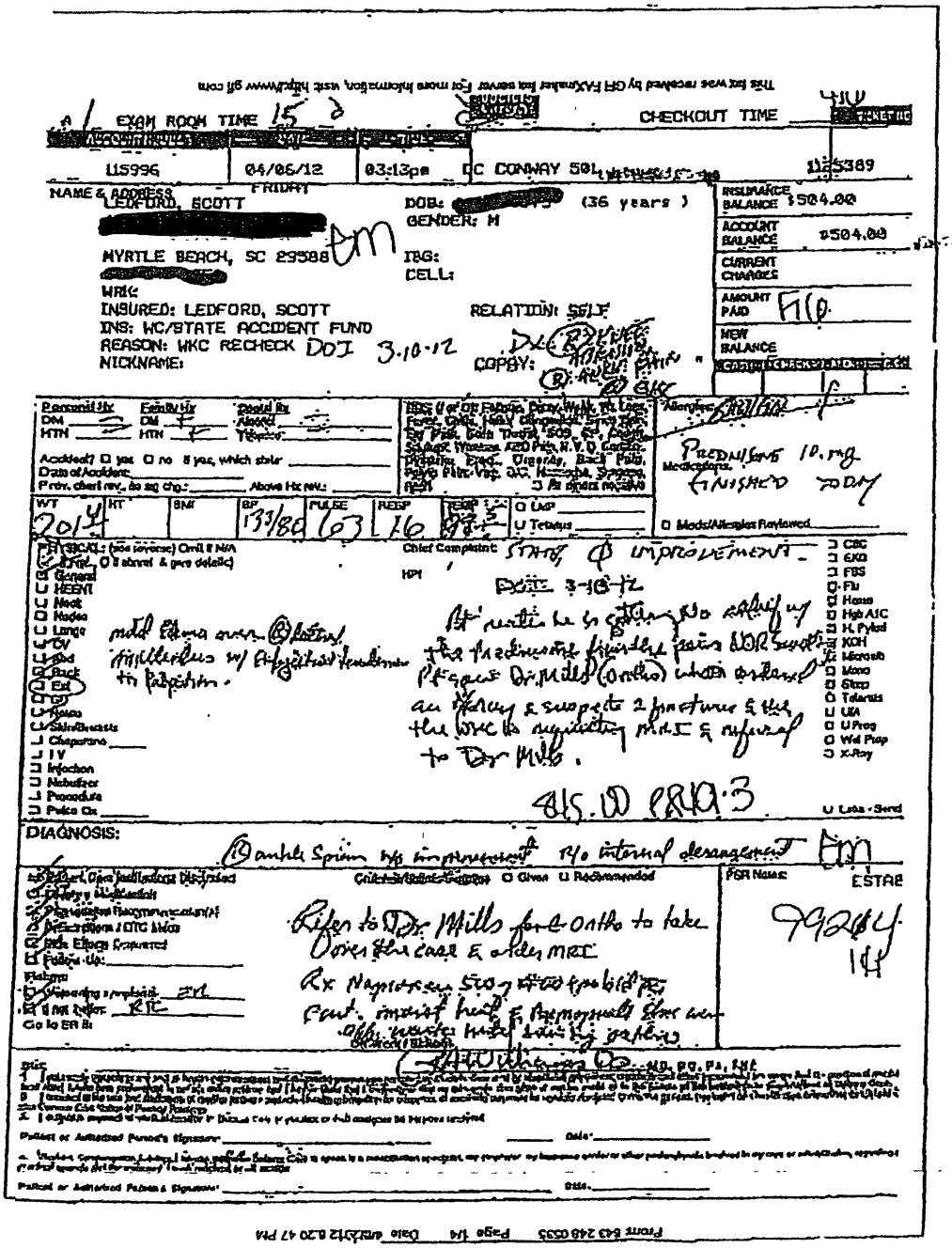
Off Work / Excused

Date

For Authorized Parent's Signature

Date

33



EXAM ROOM TIME 15 | CHECKOUT TIME

115996 | 04/06/12 FRIDAY | 03:13pm | DC CONWAY SOL | 1125389

NAME & ADDRESS: LEDFORD, SCOTT
MYRTLE BEACH, SC 29588
WRK:
INSURED: LEDFORD, SCOTT
INS: WC/STATE ACCIDENT FUND
REASON: WKC RECHECK DOI 3.10.12
NICKNAME:

DOB: (36 years)
GENDER: M
IBG:
CELL:
RELATION: SELF
COPAY:

INSURANCE BALANCE $504.00
ACCOUNT BALANCE $504.00
CURRENT CHARGES
AMOUNT PAID FIO
NEW BALANCE

Personal Hx: DM HTN
Family Hx: DM HTN
Social Hx: Alcohol Tobacco
Accident? yes no If yes, which state:
Date of Accident:
Prev. chart rev., no sig chg.: Above Hx rev.:

Allergies: PENICILLINS
Medications: PREDNISONE 10 mg FINISHED TODAY
Meds/Allergies Reviewed

WT	HT	BMI	BP	PULSE	RESP	TEMP
201#			133/80	63	16	98.3

O LMP
U Tetanus

Chief Complaint: STATE OF IMPROVEMENT

HPI

EXAM 3-16-12

Pt. returns to us stating no relief of the radiculopathy/lumbar pain with weakness. Pt. saw Dr. Mills (ortho) who ordered an MRI & suspects 2 fractures & the WKC is requesting MRI & referral to Dr. Mills.

415.10 PRN 3

U Labs - Send

CBC
BMP
FBS
Flu
Hcsm
Hgb A1C
H. Pylori
KOH
Microalb
Mono
Strep
Tetanus
UA
U Prog
Wet Prep
X-Ray

DIAGNOSIS: Ankle Sprain w/o improvement w/o internal derangement

Refer to Dr. Mills for 6 mths to take over the care & order MRI
Rx Naproxen 500 mg BID PRN
Cont. current heat & therapeutic stretching exercises
Work restrictions: NONE

PCR Name: ESTAB

99214
MD, DO, PA, NP

Patient or Authorized Person's Signature: Date:

Patient or Authorized Person's Signature: Date:

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LONG BAY DIAGNOSTIC IMAGING

PATIENT: Ledford, Scott
DOB: [redacted]
MRN: 838315
PATIENT PHONE: [redacted]
PHYSICIAN: William Mills, MD
DATE: 4/17/2012

EXAM: MRI RIGHT ANKLE WITHOUT CONTRAST

HISTORY: 36-year-old male with a swelling and pain since trauma one month ago.

COMPARISON STUDIES: Not available

TECHNIQUE: Sagittal T1W/STIR, axial and coronal T1W/fat-saturated PDW imaging sequences acquired of the ankle without contrast on the 1.5 Tesla GE Signa magnet.

FINDINGS: There is patchy bright (STIR/fat-saturated T2W) signal change in the posterior malleolar level, distal tibia and opposing posterior pole of the talus. There is irregularity of outline and low signal linear changes in the outline of the posterior pole of the talus. There is a small tibiotalar joint effusion, particularly at the posterior recess. Posterior ligaments appear intact. There is a small amount of fluid about the flexor hallucis longus tendon at sheath found closely adjacent to this level. The posterior ligaments appear intact. There is a mild signal increase (STIR/fat-saturated T2W) at the subcutaneous soft tissues in front of the lateral malleolus. No underlying fracture nor ligamentous disruption.

Remaining osseous soft tissue outlines of the ankle and included foot grossly unremarkable.

IMPRESSION:
1. The most striking finding is opposing marrow edema (consistent with contusion) signal change at the posterior pole talus and posterior malleolus of the distal tibia. There may be minor fracturing change associated at the outline of the posterior talus.
2. Nonspecific soft tissue edema anterolateral of the lateral malleolus without focal underlying internal derangement.
3. Findings consistent with tenosynovitis at the flexor hallucis longus level.

David Kallman, M.D.
DK / dg

DD: 4/18/2012
DT: 4/18/2012
Job: 1497837

900 21ST AVENUE NORTH
MYRTLE BEACH, SC 29577
(843) 916-1700
(843) 916-9460 FAX

35

Patient: Ledford, Scott
MRN: 836315
Exam: MRI RIGHT ANKLE WITHOUT CONTRAST

This document has been electronically reviewed and signed by David Kalman, M.D

36

LONG BAY
DIAGNOSTIC IMAGING

PATIENT: Ledford, Scott
DOB: [redacted]
MRN: 838315
PATIENT PHONE: [redacted]
PHYSICIAN: William Mills, MD
DATE: 4/17/2012

EXAM: MRI THORACIC AND LUMBAR SPINE WITHOUT CONTRAST

HISTORY: A 36-year-old male with persisting back pain dating to injury in 2010. Bilateral lower extremity pain is reported.

COMPARISON STUDIES: Not available.

TECHNIQUE:
THORACIC: Following a sagittal T2W localizer, sagittal T1W/T2W/STIR, coronal T1W as well as axial T2W imaging sequences conducted through thoracic levels without intravenous contrast on the 1.5 Tesla GE Signa magnet.

LUMBAR: Sagittal T2W (with and without fat-saturation)/STIR, coronal T1W as well as axial T1W/T2W imaging sequences obtained without contrast.

FINDINGS:
THORACIC: Coronal imaging demonstrates no significant scoliosis. Included lungs and cervicothoracic soft tissues as well as those of the upper abdomen prove unremarkable on coronal imaging assessment.

On sagittal T2W localizing images, the least moderate if not more advanced central spinal canal stenosis is in evidence at the cervical spine (C5-C6, C6-C7) levels. There appears to be associated impression made of impingement upon the volar aspect of the cervical cord.

There is mild anterior wedge configuration at T6. Remaining osseous vertebrae demonstrate unremarkable height and signal as well as alignment. Outlines, signal in caliber of the thoracic cord and included conus unremarkable. There is a mild posterior disc bulge effacing CSF ventral to the cord at T8-T9 and to a lesser degree at T9-T10 without significant impingement upon the cord itself. Mild to moderate loss of disc space height and signal of desiccation is found at mid thoracic segmental levels.

LUMBAR: Coronal imaging demonstrates no significant thoracolumbar scoliosis. Included T1W outlines of hollow and solid viscera unremarkable. Pelvic ring and proximal femora unremarkable as included. Abdominal aorta tapers normally to the bifurcation and beyond. Soft tissues of the included retroperitoneum and paraspinal levels prove

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(843) 916-1700
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37

Patient: Ledford, Scott
MRN: 838315
Exam: MRI THORACIC AND LUMBAR SPINE WITHOUT CONTRAST

unremarkable on axial and sagittal assessments.

Signal characteristics, outline and caliber of the conus and cauda equina appear unremarkable. The tip of the conus is found at L1-L2. There is transitional anatomy at LS-S1 - there is "lumbarization" of the S1 vertebral body.

At and above the L4 level, central spinal canal and neural foramina are found patulous throughout. Disc appearance, vertebral body height, signal and alignment is well maintained.

At L4-L5, there is a mild to moderate circumferential disc bulge present, which has mild effacing effect upon the volar aspect thecal sac. In concert with mild to moderate hypertrophic ligamenta flava and bony facet changes, a mild triangular central spinal canal stenosis results. Neural foramina reasonably patulous.

At L5-S1, there is reasonable disc space height with moderate loss of signal of desiccation. There is a mild to moderate circumferential disc bulge present, which has a slight concave effect upon the volar aspect thecal sac. There is crowding of the lateral recesses, especially the left in concert with moderate hypertrophic ligamenta flava and moderate to more exuberant hypertrophic bony facet changes. Mild to moderate symmetric neural foraminal narrowings are present.

At S1-S2, the central spinal canal and neural foramina appear patulous.

Osseous column outlines, signal and alignment otherwise unremarkable. There is a mild straightening of the normal lordosis.

IMPRESSION:
1. Moderate if not more advanced central spinal canal stenosis with impingement upon the cervical cord is manifested at C5-C6 and C6-C7 levels, seen incidentally. Recommend MRI cervical spine assessment.
2. Only mild hypertrophic spondyloarthropathy changes involve the thoracic and lumbar levels. No significant central spinal canal nor neural foraminal encroachment.
3. Otherwise, unremarkable examinations.

David Kallman, M.D.
DK / lb

DD: 4/18/2012
DT: 4/18/2012
Job: 14977691

This document has been electronically reviewed and signed by David Kallman, M.D

38

Corvel Scan Date: 8/2/2010

SCOTT A LEDFORD

Date: 07/27/2010
Case No. 62711
AGE/SEX: 34/Male

Referred By: MELVIN HECKER, MD

CHIEF COMPLAINT: Upper back pain.

PRESENT ILLNESS: This is a 34-year-old white male who is seen today for orthopedic evaluation. The patient is a police officer. He reports he was doing some training exercises and was struck by a tazer on 07/15/2010. He says when he was shot with the taser gun he immediately experience severe pain in his upper back. He complains of pain, particularly when he walks any great distance or jogs. He also describes pain in the lateral aspect of his right thigh. He denies bowel or bladder dysfunction. He has not been seen prior to today in the emergency room.

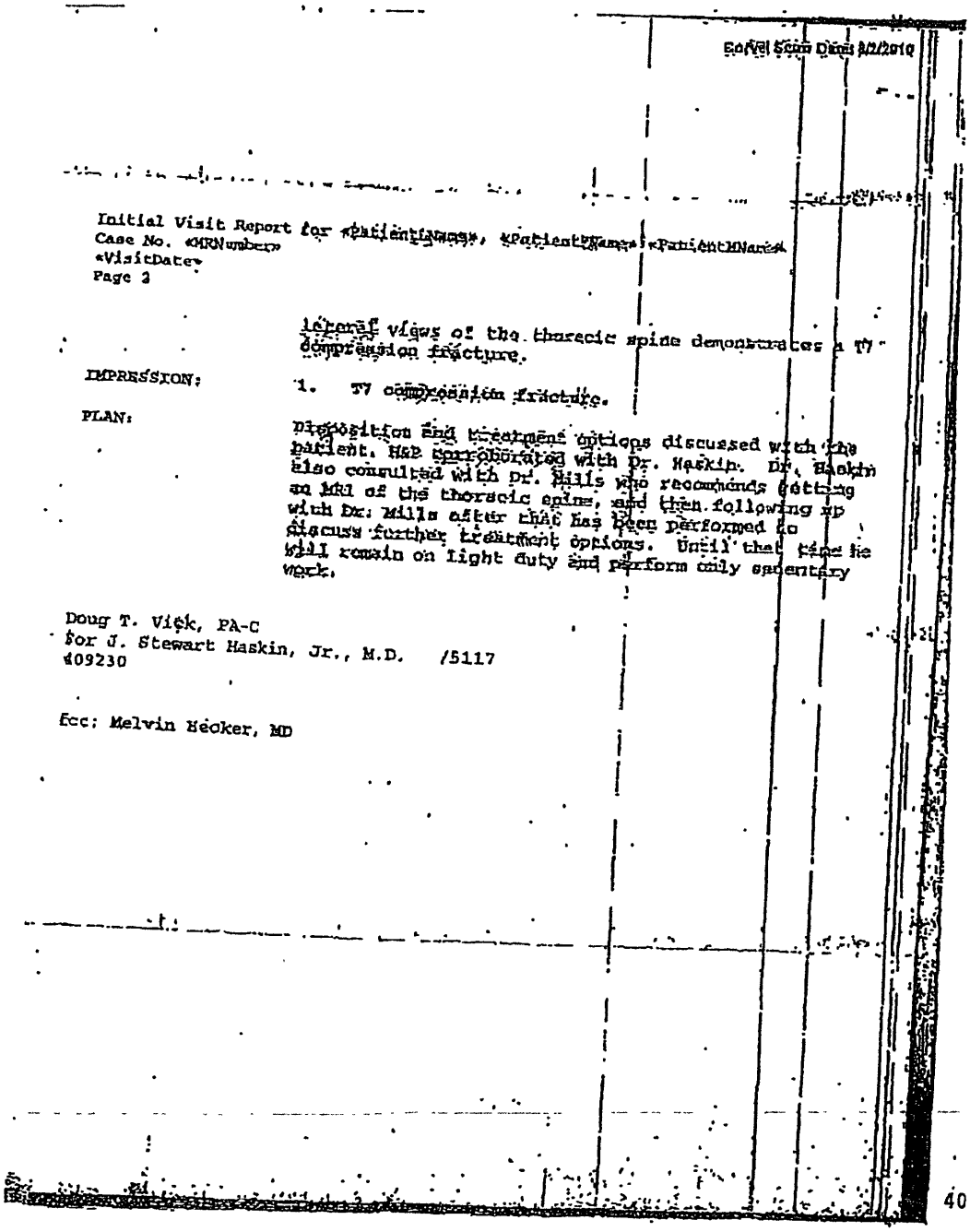
MEDICAL HISTORY: Hypertension.
MEDICATIONS: "None."
ALLERGIES: NKDA.
SOCIAL HISTORY: He is a state trooper/business owner.
REVIEW OF SYSTEMS: Documented in the chart and noted.

PHYSICAL EXAM: Pleasant white male in no acute distress.
NECK: Supple. Trachea midline. No thyromegaly noted.
HEAD: Normocephalic and atraumatic.
ABDOMEN: Deferred.
HEENT: Sclerae are clear.

ORTHOPEDIC: Examination of the thoracic spine reveals point tenderness over T6 and T7. He has a slight kyphosis of the thoracic spine. There is no scapular winging. He has 1+ triceps-biceps brachioradialis reflexes bilaterally.

X-RAYS: X-rays taken today in the office, including AP and

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Initial Visit Report for «PatientFName», «PatientLName» «PatientMName»
Case No. «MRNumber»
«VisitDate»
Page 2

lateral views of the thoracic spine demonstrates a T7 compression fracture.

IMPRESSION: 1. T7 compression fracture.

PLAN: Prognosis and treatment options discussed with the patient. H&P corroborated with Dr. Haskin. Dr. Haskin also consulted with Dr. Mills who recommends getting an MRI of the thoracic spine, and then following up with Dr. Mills after that has been performed to discuss further treatment options. Until that time he will remain on light duty and perform only sedentary work.

Doug T. Vick, PA-C
for J. Stewart Haskin, Jr., M.D. /5117
409230

fcc: Melvin Hecker, MD

40

ATLANTIC PHYSICAL THERAPY & REHABILITATION, INC.

Physical Therapy Discharge Summary
DATE of DISCHARGE: 12-04-12
SERVICE FROM: 10-18-12 TO:11-14-12

PATIENT: Scott Lunford [redacted] Patient account#: 14319
PHYSICIAN: Ross Taylor MD
DIAGNOSIS: Muscle Weakness-General 728.87 Pain joint (arthralgia); ankle/foot 719.47 Stiffness of joint not elsewhere classified ankle/foot 719.67 Difficulty in Walking 719.7

SUBJECTIVE: Telephone follow up today. He states that he is going have a to have surgery on the ankle later this month.

HOME PROGRAM: Right Ankle Sprain; Residual Functional Limitation; Pain & Edema; Impaired ROM & Strength; PT for modalities and manual therapy as indicated and Therapeutic Exercise/Home Program Instruction)

ASSESSMENT: He was seen for 11 visits. He continued to have functional impairments due to ankle pain. For functional status at time of last visit, see summary letter to Dr. Taylor of 11/14/12.

Goals	Response
Decrease right pain & edema to self manageable level to promote return to full function with gait and sports	Not Met
Increase ankle ROM to allow improved function with stance, gait and balance	Partially Met
Increase ankle/LE strength to 4/5 to 4+/5 range to promote return to pre-injury functional activity	Not Met
Normalize gait: normal stance phase with normal push off with R foot and ankle	Not Met
Patient independence with progressed home exercise program to improve strength, ROM and function	Partially Met

DISCHARGE PLAN/INSTRUCTIONS: He will be discharged from PT as he is to have surgery to repair the right ankle.

Dargan Eryin PT

This report was electronically signed by Dargan Eryin PT.

Atlantic Physical Therapy & Rehabilitation, Inc.

106 Waccamaw Medical Park Ct Conway, SC 29526-8989
Phone: 843-234-0015 Fax: 843-234-0017

Physical Therapy Daily Activity Note

Patient Name: Scott Ledford
Patient DOB: [redacted]
Patient ID #: 14319 Date: 11-05-2012
Referred By, Ross Taylor MD

Diagnosis:

728.87	Muscle Weakness-General	719.47	Pain joint (arthralgia): ankle/foot
719.57	Stiffness of joint not elsewhere classified: ankle/foot	719.7	Difficulty in Walking

Diagnosis/Treatment; Right Ankle Sprain; Residual Functional Limitation; Pain & Edema; Impaired ROM & Strength; PT for modalities and manual therapy as indicated and Therapeutic Exercise/Home Program Instruction

TREATMENT/EXERCISES

Exercise Description	Units/Reps/Weights	Minutes
PT Evaluation		
Physical Therapy Re-Evaluation		
Manual Therapy	1/ to right ankle / foot	15
Ultrasound	1/1.5 w/cm to the right lateral ankle	12
Unattended Electrical Stimulation		
Vasopneumatic Devices	1/ to right ankle medium pressure with elevation	10
Therapeutic Exercise	2/	27
Therapeutic Activity		
Gait Training		
Certification/Order End Date	open	
Home Program/Home Instruction		
Moist Heat-Skin Assessment Prior to During & Post		
Ice-Skin Assessment Prior to During & Post		
Patient Reponse to Today's Treatment		
SPECIFIC INTERVENTIONS INCLUDE:		
AAROM/Passive Stretch	gentle range of motion stretching with therapist	
Seated Heel Slides-dorsiflexion stretch		
Bilateral Heel Raises	x 20 ; limited range	
1/2 roll gastroc stretch	3 x 30 sec. ; limited range	
R unilateral stance/balance	on green pad 2 min; on 1/2 roll in sagital plane	
Bike	8 min,	
Leg Press	30# for PF 3 x 10- limited range, single leg 110# 3 x 10	
Kneeling Activity		
BOSU	inverted- mini squats x 30; flat side down R foot on top- step overs with slight knee flexion x 20	
Squats		
Unilateral Heel Raises		
balance board		
1/2 roll single leg stance		
Manual Resisted Activity	light resisted AROM and isometric exercise with the ankle; all planes of motion; 2 x 10 reps; effort is sub-maximal to symptom exacerbation	
	Total Minutes	64

Corvel Capture 11/27/2012

ATLANTIC PHYSICAL THERAPY & REHABILITATION, INC.

106 Waccamaw Medical Park Ct Conway, SC 29526-8989
Phone: 843-234-0015 Fax: 843-234-0017

Physical Therapy DAILY TREATMENT NOTE

Patient Name: Scott Ledford
Patient DOB: [redacted]
Patient ID #: 14319 Date: 11-05-2012
Referred By: Ross Taylor MD

Diagnosis:

728.87	Muscle Weakness-General	719.47	Pain joint (arthralgia): ankle/foot
719.57	Stiffness of joint not elsewhere classified: ankle/foot	719.7	Difficulty In Walking

SUBJECTIVE: Pt. reports his foot/ankle continues to hurt and swell,

OBJECTIVE: Activities as per grid. Tenderness with palpation in lateral ankle with manual therapy

ASSESSMENT; Fatigue with activities,

PLAN: Patient returns for follow up on 11-7-12, continue PT and progress as tolerated.

Dargan Ervin PT

Dargan Ervin PT SC # 678

Beth Vorp, RPTA

Beth Vorp PTA SC # 643

Atlantic Physical Therapy & Rehabilitation, Inc.

106 Waccamaw Medical Park Ct Conway, SC 29526-8989
Phone: 843-234-0015 Fax: 843-234-0017

Physical Therapy Daily Activity Note

Patient Name: Scott Ledford Patient ID #: 14319 Date: 11-07-2012
Patient DOB: [redacted] Referred By: Ross Taylor MD
Diagnosis:

728.87	Muscle Weakness-General	719.47	Pain joint (arthralgia): ankle/foot
719.57	Stiffness of joint not elsewhere classified. ankle/foot	719.7	Difficulty in Walking

Diagnosis/Treatment: Right Ankle Sprain; Residual Functional Limitation; Pain & Edema; Impaired ROM & Strength, PT for modalities and manual therapy as indicated and Therapeutic Exercise/Home Program Instruction

TREATMENT/EXERCISES

Billing Description	Units/Rep/Weight	Minutes
PT Evaluation		
Physical Therapy Re-Evaluation		
Manual Therapy	1/ to right ankle / foot	15
Ultrasound	1/1.5 w/cm to the right lateral ankle	12
Unattended Electrical Stimulation		
Vasopneumatic Devices	1/ to right ankle medium pressure with elevation	10
Therapeutic Exercise	2/	27
Therapeutic Activity		
Gait Training		
Certification/Order End Date	open	
Home Program/Home Instruction		
Moist Heat-Skin Assessment Prior to During & Post		
Ice-Skin Assessment Prior to During & Post		
Patient Response to Today's Treatment		
SPECIFIC INTERVENTIONS INCLUDE:		
AAROM/Passive Stretch	gentle range of motion stretching with therapist	
Seated Heel Slides-dorsiflexion stretch		
Bilateral Heel Raises	x 20 ; limited range	
1/2 roll gastroc stretch	3 x 30 sec. ; limited range	
R unilateral stance/balance	on green pad 2 min; on 1/2 roll in sagital plane	
Bike	8 min.	
Leg Press	30# for PF 3 x 10; limited range, single leg 110# 3 x 10	
Kneeling Activity		
BOSU	Inverted- mini squats x 30; flat side down R foot on top- step overs with slight knee flexion x 20	
Squats	x 30 on BOSU	
Unilateral Heel Raises		
balance board		
1/2 roll single leg stance	x 2 min.	
Manual Resisted Activity	light resisted AROM and isometric exercise with the ankle; all planes of motion; 2 x 10 reps; effort is sub-maximal to symptom exacerbation	
BOSU	with 2.2# medicine ball throw x 30	

- Corvel Capture 11/27/2012

Single leg stance	on BOSU with plyometrics 2.2# ball throw x 30	
	Total Minutes	64

Electronically signed by Dargan Ervin PT (Therapist)

Electronically signed by Beth Vorp PTA (Associate)

Corvel Capture 11/27/2012

ATLANTIC PHYSICAL THERAPY & REHABILITATION INC.

106 Waccamaw Medical Park Ct Conway, SC 29526-8989
Phone: 843-234-0015 Fax: 843-234-0017

Physical Therapy DAILY TREATMENT NOTE

Patient Name: Scott Ledford
Patient DOB: [redacted]
Patient ID #: 14319 Date: 11-07-2012
Referred By: Ross Taylor MD

Diagnosis:

726.87	Muscle Weakness-General	719.47	Pain joint (arthralgia): ankle/foot
719.57	Stiffness of joint not elsewhere classified: ankle/foot	719.7	Difficulty in Walking

SUBJECTIVE: Pt reports continued " ache, not a pain, just a constant ache in my ankle".

OBJECTIVE. Activities as per grid Progressed with higher level balance and strengthening activities with minimal pain complaints, Noted increased swelling in lateral ankle today,

ASSESSMENT: Decreased tissue lightness and progressed with strengthening activities,

PLAN: Patient returns for follow up on 11-9-12, continue PT and progress as tolerated

Dargan Ervin PT

Dargan Ervin PT SC # 678

Beth Vorp, RPTA

Beth Vorp PTA SC # 543

Atlantic Physical Therapy & Rehabilitation, Inc.

106 Waccamaw Medical Park Ct Conway, SC 29526-8989
Phone: 843-234-0015 Fax: 843-234-0017

Physical Therapy Daily Activity Note

Patient Name: Scott Ledford
Patient DOB: [redacted]
Patient ID #: 14319 Date: 11-09-2012
Referred By: Ross Taylor MD

Diagnosis:
728.87 Muscle Weakness-General
719.57 Stiffness of joint not elsewhere classified; ankle/foot
719.47 Pain joint (arthralgia); ankle/foot
719.7 Difficulty in Walking

Diagnosis/Treatment: Right Ankle Sprain; Residual Functional Limitation; Pain & Edema; Impaired ROM & Strength; PT for modalities and manual therapy as indicated and Therapeutic Exercise/Home Program Instruction

TREATMENT/EXERCISES

Procedure Description	Units/Reps/Weight	Minutes
PT Evaluation		
Physical Therapy Re-Evaluation		
Manual Therapy		
Ultrasound	1/1.5 w/cm to the right lateral ankle	8
Unattended Electrical Stimulation		
Vasopneumatic Devices	1/ to right ankle medium pressure with elevation	15
Therapeutic Exercise	2/	37
Therapeutic Activity		
Gait Training		
Certification/Order End Date	open	
Home Program/Home Instruction		
Moist Heat-Skin Assessment Prior to During & Post		
Ice-Skin Assessment Prior to During & Post		
Patient Reponse to Today's Treatment		
SPECIFIC INTERVENTIONS INCLUDE:		
AAROM/Passive Stretch	gentle range of motion stretching with therapist	
Seated Heel Slides-dorsiflexion stretch		
Bilateral Heel Raises	x 20 ; limited range	
1/2 roll gastroc stretch	3 x 30 sec. ; limited range	
R unilateral stance/balance	on 1/2 roll in sagital plane	
Bike	8 min.	
Leg Press	30# for PF 3 x 10- limited range, single leg 110# 3 x 10	
Kneeling Activity		
BOSU	inverted- mini squats x 30; flat side down R foot on top- step overs with slight knee flexion x 20	
Squats	x 30 on BOSU	
Unilateral Heel Raises		
Balance Board		
1/2 roll single leg stance	x 2 min.	
Manual Resisted Activity	light resisted AROM and isometric exercise with the ankle; all planes of motion; 2 x 10 reps; effort is sub-maximal to symptom exacerbation	
BOSU	with 2.2# medicine ball throw x 30	
Single leg stance	on BOSU with plyometrics 2.2# ball throw x	

Corvel Capture 11/27/2012

30	
Total Minutes	60

Electronically signed by Dargan Ervin PT
PTA
(Therapist)

Electronically signed by Lenore McKenzie-Morris
(Associate)

ATLANTIC PHYSICAL THERAPY & REHABILITATION, INC.
106 Waccamaw Medical Park Ct Conway, SC 29526-8989
Phone: 843-234-0016 Fax: 843-234-0017

Physical Therapy DAILY TREATMENT NOTE

Patient Name: Scott Ledford
Patient DOB: [redacted]
Patient ID #: 14319 Date: 11-09-2012
Referred By: Ross Taylor MD

Diagnosis:

728.87	Muscle Weakness-General	719.47	Pain joint (arthralgia): ankle/foot
719.57	Stiffness of joint not elsewhere classified; ankle/foot	719.7	Difficulty in Walking

SUBJECTIVE: Pt reports his ankle pain is like a toothache, it's always there, it feels like a burning sensation in the morning.

OBJECTIVE: Pt has tenderness on lateral anterior ankle with manual palpation. Restricted dorsiflexion continues with increased stiffness/resistance in upper end of range in active assist. Therapeutic exercises and ultrasound per grid.

ASSESSMENT: Pt reported no change in pain post therapy.

PLAN: Patient returns for follow up on 11-12-12; continue PT and progress as tolerated

Dargan Ervin PT

Dargan Ervin PT SC # 678

Lenore McKenzie-Morris PTA SC # 2764

ATLANTIC PHYSICAL THERAPY & REHABILITATION INC

106 Waccamaw Medical Park Ct Conway, SC 29526-8989
Phone: 843-234-0015 Fax: 843-234-0017

Physical Therapy DAILY TREATMENT NOTE

Patient Name: Scott Ledford
Patient DOB: [redacted]
Patient ID #: 14319 Date: 11-12-2012
Referred By: Ross Taylor MD

Diagnosis:

728.87	Muscle Weakness-General	719.47	Pain joint (arthralgia), ankle/foot
719.57	Stiffness of joint not elsewhere classified- ankle/foot	719.7	Difficulty in Walking

SUBJECTIVE: Pt. reports " pain is the same; but I can definately tell my ankle is getting stronger."

OBJECTIVE: Activities as per grid. Pt. has discomfort with some activities; but is able to do activities as asked. Noted continues swelling around lateral ankle with sensitivity to palpation around malleolus.

ASSESSMENT: Decreased tissue tightness, progressed with strengthening activities

PLAN: Patient returns for follow up on 11-14-12; continue PT and progress as tolerated.

Dargan Ervin PT

Dargan Ervin PT SC # 678

Beth Vorp, RPTA

Beth Vorp PTA SC # 543

Atlantic Physical Therapy & Rehabilitation, Inc.

106 Waccamaw Medical Park Ct Conway, SC 29526-8989
Phone: 843-234-0015 Fax: 843-234-0017

Physical Therapy Daily Activity Note

Patient Name: Scott Ledford
Patient DOB: [redacted]
Patient ID #: 14319 Date: 11-12-2012
Referred By: Ross Taylor MD

Diagnosis:
728.87 Muscle Weakness-General
719.57 Stiffness of joint not elsewhere classified: ankle/foot
719.47 Pain joint (arthralgia): ankle/foot
719.7 Difficulty in Walking

Diagnosis/Treatment: Right Ankle Sprain; Residual Functional Limitation; Pain & Edema; Impaired ROM & Strength; PT for modalities and manual therapy as indicated and Therapeutic Exercise/Home Program Instruction

TREATMENT/EXERCISES

Code	Exercise/Description	Resistance/Weight/Reps/Sets	Minutes
PT Evaluation			
Physical Therapy Re-Evaluation			
Manual Therapy			
Ultrasound			
Unattended Electrical Stimulation	1/1.5 w/cm to the right lateral ankle		0
Vasopneumatic Devices			8
	1/ to right ankle medium pressure with elevation		15
Therapeutic Exercise	2/		
Therapeutic Activity			36
Gait Training			
Certification/Order End Date	open		
Home Program/Home Instruction			
Moist Heat-Skin Assessment Prior to During & Post			
Ice-Skin Assessment Prior to During & Post			
Patient Response to Today's Treatment			
SPECIFIC INTERVENTIONS INCLUDE:			
AAROM/Passive Stretch	gentle range of motion stretching with therapist		
Seated Heel Slides-dorsiflexion stretch			
Bilateral Heel Raises	x 20 ; limited range		
1/2 roll plantar stretch	3 x 30 sec. ; limited range		
R unilateral stance/balance	on 1/2 roll in sagital plane		
Bike	(pt. rode stationary bike at home)		
Leg Press	30# for PF 3 x 10- limited range, single leg 110# 3 x 10		
Kneeling Activity			
BOSU	inverted- mini squats x 30; flat side down R foot on top- step overs with slight knee flexion x 20		
Squats	x 30 on BOSU		
Unilateral Heel Raises			
balance board			
1/2 roll single leg stance	x 2 min.		
Manual Resisted Activity	light resisted AROM and isometric exercise with the ankle; all planes of motion; 2 x 10 reps; effort is sub-maximal to symptom exacerbation		
BOSU	with 2.2# medicine ball throw x 30		
Single leg stance	on BOSU with plyometrics 2.2# ball throw x.		

Corvel Capture 12/3/2012

single leg stance on blk f-pad with trunk rotation	30	
	RTB with trunk rotation x 20 reps	
	Total Minutes	59

Electronically signed by Dargan Ervin PT
(Therapist)

Electronically signed by Beth Vorp PTA
(Associate)

ATLANTIC PHYSICAL THERAPY & REHABILITATION, INC.
106 Waccamaw Medical Park Ct Conway, SC 29526-8969
Phone: 843-234-0015 Fax: 843-234-0017

Physical Therapy DAILY TREATMENT NOTE

Patient Name: Scott Ledford
Patient DOB: [redacted]
Patient ID #: 14319 Date: 11-14-2012
Referred By: Ross Taylor MD

Diagnosis:

728.87	Muscle Weakness-General	719.47	Pain joint (arthralgia): ankle/foot
719.57	Stiffness of joint not elsewhere classified; ankle/foot	719.7	Difficulty In Walking

SUBJECTIVE: Pt reports he sees MD tomorrow Reports he doesn't think his ankle is as swollen today

OBJECTIVE: Activities as per grid. Active ROM after stretching today is :
DF 9
PF 56
Inv, 34
EV 13
Strength is 3+/5 all planes of motion
Pt. given MD letter to take with him to visit tomorrow.

ASSESSMENT: Improved strength, limited improvement in motion

PLAN: PT to see MD tomorrow.

Dargan Ervin PT

Dargan Ervin PT SC # 678

Beth Vorp, RPTA

Beth Vorp PTA SC # 543

Atlantic Physical Therapy & Rehabilitation, Inc

106 Waccamaw Medical Park Ct Conway, SC 29526-8909
Phone: 843-234-0015 Fax: 843-234-0017

Physical Therapy Daily Activity Note

Patient Name: Scott Ledford
Patient DOB: [redacted]
Patient ID #: 14319 Date: 11-14-2012
Referred By: Ross Taylor MD

Diagnosis:
728.87 Muscle Weakness-General
719.57 Stiffness of joint not elsewhere classified: ankle/foot
719.47 Pain joint (arthralgia): ankle/foot
719.7 Difficulty in Walking

Diagnosis/Treatment: Right Ankle Sprain; Residual Functional Limitation; Pain & Edema; Impaired ROM & Strength; PT for modalities and manual therapy as indicated and Therapeutic Exercise/Home Program Instruction

TREATMENT/EXERCISES

[illegible]	[illegible]	[illegible]
PT Evaluation		
Physical Therapy Re-Evaluation		
Manual Therapy		
Ultrasound		
Unattended Electrical Stimulation	1/15 w/cm to the right lateral ankle	0
Vasopneumatic Devices		8
Therapeutic Exercise	1/15 right ankle medium pressure with elevation	15
Therapeutic Activity	2/	
Gait Training		36
Certification/Order End Date		
Home Program/Home Instruction	open	
Moist Heat-Skin Assessment Prior to During & Post		
Ice-Skin Assessment Prior to During & Post		
Patient Response to Today's Treatment		
SPECIFIC INTERVENTIONS INCLUDE:		
AAROM/Passive Stretch	gentle range of motion stretching with therapist	
Seated Heel Slides-dorsiflexion stretch	x 20 ; limited range	
Bilateral Heel Raises	3 x 30 sec.; limited range	
1/2 roll gastroc stretch	on 1/2 roll in sagittal plane	
R unilateral stance/balance	(pt. rode stationary bike at home)	
Bike	30# for PF 3 x 10- limited range, single leg	
Leg Press	110# 3 x 10	
Kneeling Activity		
BOSU	Inverted- mini squats x 30; flat side down R foot on top- step overs with slight knee flexion x 20	
Squats	x 30 on BOSU	
Unilateral Heel Raises		
balance board	x 2 min	
1/2 roll single leg stance	light resisted AROM and isometric exercise with the ankle; all planes of motion; 2 x 10 reps; effort is sub-maximal to symptom exacerbation	
Manual Resisted Activity		
BOSU	with 2.2# medicine ball throw x 30	
Single leg stance	on BOSU with plyometrics 2.2# ball throw x	

Corvel Capture 12/3/2012

single leg stance on bik i-pad with trunk rotation	30	
T-band for DF, Inv., and EV	RTB with trunk rotation x 20 reps	
	x 20 RTB with fatigue	
	Total Minutes	69

Electronically signed by Dargan Ervin PT
(Therapist)

Electronically signed by Beth Vorp PTA
(Associate)

62711

ATLANTIC PHYSICAL THERAPY & REHABILITATION INC

TO: Ross Taylor MD
RE: Scott Ledford [redacted]
Right Ankle Sprain; Residual Functional Limitation; Pain & Edema; Impaired ROM & Strength; PT for modalities and manual therapy as indicated and Therapeutic Exercise/Home Program Instruction
DATE: 11-14-2012

Mr. Scott Ledford has been seen in our Conway office for treatment as noted above. He was seen initially on 10/18/12 and he has been seen for a total of 11 visits. He continues to report pain in the ankle area that does limit his higher level of function.

We have been performing ultrasound and manual therapy to the ankle area to address his pain symptoms. We also have been progressing with exercises for foot, ankle and LE strengthening. He does very well with higher level balance but continues to have lateral joint pain with single leg stance and resisted exercises. he is also noted to have consistent crepitus with ankle Active ROM. He continues to have point tenderness over the lateral ankle ligament structures.

His ankle ROM has been varying based on his report of ankle pain. Today his dorsiflexion AROM was slightly less than what was noted on the initial visit. His ankle strength is grossly 3+/5 on the right. His gait on level surfaces is improved but he does have more problems with increased pace and on unlevel surfaces.

He returns to you for follow up on 11-15-12. Please advise regarding continued therapy. Thank you very much for your referral. Also, please feel free to contact me if you have any questions or if I can be of assistance in any way. I can be reached at 843-234-0015.

Sincerely,

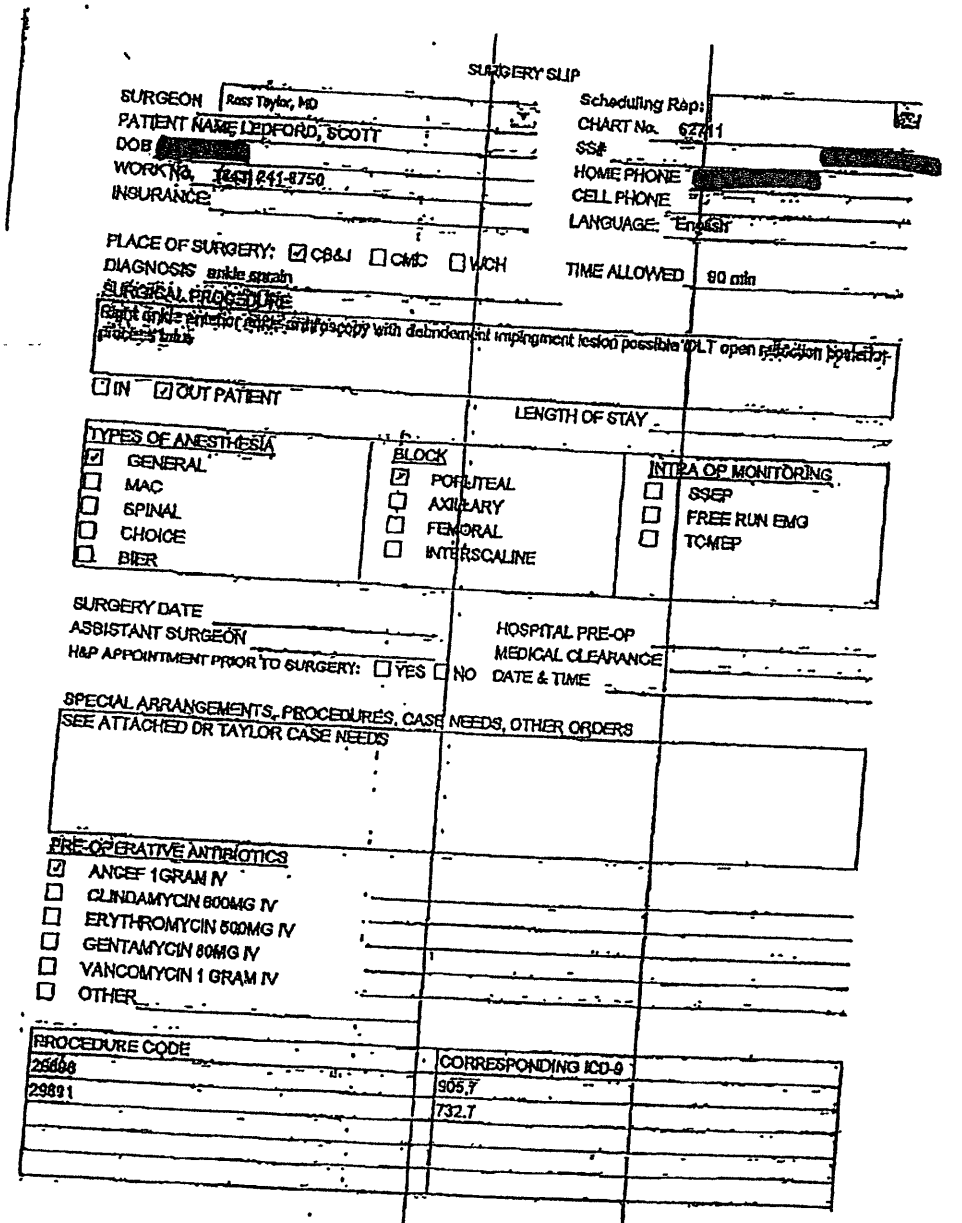
Dargan Eryln PT

[redacted]

Dargan Eryln PT

Myrtle Beach 843-293-9713 Fax 843-293-1855
North Myrtle Beach 843-249-7212 Fax 843-280-0216
Conway 843-234-0015 Fax 843-234-0017
Carolina Forest 843-903-4940 Fax 843-903-4950
P.O. Box 1145 Myrtle Beach, SC 29578

DEC. 11. 2012 2:58PM COA INSURANCE NO. 607 P. 6



SURGERY SLIP

SURGEON Ross Taylor, MD
PATIENT NAME LEDFORD, SCOTT
DOB [redacted]
WORK No. (843) 241-8750
INSURANCE

Scheduling Rep:
CHART No. 62711
SS# [redacted]
HOME PHONE [redacted]
CELL PHONE
LANGUAGE: English

PLACE OF SURGERY: ☑ CB&I ☐ CMC ☐ WCH
DIAGNOSIS ankle sprain
TIME ALLOWED 90 min
SURGICAL PROCEDURE
Right ankle anterior ankle arthroscopy with debridement impingment lesion possible OLT open reduction possible fracture

☐ IN ☑ OUT PATIENT
LENGTH OF STAY

TYPES OF ANESTHESIA
☑ GENERAL
☐ MAC
☐ SPINAL
☐ CHOICE
☐ BIER

BLOCK
☑ POPLITEAL
☐ AXILLARY
☐ FEMORAL
☐ INTERSCALINE

INTRA OP MONITORING
☐ SSEP
☐ FREE RUN EMG
☐ TCMEP

SURGERY DATE
ASSISTANT SURGEON
H&P APPOINTMENT PRIOR TO SURGERY: ☐ YES ☐ NO
HOSPITAL PRE-OP MEDICAL CLEARANCE DATE & TIME

SPECIAL ARRANGEMENTS, PROCEDURES, CASE NEEDS, OTHER ORDERS
SEE ATTACHED DR TAYLOR CASE NEEDS

PRE-OPERATIVE ANTIBIOTICS
☑ ANCEF 1 GRAM IV
☐ CLINDAMYCIN 600MG IV
☐ ERYTHROMYCIN 500MG IV
☐ GENTAMYCIN 80MG IV
☐ VANCOMYCIN 1 GRAM IV
☐ OTHER

PROCEDURE CODE	CORRESPONDING ICD-9
29898	905.7
29891	732.7

DEC. 11. 2012 2:59PM COA INSURANCE NO. 007 P. 7

Corvel Scan Date: 2/5/2013

CAROLINA BONE AND JOINT SURGERY CENTER
OPERATIVE REPORT

PATIENT NAME: Ledford, Scott
ID NUMBER: 22236
SURGEON: Ross N. Taylor, M.D.

DATE OF OPERATION: 01/30/13

PREOPERATIVE DIAGNOSES:
1. Right ankle anterior impingement lesion.
2 Posterior ankle impingement.

POSTOPERATIVE DIAGNOSES:
1. Right ankle anterior impingement lesion.
2. Posterior ankle impingement.
3. Post traumatic arthritis.

OPERATION PERFORMED:
Right ankle:
1. Anterior arthroscopy with debridement of impinging synovium as well as resection of anterior distal tibial osteophyte.
2. Open resection of posterior process of talus.

PROCEDURAL INDICATIONS: The patient is a 37-year-old male with persistent right ankle pain following a work related injury. Physical examination, radiographs and MRI are all consistent with the above diagnosis. He has failed conservative treatment and presents for surgery as outlined above.

DESCRIPTION OF PROCEDURE: The patient was brought to the operating room and placed in the supine position on the operating room table. After the induction of general anesthesia, a well-padded thigh cuff tourniquet was placed high about the right thigh. A urology type leg holder was placed under the right popliteal area to flex the knee slightly and suspend the heel off the bed. The right ankle was preliminarily prepped with alcohol and a narrow gauge needle was introduced into the ankle joint and 10 mL of 1% lidocaine with 1:100,000 epinephrine was infiltrated in the ankle joint. The right foot, ankle and lower leg were then prepped and draped in standard sterile fashion. Presurgical time out was performed.

The anteromedial portal was established with an #11 blade knife. Hemostats were used to spread down to and bluntly penetrate the ankle joint capsule and this portal was established in the interval between the medial malleolus and the tibialis anterior tendon. A 2.7 mm arthroscope was introduced over a trocar and sheath into the ankle joint. Transillumination was used to establish the anterolateral portal. The anterolateral portal was established posterior to the shadow of the superficial peroneal nerve with an #11 blade knife through skin only. Hemostats were used to spread down through and bluntly penetrate the ankle joint capsule. An arthroscopic examination of the ankle was performed.

Arthroscopic examination confirmed the following findings The lateral gutter was noted to be free of any loose bodies. The lateral shoulder of the talus was noted to be free of any cartilage lesions as was the distal fibula.

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The superior talar dome was well visualized from posterior to anterior and was noted to be void of any cartilage defects. The tibial articular surface was noted to be similarly absent of any articular cartilage lesions. The anteromedial gutter was inspected after the portals were switched such that the scope was introduced through the lateral portal over a trocar and sheath. Images of the lateral portal demonstrated the lateral shoulder of the talus to be free of any cartilage lesions as was the lateral gutter to be free of any loose bodies. A tibial osteophyte was documented over the anterior articular margin of the tibia. There was no corresponding cartilage lesion.

Instrumentation was switched such that the scope was introduced anteromedially. A shaver was used to remove an impinging lesion documented in the anterolateral aspect of the joint line. This synovium was liberally debrided until it no longer impinged under direct visualization. The osteophyte was then removed using a high speed arthroscopic rasp. Final image intensification views confirmed. The wounds were liberally irrigated with the shaver in a safe position and the arthroscopic portals were closed with each a simple interrupted 3-0 Monocryl suture. Benzoin and Steri-Strips were placed as well as preliminary sterile dressings.

Drapes were removed and the patient was then repositioned in the prone position by first transferring him to his stretcher gurney. With two long gel pads placed along both sides of the torso the patient was then transferred prone position to the operating room table. The knees were padded with eggcrate foam and a well-padded thigh cuff tourniquet was maintained high about the right thigh. The right foot, ankle and lower leg were prepped and draped in standard sterile fashion. Presurgical time out was again confirmed. Exsanguination of the right foot, ankle and leg was performed with an Esmarch bandage. The tourniquet was deflated to 325 mmHg. An obliquely oriented incision was made over the posterolateral aspect of the right ankle paralleling the course of the sural nerve just medial to the Achilles tendon. The incision was carried down through the skin only with a #15 blade knife. Deep dissection was performed bluntly with a pair of Converse scissors gently spreading through the subcutaneous and deep tissues to avoid injuring the sural nerve. It was not encountered during the dissection and blunt retraction was maintained on both sides of the surgical wound. The dissection was then taken down sharply directly under the posterolateral aspect of the ankle of the subtalar joint, exposing the posterior process. Subperiosteal dissection was used to raise the ligamentous attachments to the posterior process medially and laterally until the FHL tendon was visualized and the peroneus brevis and longus tendons were visualized laterally. A curved osteotome was used to resect a prominent posterior process and it was removed with a rongeur. No cartilage lesions were encountered. The wound was liberally irrigated. Hemostasis was obtained with bipolar electrocautery. After liberal irrigation the deep fascia was closed with simple interrupted 2-0 Vicryl. Subcutaneous tissues were closed interrupted inverted 2-0 Vicryl and the skin was closed with a running subcuticular 3-0 Monocryl. Benzoin and Steri-Strips were placed. A posterior splint was placed over sterile dressings.

Ross N. Taylor, M.D.
RNT/SN/beorff/FST-14945894
D: 01/30/13 08:16 A
T: 01/30/13 09:11 P

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Corvel Capture 4/17/2013

Progress Note

Patient Name: Ledford, Scott
Chart Number: 1152A
Date of Service: 3/11/13

S Pt reports pain @ worst is 7-8, least is 3, and present is 3

O: ROM taken @ R ankle

Gross fig 8	53.3 cm
Supra malleoli	22.8 cm
Infra malleoli	28.5 cm
Mid tarsal	34.8 cm
Meta tarsal	23.0 cm

aROM

DF c knee flex	5 °
DF c knee ext	neutral
PF	40 °
INV	20 °
EVE	12 °

Circuit work as per flow sheet X1 hr

A: Pt exhibits ↓ in ROM and ↓ in edema.

P: Send progress note to MD and wait for MD's orders.

LPearce PT
Louise Pearce, RPT

LP/LH

Progress Note

Patient Name: Ledford, Scott
Chart Number: 1132A
Date of Service: 3/12/13

S: Pt seen by MD this AM and is pleased c his progress. MD wants him to cont working on strengthening and stretching ex and weight shifting.

O: Modified ex X45 min

A. Modified ex today as Pt is still feeling the effects from MD's appt. this AM.

P: Cont.

L Pearce PT

Louise Pearce, RPT

LP/LH

Progress Note

Patient Name: Ledford, Scott
Chart Number: 1152A
Date of Service: 3/14/13

S: Pt reports feeling better today. Feels he can do complete circuit work.

O: Circuit work as per flow sheet X1 hr. Pt working c BAPS board in a seated position @ level 2 c min difficulties. Worked on weight shifting today c 1 foot on 2" step.

A: Pt reports muscle fatigue p end of Rx c new activities as noted above.

P: Cont.

L Pearce
Louise Pearce, RPT

LP:LB

Corvel Capture 4/17/2013

Progress Note

Patient Name: Ledford, Scott
Chart Number: 1152A
Date of Service: 3/18/13

S: Pt reports having a good day today. Just noticed ankle stiffness when he initially stands up.

O Ther ex as per flow sheet X1 hr

A: Pt does indeed exhibit ankle stiffness when initiating coming to stand p sitting.

P: Cont

Louise Pearce, PT

LP/LH

63

Community Rehab
Physical & Therapy

317 Waccamaw Medical Park Dr
Conway, SC 29526

Phone 843-347-2970
Fax 843-347-2975

Progress Note

Patient Name: Ledford, Scott
Chart Number: 11524
Date of Service: 3/20/13

S Pt reports pain @ its worst is 7, least is 2-3 and presently is a 3.

O. Girth measurements taken:
R ankle.

Gross figure 8	63.3 cm
Supra malleoli	24.0 cm
Infra malleoli	28.0 cm
Midtarsal	26.0 cm
Metatarsal	24.0 cm

AROM
R ankle

DF c knee flexed	5°
DF c knee ext	10°
PF	35°
Inversion	20°
Eversion	13°

Circuit work as per flow sheet XI hr

A: Pt exhibits tenderness c palpation @ incision site and post aspect of lower leg. Pt exhibits slight puffiness to area. Appears suture trying to work its way out. Instructed Pt to keep eye on the area and signs to check for infections and if worsens to contact MD Pt also given a Circa square to use for scar management Pt had achieved established STGs.

P. To address LTGs.

L Pearce, PT

Louise Pearce, RPT

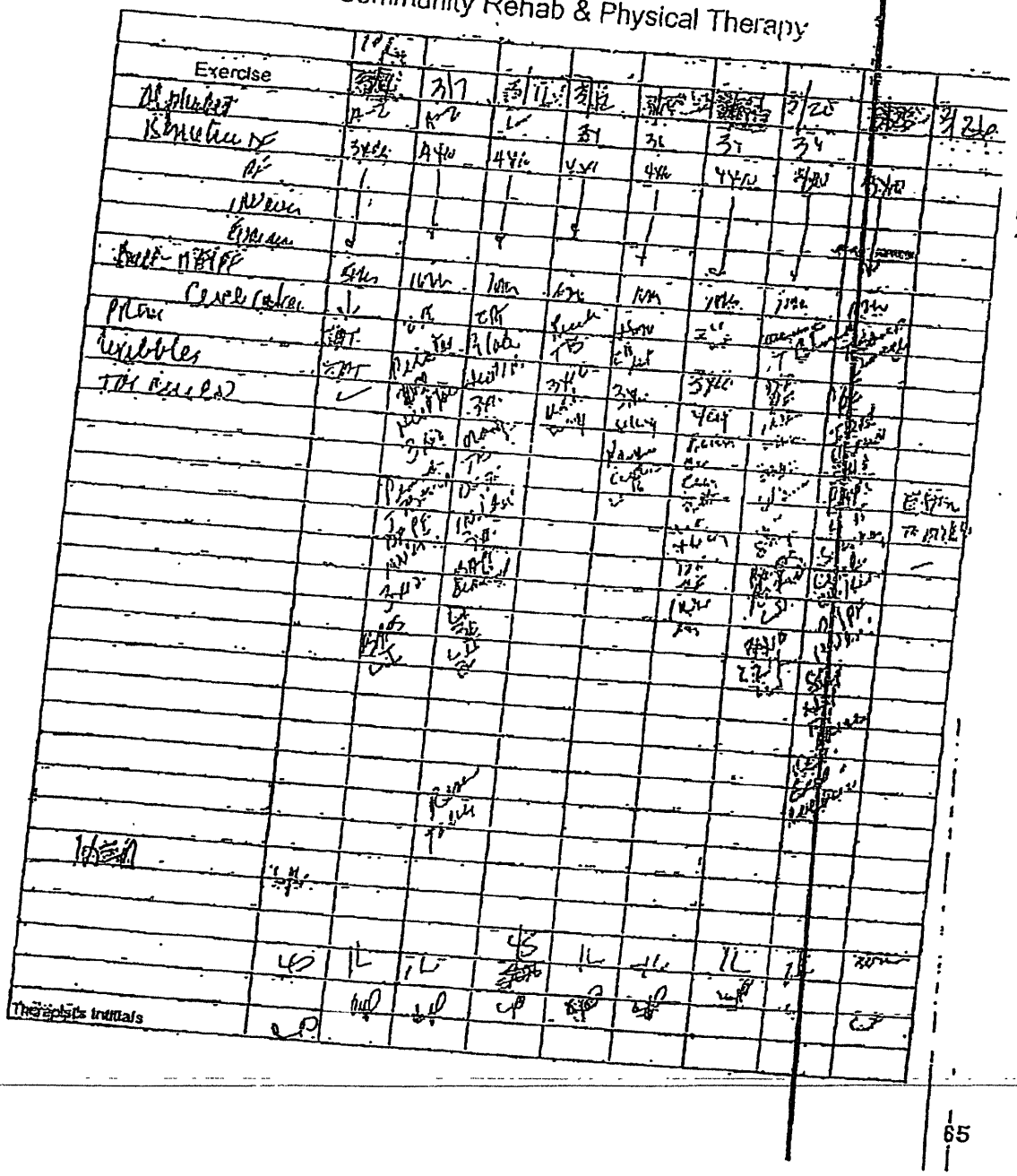
LP/SB

12 visits

Corvel Capture 4/17/2013

Scott Ledford

Community Rehab & Physical Therapy



65

2012053

Pee Dee Orthopaedic Associates, PA

[illegible]

901 E. CHEVESS ST, SUITE 100- FLORENCE, SC 29506-2769
(843) 662-5283 - FAX (843) 678-2003 - WWW.PDOA.COM

Initial Examination

PATIENT ID: 344946

PATIENT: Scott Ledford
DOB: [redacted]
Employer: SCDPS

Date of Service: 8/15/2013
Age: 38 year(s)
Occupation: Highway Patrol

Referring Physician: No data for Referred
Other Physicians: By

Date of Injury/onset:

Date	Type
07/15/2000	Injury
02/10/2008	Injury

Chief Complaint: *IME Right ankle pain

HPI:

Scott Ledford is a 38 year old, right hand dominant white male with a history of previous injuries and surgery on his right ankle. He is here for independent evaluation. He had a previous episode of compression fracture in his thoracic spine which a taser was used on him during some sort of altercation on the job. He worked previously as a highway patrolman on a motorcycle, and on March 10, 2012, he was again injured when he laid his motorcycle down while on patrol. He was initially seen at Doctor's Care and diagnosed with an ankle sprain. He had referral to a general orthopedist one month later, and an MRI was ordered at the time of that referral. The general orthopedist saw him two more months. He immobilized the patient in a boot, and also injected some treatments on his lower back. The patient was then referred to a foot and ankle specialist, initially on June 18, 2012. At first point, he was placed back in a boot and began some physical therapy. The diagnoses was an ankle reinjuries mixed sprain with peroneal rotation of the superficial branch of the nerve.

After 12 weeks of physical therapy and based on the results of an MRI, ankle arthroscopy and posterior talar fossa process excision were discussed with the patient. Surgery was performed January 30, 2012. He began therapy and weightbearing two weeks postoperatively and his incisions healed uneventfully. He has been out of work ever since his injury.

At this point, after continuing postsurgical physical therapy he feels his activities of daily living and exercise are still severely restricted by his right ankle which gives out on him frequently and limits his ability to walk on an incline. He states he can do light work but cannot do any significant lifting, or walking on uneven ground. He has significant complaint of decreased strength in the right lower extremity. He also complains of ongoing hypersensitivity on the dorsal lateral foot. He currently takes no pain medication, occasional anti-inflammatories only.

Allergies:	NKDA
Current Meds:	none
Past Med Hx:	Hypertension
Surgical History:	Ankle; Right; Finger; Left Index
Family History:	Heart Disease; Parents; Father-Living; Parents; Mother-Living
Social History:	Alcohol use: None; Drug Use: Never; Employment: Full Time; Marital Status: Married;

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Never Smoked; Tobacco: Never Smoked

REVIEW OF SYSTEMS:
General, neuro, psychiatric, respiratory, cardiovascular, GI, GU, blood and lymph, EENT, musculoskeletal, skin and endocrine systems are normal except what is noted. Cardiac: High blood pressure

PHYSICAL EXAM:
Vitals: HEIGHT / LENGTH: 5'10 WEIGHT: 185 lbs 0 oz BMI: 26.0 TEMPERATURE: 98.6
Appearance: No acute distress
Psychiatric: Mood and affect were appropriate.
Head: Normocephalic, atraumatic.
Skin: Clean, dry, no lesions, no rashes.
Neuro: Alert and oriented x 3.
FOCUSED EXAM:
Mildly male patient in no significant distress. 2+ pulses are present in the bilateral lower extremities and are symmetric. He has well healed incisions on the anterior medial and lateral portion of the ankle as well as an incisional posterior lateral incision which is also well healed. There is a little hypersensitivity to deep pressure of the posterior lateral incision. There is some paresthesia proximal plantar portion of the foot as well as incisional distribution of the ankle. He has hypersensitivity of the dorsal and lateral foot, mostly in the sural nerve distribution. He is somewhat painful. His leg pain with ankle dorsiflexion does not appear to be associated with a significant hip pathology despite the chronic LBP disease. On standing evaluation, he has a slight medial heel position and subtle valgus alignment bilaterally. He has 20° deficits in his ankle circumference on the right. His shoulder range of motion is symmetric. His ankle range of motion is symmetric with slight decrease in dorsiflexion on the right side. There is no crepitance to range of motion of the joint. There is no instability of the joint. He actively evaluates the foot without pain.

X-ray: No films are obtained today. No outside imaging is available except for MRI report of April 17, 2012. This indicated significant bone contusion of the posterior talus and posterior malleolus of the tibia with nonspecific edema throughout the foot and ankle with EHL tenosynovitis. No fractures was reported on previous x-rays.

ASSESSMENT:
Diagnosis: Right ankle sprain with chronic pain status post previous surgery.

PLAN:
PRESCRIPTION: No data for Prescription

I have discussed with the patient that if he is able to bring in previous imagings on a disc, I would gladly evaluate them and addend this report.

His residual sensory abnormality of the right lower extremity, 3% of the lower extremity.

Loss of dorsiflexion, 7% of the lower extremity.

6% of the lower extremity for chronic atrophy of the right calf.

Due to the lack of new x-rays, I am unable to evaluate for any posttraumatic ankle arthritis.

I have no other objective studies regarding the nerve hypersensitivity such as a nerve conduction study.

Based on the above information that I do have, the claimant would rate at 16% of the lower extremity which converts to 7% of the whole person, with an additional 1% for his chronic pain complaints that are not well characterized. 8% of the whole person total.

If authorized to treat the patient, after reviewing his past x-rays and films, I would recommend repeat standing x-rays of the ankle, repeat MRI, as well as nerve conduction study of the right lower extremity to evaluate his chronic nerve pain and to determine whether or not this represents an exacerbation of chronic back issues related to this injury. I would also, at some point, likely perform a diagnostic and therapeutic injection of the right ankle with steroid to see if this helps his symptoms.

He would be able to do light work only, his previous job would have been heavy work as a motorcycle patrolman.

I appreciate the opportunity to evaluate this patient and hope to treat him in the future.

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CORVEL

200 Center Point Circle
Suite 290
Columbia, S.C. 29210
Telephone: 843-650-0653
Facsimile: 843-650-4941

Initial Vocational Evaluation
Date of Report: 07/17/14
Date of Referral: 07/05/14

Claimant Name: Scott A. Ledford
Claimant Addre[redacted]
City, State, Zip: Myrtle Beach, S.C. 29588

DOI: 03/10/12

Employer: SC Department of Public Safety
Employer Address: 10331Wilson Blvd,
Employer City, State, Zip: Blythewood, S.C. 29016

Plaintiff Attorney: E. Hood Temple, Esq.
Plaintiff Address: 201 Beatty St.
Plaintiff City, State, Zip: Florence, S.C. 29503

Defense Attorney: Sarah Alphin, Esq.
Defense Address: 4500 Fort Jackson Blvd
Defense City, State, Zip: Columbia, S.C. 29209

Treating Physician: Dr. Taylor, MD	**Claimant Phone #:** 843-742-5330
Physician Address: 2376 Cypress Circle	**Employer Phone #:** 803-796-7937
Physician City, State, Zip: Conway, S.C. 29526	**Physician Phone #:** 843-347-7222

CORVEL

SUMMARY AND RECOMMENDATIONS:

Overview/Summary of Case from Claimant Perspective:

Mr. Ledford's reported work related injury occurred on 03/10/12, while employed as a Police Officer for the State Highway Patrol. On the day of the reported work related injury, Mr. Ledford was working on team patrol and was attempting to pull over a vehicle when he hit something in the road causing Mr. Ledford to lose control of the motorcycle and hitting the ground. Mr, Ledford reported some people in the area helped pull the bike off of him. Mr. Ledford reported EMS was called and he was transported to Conway Medical Center where X-rays were taken of the foot, medication was prescribed and was released and referred to Doctors Care. Doctors Care reported Mr. Ledford would need to be seen by a specialist and he was referred to Dr. Mills. Dr. Mills placed Mr. Ledford in a boot and he was referred to Dr. Taylor whom placed Mr. Ledford into physical therapy which was unsuccessful. Mr. Ledford returned to Dr. Taylor whom recommended surgery to correct the condition in December 2012. After the surgery, Mr. Ledford was placed into physical therapy for several months and released by Dr. Taylor. Mr, Ledford was also treated conservatively for his back by Dr. Poletti and Dr. Mills.

Identify Potential Barriers:

On 05/23/13, Dr. Taylor placed the claimant at MMI with a 7% impairment with no running, cutting, or pivoting on unpredictable surface. Dr. Poletti reported on 03/05/14 that Mr. Ledford had sustained a 13% whole person impairment and he was restricted to light duty with no overhead lifting greater than 20lbs and no repetitive bending, twisting pushing or pulling.

MEDICAL ASSESSMENT:

Date of Diagnosis and symptoms started:

03/10/12 –Reported work related injury while attempting to pull over a vehicle.

Treatment history to include hospitalizations and diagnostic testing:

Physical therapy, x-rays, medications, MRI, surgery and conservative treatment

Current symptoms:

Mr. Ledford reported pain and swelling in his right foot.

Current treatment:

Mr. Ledford is currently not being treated by a physician.

Claimant's perception of limitations for work and activities of daily living:

Mr. Ledford owns a landscaping business and works as tolerated within his restrictions Mr. Ledford reported limited mobility would hinder his ability to return to work as a Police Officer. Mr. Ledford reported he used to enjoy mountain biking and running, but is unable to perform these activities due to his reported work related injury.

Personal and family medical history:

Mr. Ledford reported being allergic to shellfish, no other medical problems were noted which would hinder rehabilitation development. Claimant reported family history of diabetes and heart disease, cholesterol.

Medications:

Medication	Dose/Frequency	Purpose
None		

VOCATIONAL ASSESSMENT:

Physical/Mental demands of job at the time of employment:

375.267-038 - Conducts investigations to locate, arrest, and return fugitives and persons wanted for nonpayment of support payments and unemployment insurance compensation fraud, and to locate missing persons: Reviews files and criminal records to develop possible leads, such as previous addresses and aliases. Contacts employers, neighbors, relatives, law enforcement agencies, and other persons to locate person sought, obtains necessary legal documents, such as warrants or extradition papers, to bring about return of fugitive. Serves warrants and makes arrests to return persons sought, examines medical and dental x rays, fingerprints, and other information to identify bodies held in morgue, completes reports to document information acquired and actions taken, testifies in court to present evidence regarding cases.

Potential return to work with employer?

Mr, Ledford was medically retired in October, 2013 from his pre-injury employer.

Availability of light duty, transitional program, gradual return to work per employer?

Mr. Ledford was not offered a light duty position.

Previous Employment History:

Employer	Dates of Employment	Position	Wages	Reason for Leaving
SC Highway Patrol	2004-2013	Police Officer	$1500 every two weeks	Retired
Horry County	1998-2004	Deputy	Unknown	Better Opportunity
Georgetown	1996-1998	Deputy	Unknown	Better Opportunity
Landscaper	1993- present	Owner	Unknown	Better Opportunity

Miscellaneous Comments regarding employment history:

Mr. Ledford has been employed in a variety of occupations. His responsibilities included: Waiter, Police Officer, Deputy, and Owner of a Landscaping Business. Mr. Ledford reported no other transferable skills, which would enhance a successful return to work.

EDUCATIONAL ASSESSMENT

Education and Training:

Mr. Ledford reported obtaining his diploma from Socastee High School in 2003 and went to Horry Georgetown Technical College. Mr. Ledford's reported passing the SC Criminal Justice Academy in 1996.

Military:

N/A

CLAIMANT ASSESSMENT:

Appearance and Behavior Observations:

Mr. Ledford is 5'11 and weighs approximately 186 lbs. Mr. Ledford is a well-nourished Caucasian male, was dressed appropriately for the interview in slacks and shirt with a tie and appeared to take care of himself in a hygienic manner. Mr. Ledford reported being a non-smoker, and does not consume alcoholic beverage, is married and has three children all at home. Mr. Ledford reported his wife is employed helping with the Landscaping business and is a school teacher. Mr. Ledford reported owning a home in Myrtle Beach. Affect was appropriate for the interview.

Description of a typical day:

Mr. Ledford reported getting up in the morning around 5am or 6am, may go to the Landscaping business followed by taking the kids to the waterpark or work around the home, may perform light housekeeping, goes to the grocery store, does laundry, may cook, takes walks, watches television and enjoys playing on his I phone as a description of a typical day.

Pain Levels (location and intensity)

Mr. Ledford reported on a scale of 1-10 his current pain level is a 3 which is in his foot and his lower back was described as an 8.

Transportation:

Mr. Ledford reported having reliable transportation and possesses a valid driver's license; this issue would not constitute a barrier for the IW to return to work.

Legal History/Convictions:

The IW reported no illegal history.

PSYCHOSOCIAL ASSESSMENT

Adaptation to diagnosis and coping strategies:

Mr. Ledford reported no further treatment has been recommended and is trying to manage the best way he can. He reported he is frustrated in not being able to perform the activities he used to do before his reported work related injury. Mr. Ledford reported his injury has been life altering. Mr. Ledford reported he tries to remain positive and he prays.

Family environment and support systems:

Mr. Ledford reported his wife and family are supportive of his current condition.

Motivation:

Mr. Ledford indicated on several occasions his desire to re-enter the work force if he were physically able to do so.

Vocational interests/Goals:

Mr. Ledford reported he would like to return to work in something that coincides with the Police Department. Mr. Ledford reported he was also thinking of going back to school but will be unable to pay for it. Mr. Ledford was informed of services offered through the SC Department of Vocational Rehabilitation.

FINANCIAL ASSESSMENT

Compensation type and amount:

Mr. Ledford reported receiving $546.00 per week from workers compensation payments.

Other sources of income:

Mr. Ledford reported his wife earns around $40,000 per year.

Financial difficulties:

Mr. Ledford reported his disability has caused some financial difficulties.

Characteristics of Prior Jobs held and analysis of skills:

On 07/17/14, a Vocational Diagnosis of Residual Employability (VDARE) was completed within his geographic labor market to determine his transferable skills. The VDARE is also known as a Transferrable Skills Analysis (TSA) Mr. Ledford has a variety of transferable skills. Therefore, the following General Educational Development Skills were identified (1=low, 6=high)

Reasoning: 4

Math: 3

Language: 3

Throughout Mr. Ledford's previous work history and experience, the following General Development Skills were identified (1=high, 5=low).

APTITUDES	GDS	TYPICAL PERFORMANCE LEVEL
G - Intelligence	4	Above Average
V - Verbal	4	Above Average
N - Numerical	4	Above Average
S - Spatial perception	4	Above Average
P - Form perception	4	Above Average
Q - Clerical perception	3	Average
K - Motor coordination	2	Below Average
F - Finger dexterity	4	Above Average
M - Manual dexterity	2	Below Average
B - Eye/hand/foot coord	2	Below Average
C - Color discrimination	2	Below Average

CORVEL

The following Physical Demands were identified to be within Mr. Ledford's previous work experience:

STRENGTH:

Very Heavy - Exert force 100lbs. occasionally, 50lbs frequently, or up to 20-25 lbs constantly.

PHYSICAL DEMANDS:

Not Present	CL - Climbing
Not Present	BA - Balancing
Frequent	ST - Stooping
Not Present	KN - Kneeling
Occasional	CR - Crouching
Not Present	CW- Crawling
Frequent	RE - Reaching
Frequent	HA- Handling
Frequent	FI - Fingering
Not Present	FE - Feeling
Not Present	TA - Talking
Occasional	HE - Hearing
Frequent	NE - Near Acuity (Under 20 inches)
Frequent	FA - Far Acuity (Over 20 feet)
Not Present	DE - Depth Perception
Not Present	AC - Accommodation (Focal length change)
Occasional	CV - Color Vision
Occasional	FV - Field of Vision (Peripheral vision)

The VDARE identified the following environmental conditions within Mr. Ledford's previous employment:

Moderate	NO - Noise Intensity Level
Frequent	AT - Atmospheric Conditions

SPECIFIC VOCATIONAL PREPARATION: Over one year up to and including two years (SVP=7). This demonstrates a skilled worker.

Transferable Employment Occupations;

Based upon Mr. Ledford's past work experience and transferable skills, the following positions have been identified as possible alternative employment opportunities,

	Occupation	Exertion Level
1.	Security Guard	Light
2.	Fraud Investigator	Sedentary
3.	Desk Officer	Sedentary
4.	Surveillance System Monitor	Light
5.	Collection Clerk	Sedentary
6.	Dispatcher	Sedentary
7.	Order Clerk	Sedentary

Sources Utilized to Obtain Transferable Skills Analysis:

Vocational Diagnosis and Assessment of residual Employability (VDARE), Dictionary of Occupational Titles (DOT), and the Classification of Jobs (COJ).

Wide Range Achievement Test (WRAT4):

The Wide Range Achievement Test (WRAT 4) is a norm-referenced test that measures the basic academic skills of word reading, sentence comprehension, spelling, and math computation. It was standardized on a representative national sample of over 3,000 individuals ranging in age from 5-94 years. The normative sample was selected according to a stratified national sampling procedure with proportionate allocation controlled for age, gender, ethnicity, geographic region, and parental/obtained education as an index of socioeconomic status. The WRAT 4 is intended for sound assessment of important fundamental academic skills. Such measures are valuable in initial evaluations or individuals referred for learning, behavioral, or vocational difficulties. The results of the WRAT 4 by themselves are not intended to provide formal identification of learning or cognitive disorders. Use of the WRAT 4 results together with a broad array of comprehensive information such as additional assessment and psychometric data, background history, behavioral observations, and more formal assessments of behavioral functioning will assist in the identification and diagnosis of such disorders.

Comment Section:

Mr. Ledford was cooperative throughout the Initial Vocational Evaluation and indicated on several occasions his desire to find employment if he was physically able to do so. It is this CRC's opinion that Mr. Ledford will not be able to return to his pre-injury occupation as a Public Safety Officer and will have difficulty performing work requiring extreme physical exertion. This is also the concurrence of his physicians. Based upon the recommendations of Dr. Taylor and Dr. Poletti, Mr. Ledford is functioning between a light PDL. The counselor used sedentary to light positions as identified by the Transferrable Skills Analysis to arrive at an accurate assessment.

The following are descriptions in which the Strength Factor is expressed: S-Sedentary Work - Exerting up to 10 pounds of force occasionally (Occasionally: activity or condition exists up to 1/3 of the time) and/or a negligible amount of force frequently (Frequently: activity or condition exists from 1/3 to 2/3 of the time) to lift, carry, push, pull, or otherwise move objects, including the human body. Sedentary work involves sitting most of the time, but may involve walking or standing for brief periods of time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met. L-Light Work - Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force constantly (Constantly: activity or condition exists 2/3 or more of the time) to move objects Physical demand requirements are in excess of those for sedentary work. For the purposes of the evaluation sedentary to light positions were located due to the lack of current restrictions, to arrive at an accurate assessment.

The WRAT 4 was administered to Mr. Ledford after the Initial Vocational Evaluation. The WRAT 4 revealed Mr. Ledford was functioning today in the above average range for the basic academic skills of word reading, sentence comprehension, spelling, and math computation. Mr. Ledford achieved a standard score of 207 on the reading composite which is within the mean and using a 95% confidence interval his scores would fall between be 97-109. Mr. Ledford was also informed of services offered through the South Carolina Department of Vocational Rehabilitation Services.

According to O'NET (Occupational Network) published by the Department of Labor "Analysts should supplement their initial judgments with a review of related work experience and on-the-job training. Data on these variables may or may not lead the analyst to modify his or her initial Job Zone assignment. For instance, if the data suggest that a long duration of related work experience and/or training is associated with an occupation, the analyst may raise its Job Zone. A high level of related work experience is more likely to influence Job Zone assignments of occupations associated with lower education levels".

Table 1: The 5 Job Zones Defined
Job Zone Preparation Level

1. Little or No Preparation Needed
2. Some Preparation Needed
3. Medium Preparations Needed
4. Considerable Preparations Needed
5. Extensive Preparations Needed

In other words, Mr. Ledford performed a variety of duties for his previous employers: waiter, Police Officer, Deputy, and Owner of a Landscaping Business. These positions were then compiled to formulate the transferrable Skills Analysis (TSA) and identified numerous occupations that Mr. Ledford would be qualified to pursue and are currently hiring.

Mr. Ledford was informed of the services offered through the South Carolina Department of Vocational Rehabilitation Services and local library to help enhance his skills, if he wishes to return to gainful employment.

The positions located were within the claimant's Geographic area (50 mile radius) of the claimant home and are supported by a local unemployment rate in Myrtle Beach of 5.6% compared to a state average of 5.3 %. This information was obtained from the South Carolina Statistical abstract and US Department of Labor and is based on 2014 data.

Submitted by: James R Myers MA, QRP, CCM, CRC
Certified Rehabilitation Counselor

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CORVEL

200 Center Point Circle
Suite 290
Columbia, S.C. 29210
Telephone 843-650-0653
Facsimile: 843-650-4941

Date: 07/21/14

Claimant Name: Scott A. Ledford
Claimant Address: [redacted]
City, State, Zip: Myrtle Beach, S.C. 29588

DOI: 03/10/12

Employer: SC Department of Public Safety
Employer Address: 10331 Wilson Blvd.
Employer City, State, Zip: Blythewood, S.C. 29016

Plaintiff Attorney: E. Hood Temple, Esq.
Plaintiff Address: 201 Beatty St.
Plaintiff City, State, Zip: Florence, S.C. 29503

Defense Attorney: Sarah Alphin, Esq.
Defense Address: 4500 Fort Jackson Blvd
Defense City, State, Zip: Columbia, S.C. 29209

Treating Physician: Dr. Taylor, MD	Claimant Phone #: 843-742-5330
Physician Address: 2376 Cypress Circle	Employer Phone #: 803-796-7937
Physician City, State, Zip: Conway, S.C. 29526	Physician Phone #: 843-347-7222

LABOR MARKET SURVEY

This referral for a Labor Market Survey for Mr. Ledford was received from Ms. Harden with the State Accident Fund. An Initial Vocational Evaluation (IVE) was completed on 07/17/14 that included Mr. Ledford's vocational background, transferable skills analysis, list of jobs he could perform based on his transferable skills and physical restrictions. The jobs identified were: Desk Officer, Security Guard, Fraud Investigator, Surveillance System Monitor, Order Clerk, Collection Clerk, and Dispatcher.

Ledford, S

Work History

Job Title: Police Officer

Company: SC State Highway Patrol

Dates: 2004- 2013

DOT; 375.263-014

Salary: $40,000 per year

Duties: Mr. Ledford's responsibilities included: Patrols assigned beat on foot, on motorcycle, in patrol car, or on horseback to control traffic, prevent crime or disturbance of peace, and arrest violators: Familiarizes self with beat and with persons living in area. Notes suspicious persons and establishments and reports to superior officer, reports hazards, and disperses unruly crowds at public gatherings. Renders first aid at accidents, and investigates causes and results of accident. Directs and reroutes traffic around fire or other disruption, inspects public establishments requiring licenses to ensure compliance with rules and regulations. Warns or arrests persons violating animal ordinances, issues tickets to traffic violators, registers at police call boxes at specified interval or time. Writes and files daily activity report with superior officer, may drive patrol wagon or police ambulance, may notify public works department of location of abandoned vehicles to tow away. May accompany parking meter personnel to protect money collected

BUREAU OF LABOR STATISTICS - 2014 WAGE ESTIMATES **
WITH LOCAL ADJUSTMENT FOR: Myrtle Beach, SC

The Bureau of Labor Statistics (BLS) reports the national annual median values of the weekly wage information collected by the Bureau of the Census during its monthly Current Population Survey (CPS). Monthly results of the CPS are collapsed into an annual pool of data, from which the median value is calculated for each Census occupational group. The median value represents all full-time employed workers. The median wage for the position of a Deputy was 37,660 per year.

Of the twelve employers located during the Labor Market Survey, twelve (100%) indicated they were hiring or would be hiring in the near future. Wages ranged from $22,000 per year to $41,600 per year. The average wage was $31,575 per year.

Details of the twelve employers located:

1. Target
1150 Seaboard St.
Myrtle Beach, S.C.
Phone: (843) 946-6998
Position: Fraud Investigator
Minimum Qualifications for hire: Title: Investigative Specialist - United States-South Carolina-: JOIN US AS AN INVESTIGATIONS etc. With our state-of the-art online case management system, you will be provided all the tools and support necessary to ensure your success and achieve assigned case objectives for our clients.
Current starting salary: $40,000 per year
Physical requirements: Sedentary

2. JC Penney
2000 Coastal Grand Circle
Myrtle Beach, S.C. 29579
Phone: (843) 839-0088
Position: Surveillance System Monitor
Minimum Qualifications for hire: Conducts surveillance –Interviews suspects and write reports – Supports shrinkage and safety awareness programs –Maintains records – Participates in court Hearings
Current starting salary: $31,803per year
Physical requirements: Light

3. Sears Holdings
2000 Coastal Grand Circle
Myrtle Beach, S.C. 29579
Phone: (843) 839-9100
Position: Security Guard
Minimum Qualifications for hire: Jobs in this category are responsible for protecting company assets through activities in safety, inventory recovery and internal/external theft. Some essential duties include including assisting with reduction of loss of inventory, time, and assets, as well as monitors surveillance equipment and apprehends shoplifting suspects.
Salary: $30,000 per year
Physical Requirements: Light

4. Olsten Staffing
914 Chester St.
Myrtle Beach S.C. 29577
Phone: (843) 626-8202
Position: Surveillance System Monitor
Minimum Qualifications for hire: 2-3 years in related security disciplines, Ability to provide general security guidance on the handling of sensitive or National Security Information. You must have a current and active Secret and be able to obtain a TS, U.S. Security Clearance
Salary: $40,000 per year
Physical requirements: Sedentary

5. Brightwater
101 Brightwater Dr.
Myrtle Beach, S.C. 29579
Phone: (843) 903-8300
Position: Industrial Order Clerk
Minimum Qualifications for hire: Courtesy Officer provides security and/or assists residents, families and guests with the familiarity of the campus services. The Courtesy Officer responds to emergency calls, performs security checks on the hour and coordinates the locking down and unlocking of the buildings under the supervision of the Director of Facility Services.
Salary: $28,600 per year
Physical requirements: Light PDL

6. South Carolina Federal Credit Union
1504 N Cashua Dr.
Florence, S.C. 29501
Position: Fraud Investigator
Minimum Qualifications for hire: We are currently seeking a Collections/Loss Prevention Manager to join our team of outstanding professionals
Current starting salary: $30,000 per year
Physical requirements: Sedentary

7. Security Finance
4107 Main St,
Loris, S.C. 29569
Phone: (843) 756-7555
Position: Collection Clerk
Minimum Qualifications for hire: 18 years of age or older, stable work history. Prior management experience in a related Industry, highly preferred. Collections and/or sales experience, preferred Willingness to relocate within the state for a management position after training is complete, Great customer service skills, Valid driver's license, acceptable driving record, and reliable transportation. Ability to travel. Pass a criminal background check.
Current starting salary: $25,000 per year
Physical requirements: Sedentary

8. Title Max
1627 Highway 501
Myrtle Beach, S.C. 29579
Position: Collection Clerk
Minimum Qualifications for hire: Excellent customer service, excellent written and verbal communication skills, High School Graduate, Management skills.
Current starting salary: $41,600 per year
Physical requirements: Sedentary

9. Travelers Indemnity Corp
Columbia, S.C. 29451
Phone: (803) 612-4128
Position: Fraud Investigator
Minimum Qualifications for hire: Timely coverage analysis and communication with insured based on application of policy information, facts or allegations of each case. Consult with Unit Manager on use of Claim Coverage Counsel.
Salary: $38,000 per year
Physical Requirements: Sedentary

10. US Security Associates Inc.
675 Robert Grissom Parkway
Myrtle Beach, S.C. 29161-9685
Phone: (843) 626-3940
Position: Security Guard
Minimum Qualifications for hire: Under direct supervision, patrols assigned area to ensure protection of clients, visitors, property and equipment. Controls and monitors access in and out of assigned site and monitors burglar and fire alarm systems as required. Must be customer service oriented, self-motivated, organized, detail oriented and a team player. Ability to react calmly and effectively in emergency situations. Education: High School or GED
Current starting salary: $22,000 per year
Physical requirements: Light PDL

11. Pee Dee County Aviation Authorities
2100 Airport Dr,
Florence, S.C., 29418
Position: Desk Officer
Minimum Qualifications for hire: Operating from the vital Communications Center, Maintain accurate records and reports; monitor security, safety and air navigational systems
Current starting salary: $26,915 per year
Physical requirements: Light

12. McCloud Healthcare
555 E Cheves Street
Florence, S.C. 29506
Position: Security Guard
Minimum Qualifications for hire: High school diploma or equivalent required. Prior related experience required. SLED eligibility required. Due to insurance regulations, must be at least 24 years of age with a valid SC driver's license to operate a McLeod vehicle
Current starting salary: $25,000 per year
Physical requirements: Light

Ledford, S

Summary:

Based on the results of the Labor Market Survey for Desk Officer, Fraud Investigator, Surveillance Monitor, Collection Clerk, Security Guard and Order Clerk, these positions exist in a variety of areas within the 50 mile radius of the claimant's home. The majority of positions located were in and around the city of Myrtle Beach, S.C. The positions located for the survey were in a sedentary to light physical demand level (PDL). Based upon Mr. Ledford's previous vocational experiences; it appears that he would qualify for all of the positions that were surveyed.

As previously noted, 100% of the employers located during the Labor Market Survey were hiring. The average wage of these employers was based upon the sedentary to light physical demand level provided by the Department of Labor, which reflects wages at or above Mr. Ledford's reported pre-injury wage of $40,000 per year. The average starting wage was $31,575 per year based upon a 40 hour work week.

The positions located were within the claimant's geographic area (50 mile radius) of the claimant home and are supported by a local unemployment rate in Myrtle Beach of 5.6% compared to a state average of 5.3 %. This information was obtained from the South Carolina Statistical abstract and US Department of Labor and is based on 2014 data

Sincerely,

James R Myers MA, QRP, CCM, CRC
Certified Rehabilitation Counselor

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

PRE-HEARING BRIEF
WCC File No: 1202646

Mr. Scott Ledford	[redacted] SSN	South Carolina Department of Public Safety	
Claimant's Name		Employer's Name	
[redacted]		Post Office Box 1993, Blythewood, SC 29016-1993	
Address	City State Zip	Address	City State Zip
[redacted]		State Accident Fund	
Home Phone #	Work Phone #	Insurance Carrier	
E. Hood Temple, Hatfield Temple, LLP (843) 662-5000			
Preparer's Name	Law Firm	Preparer's Phone #	

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

[X] Injury [ ] Illness [ ] Repetitive Trauma

1. Compensation Rate: $709.95 2. AWW: $473.32 Date of Injury: 3/10/2012
3. Type of injury and body part(s): 1) Cervical Spine. Cervical disc protrusion C5-6, C6-7; Cervical disc herniation; Displaced cervical intervertebral disc; C5-6, C6-7 Spondylosis with right cervical radiculopathy (Authorized treating surgeon, Dr. William Mills has recommended ACDF at C5-6 and C6-7 with LDR system, June 4, 2012.) 2) Lumbar Spine. L5-S1 spondylosis; Lumbar disc degeneration L4-5; L5/S1; Lumbar sacral junction with exit foraminal stenosis and compression against the exiting L-5 roots bilaterally; (Authorized surgeon has recommended ALIF at L5-S1 on June 4, 2012); 3) Right Leg. Right ankle anterior impingement lesion; Posterior ankle impingement; Post traumatic arthritis. (On Jan. 30, 2013, Dr. Ross Taylor, authorized treating surgeon, performed Anterior arthroscopy with debridement of impinging synovium as well as resection of anterior distal tibial osteophyte; Open resection of posterior talus; 4) Right Knee.
4. Facts in controversy: See attached.
5. Legal issues involved: 1) Has Claimant reached maximum medical improvement; 2) If so, §42-9-10; §42-9-20; §42-9-30; 3) If not, §42-15-60 provision of additional medical treatment for all compensable body parts.
6. Unusual aspects: None.
7. Witnesses (designate if expert)*: 1) Claimant, Scott Ledford; 2) Carrie Ledford, Claimant's wife; 3) fellow officers of the South Carolina Highway Patrol; 4) 30(b)(6) witness
8. Exhibits: 1) Medical summary; 2) portions of Claimant's payroll/personnel records; 3) Claimant's prior workers' compensation file bearing WCC #1009681 incorporated by reference; 4) Unappealed Decision and Order of the SC Workers' Compensation Commission dated 6/1/14; 5) PowerPoint Presentation; 6) Cost Projection of Karen Shelton; 7) Letter of SC Retirement System dated 7/9/12.
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance): 1) Medical reports and notes of Conway Medical Center dated 7/13/14; 2) Medical reports and notes of Dr. W.S. Edwards, Jr. dated 10/31/13-3/27/14; 3) Medical reports and notes of Dr. Steven Poletti dated 5/7/12 – 3/5/14; 4) Medical reports and notes of Dr. William Mills dated 4/2/12 – 4/17/12; 5) Medical reports and notes of Dr. Ross Taylor dated 8/9/12 – 4/11/13; 6) Impairment Rating of Phillip Lowe dated 2/28/14; 7) Vocational assessment of Glen K. Adams dated 5/20/14; 8) Medical reports of Horry County Fire Rescue dated 3/10/12; 9) Preliminary Disability Cost Projection of Karen Shelton dated 4/9/14.
10. Name, address, and specialty, if any, of the treating physician: 1) Dr. William L. Mills, Coastal Orthopaedics, 2376 Cypress Circle, Suite 300, Conway, SC 29526; 2) Dr. W.S. Edwards, Jr., Pee Dee Orthopaedic Assoc., 901 E. Cheves St., Suite 100, Florence, SC 29506; 3) Dr. Steven C. Poletti, Southeastern Spine Institute, 1106 Chuck Dawley Blvd., Suite 200, Mount Pleasant, SC 29464; 4) Dr. Ross Taylor, Coastal Orthopaedic Assoc., 2376 Cypress Cir., #300, Conway, SC 29526; 5) Dr. Jason O'Dell, Pee Dee Orthopaedic Assoc., 901 E. Cheves St., Suite 100, Florence, SC 29506.
11. Impairment rating(s); body part(s), physician and date of opinion: See attached.
12. I am amending my Form 50/51 in the following manner.

[X] Mediation

- [ ] a Mediation is required to be ordered pursuant to Reg. 67-1601 B.
- [ ] b Mediation is required pursuant to Reg. 67-1602.
- [ ] c Mediation is requested by consent of the Parties pursuant to Reg. 67-1603.
- [X] d. Mediation has been conducted by a duly qualified mediator and resulted in an impass.

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

I verify the contents of this form are accurate and true to the best of my knowledge.
I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Sarah S. Alphin
address 4500 Fort Jackson Blvd., Columbia, SC 29209 on the 5 day of August 2014
by X First class postage certified mail personal service
Signature: [signature] Email: ehtemple@hhlawsc.com
Date of hearing: August 15, 2014 at 11:30 a.m. Time needed for hearing: 1 hour

[1] Deposition may be used in lieu of testimony.

IMPAIRMENT RATINGS

DR. JASON O'DELL: 18% OF LOWER EXTREMITY, DATED 8/15/13.

DR. W. S. EDWARDS, JR.: 15% IMPAIRMENT OF SPINE BASED ON CERVICAL DISC PROTRUSION AT C5-6 AND C6-7; 5% IMPAIRMENT OF HIS SPINE BASED ON HIS LUMBAR INJURY WITH LUMBAR STRAIN/SPRAIN WITH DISC DEGENERATION AT L4-5 AND L5/S1, DATED 3/27/14.

PHILLIP LOWE, P.T.: 15% FOR CERVICAL SPINE; 5% FOR LUMBAR SPINE; AND 4% RIGHT LOWER EXTREMITY IMPAIRMENT TO ANKLE, DATED 2/28/14.

DR. STEVEN POLETTI: 10% TO LUMBAR; 13% CERVICAL FOR TOTAL OF 23% IMPAIRMENT, DATED 3/5/14.

DR. ROSS TAYLOR: 7% TO RIGHT ANKLE, DATED 5/23/13.

FACTS IN CONTROVERSY

The Claimant, Scott Ledford, sustained two admitted work related injuries while in the course and scope of his employment with the SC Department of Public Safety. The first accident occurred on July 15, 2010 when the Claimant suffered a very serious back injury while participating in taser training. Specifically, the Claimant was tased by his fellow officer, and fractured three thoracic vertebrae from T6 to T9. Subsequently, he recovered and returned to full duty work as a highway patrolman driving a motorcycle. On March 10, 2012, the Claimant sustained a second admitted injury which is the claim which is presently before the Commission. Specifically, on March 10, 2012 the Claimant was in the course and scope of his employment riding a patrol motorcycle when he turned around on a vehicle and lost control of his motorcycle. As a result, he injured his right leg, including his right knee and ankle, and aggravated his lumbar spine and cervical spine. The Jurisdictional Commissioner issued a Decision and Order dated May 1, 2013 finding that the Claimant sustained injuries to his right leg and aggravated conditions in his neck and low back. Further, the Claimant was found to be entitled to casually related medical care authorized by the carrier for his admitted injury and aggravations of pre-existing conditions until further Order of the Commission. See Finding of Fact No. 6; Conclusion of Law No. 4; and the Ordering provision providing the following:

> "IT IS FURTHER ORDERED, under WCC claim no. 1202545, that the Defendants provide Medical Care, Evaluation, and Treatment for injuries to his right leg and Medical Care, Evaluation and Treatment for aggravation of pre-existing conditions to the Claimant's Neck and Low Back.
>
> AND IT IS SO ORDERED."

Subsequently, the Claimant received additional medical care and has now received ratings from the various providers. Those ratings are as follows:

> DR. JASON O'DELL: 18% OF LOWER EXTREMITY, DATED 8/15/13.
>
> DR. W. S. EDWARDS, JR.: 15% IMPAIRMENT OF SPINE BASED ON CERVICAL DISC PROTRUSION AT C5-6 AND C6-7; 5% IMPAIRMENT OF HIS SPINE BASED ON HIS LUMBAR INJURY WITH LUMBAR STRAIN/SPRAIN WITH DISC DEGENERATION AT L4-5 AND L5/S1, DATED 3/27/14.
>
> PHILLIP LOWE, P.T.: 15% FOR CERVICAL SPINE; 5% FOR LUMBAR SPINE; AND 4% RIGHT LOWER EXTREMITY IMPAIRMENT TO ANKLE, DATED 2/28/14.
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> DR. STEVEN POLETTI: 10% TO LUMBAR; 13% CERVICAL FOR TOTAL OF 23% IMPAIRMENT, DATED 3/5/14.
>
> DR. ROSS TAYLOR: 7% TO RIGHT ANKLE, DATED 5/23/13.

Upon reviewing the Defendant's Pre-Hearing Brief, they failed to identify the cervical spine as an admitted body part and further have only provided a partial listing of

the ratings rendered by the authorized treating physicians. Significantly, the Claimant has ratings to his right leg and low back which are not identified in the Defendant's Pre-Hearing Brief. Presently, the Claimant continues to receive medical care for his spine injuries and is in need of additional medical treatment for all body parts as provided by the authorized medical providers as well as the Claimant's independent medical evaluators. Further, the Claimant has permanent physical restrictions imposed by his treating physicians which are identified as follows:

RESTRICTIONS

Dr. Ross-Taylor, May 23, 2013, APA Pg. No. 12: Although he has done well, he will be unable to safely tolerate running, cutting, pivoting or unpredictable surfaces. He has a possibility but not a likelihood of developing arthritis of his ankle secondary to his injury at a later point in life.

Dr. Jason O'Dell, August 15, 2013, APA Pg. No. 67: He would be able to do light work only, his previous job would have been heavy work as a motorcycle patrolman.

Dr. W. S. Edwards, Jr., March 27, 2014, APA Pg. Nos. 92-93: He is likely to have difficulty with repetitive bending and lifting activities as well as the activities involving repetitive motion of his motion and overhead activities that would require extension or prolonged reaching.

Dr. Steven Poletti, March 5, 2014, APA Pg. Nos. 101-102: He should be restricted specifically in regards to these and he should have light to sedentary restrictions. That is no overhead lifting greater than 20 pounds. No repetitive bending, twisting, pushing, pulling, no prolonged sitting for periods of 45 minutes or longer. Of note is that his impairment would be higher in the future should he undergo surgical procedures as prescribed.

FUTURE MEDICAL TREATMENT

Dr. W. S. Edwards, Jr., March 27, 2014, APA Pg. Nos. 92-93: He may need anterior cervical discectomy and fusion with anterior cervical plating in the future. He also would need physical therapy for mechanical symptoms and therapeutic injections such as epidural steroid injections for any radicular symptoms.

Dr. Steven Poletti, March 5, 2014, APA Pg. Nos. 101-102: I do feel that cervical discectomy and fusion at C6-7 and the anterior lumbar discectomy and interbody fusion at L5-S1 could potentially have the effect of lessening his disability and I am in agreement that he should consider these. He will require regular nonoperative follow-up. I would recommend that he have nonoperative office visits every 2 to 3 months. He may require continuing on some measure of analgesic and anti-inflammatory medication. He may require future imaging and injections. He may go for a period of more than ... I would say that the treatment recommendations in terms of office appointments, potential future imaging, and the surgical intervention as described are likely to happen in the future, but it is likely if not probable that this man could go through an extended period of time where he does not receive active interventional treatment. That is he could go for a period of greater than a year where he does not consider this type of surgery. That would not make the above

treatments contraindicated but delaying them as long as possible would be ideal and would be my recommendation. §42-15-60(B)(3).

Dr. William Mills, Authorized Treating Physicians, June 4, 2012, APA Pg. No. 5: I recommend ACDF at C5-6 and C6-7 with LDR system, also ALIF at L5-S1. He probably wants to get his neck done first.

DEPOSITION OF DR. WILLIAM MILLS, DECEMBER 3, 2012:

Pg. 50, ll. 8-15:

Q. Okay, Now, after you last saw him, that has changed. Is that a fair statement? In terms of his need for further medical care to his lumbar spine and cervical spine.

A. Yes. His symptoms had progressed to the point that, and they had persisted over a long enough period of time that, in my mind, you could either live with it or have it corrected with surgery.

Pg. 54, ll. 20-24:

Q. All right. Doctor, the surgeries, the surgical intervention that you recommended, would you be willing to perform that? Would you be willing to continue treating this gentleman?

A. Yes.

Finally, the SC Department of Public Safety admits the Claimant, a former trooper with the Highway Patrol, suffered a substantial disability and is unable to return to work. Specifically, the Claimant was required to apply for medical disability which was reviewed and found appropriate by the SC Department of Public Safety. In that finding, the SC Department of Public Safety expressly admit that they cannot accommodate the Claimant's current physical restrictions and limitations and that he can no longer work as a highway patrolman in any fashion.

The Claimant contends that if he has reached maximum medical improvement, he has suffered a disability well in excessive of his impairment ratings. If he has not reached maximum medical improvement, the Claimant believes he is entitled to additional medical treatment as prescribed by the authorized treating physicians including Drs. Mills, Edwards, Taylor, and O'Dell.

BEFORE THE

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE # 1202545

Mr. Scott Ledford,

Claimant,

Vs.

South Carolina Department of Public Safety

Employer,

And

State Accident Fund

Carrier.

NOTICE OF WITNESSES AND WRITTEN REPORT(S)/PHYSICIAN AND/OR OTHER EVIDENCE TO BE INTRODUCED ON BEHALF OF CLAIMANT

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND SARAH S. ALPHIN, ATTORNEY FOR THE EMPLOYER/CARRIER:

YOU ARE HEREBY NOTIFIED that Mr. Scott Ledford, pursuant to the provisions of the South Carolina Workers' Compensation Act and South Carolina Code Sec. 1-23-330, 1976, as amended, herewith submits the following reports/physician or other evidence on behalf of the Claimant, to-wit:

APA#	DOCTOR	PRACTICE	DATES	PAGES
11.		Conway Medical Center	07/13/14	84 – 90
12.	Dr. W.S. Edwards, Jr.	Pee Dee Orthopaedic Assoc.	10/31/13 – 03/27/14	91 – 93
13.	Dr. Steven Poletti	Southeastern Spine Institute	05/07/12 – 03/05/14	94 – 102
14.	Dr. William Mills	Coastal Orthopaedic Assoc.	04/02/12 – 04/17/12	103 – 107
15.	Dr. Ross Taylor	Coastal Orthopaedic Assoc.	08/09/12 – 04/11/13	108 – 114
16.	Phillip Lowe, P.T.	Lowe's Therapy	02/28/14	115 – 117
17.	Glen K. Adams, MRC, CRC, CEES	Adams & Wilkinson	05/20/14	118 – 129
18.		Horry County Fire Rescue	03/10/12	130 – 131
	EXHIBITS			
A.	Preliminary Disability Cost Projection of Karen Shelton, RN, CNLCP, Project Works		04/09/14	132

B.	Letter of SC Retirement System approving claim for disability retirement	07/09/12	133
C.	Claimant's PowerPoint Presentation		134 – 155
D.	Deposition transcript of Dr. William Mills	12/03/12	
E.	Deposition transcript of Dr. William Mills	08/23/12	

YOU ARE FURTHER HEREBY NOTIFIED that you have the right to cross-examine and, should you desire to exercise said right, you are to forthwith schedule the deposition(s) of any of the physicians or other person(s), whose reports are submitted, for the purposes of cross-examination.

YOU ARE FURTHER NOTIFIED that the originals of the documents referred herein, or photocopies received from said physicians/ others, are being forthwith 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 Mr. Scott Ledford.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of Mr. Scott Ledford.

WITNESSES
Scott Ledford, Claimant
Carrie Ledford, Claimant's wife
Fellow officers of the SC Highway Patrol
30(b)(6) Witness*

*Deposition may be used in lieu of live testimony.

Florence, SC

August 5, 2014

E. HOOD TEMPLE,
Attorney for Claimant
SC Bar No. 12962
HATFIELD TEMPLE, LLP
170 Courthouse Square
Post Office Box 1770
Florence, SC 29503-1770
(843) 662-5000
chtemple@htlawsc.com

CLAIMANT'S INDEX FOR APA SUBMISSION

SCOTT LEDFORD VS. SC DEPARTMENT OF PUBLIC SAFETY
WCC FILE NO: 1202545

HEARING: AUGUST 15, 2014

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Physician Documentation *Conway Medical Center*

Name: Scott Ledford
Age: 38 yrs Sex: Male [redacted]
Arrival Date: 07/13/2014 Time: 13:30
Bed ED24

MRN: M000223640
Account: V0000660072
Private MD: Mack, Amar, Patrice

HPI:

07/13 19:52 This 38 yrs old Caucasian Male presents to ED via Walk-In with complaints of Low Back Pain. jc

19:52 The patient presents with pain that is acute, with no known mechanism of injury. The symptoms are located in the low back. jc

19:52 Onset: The symptoms/episode began/occurred 2 day(s) ago. The pain does not radiate. Associated signs and symptoms: The patient has no apparent associated signs or symptoms. The patient has experienced similar episodes in the past, several times, and the symptoms today are exactly the same. jc

Historical:

Allergies:

13:32 (13:33) SHELLFISH; tw

Home Meds:

13:32 (13:33) 1. . None tw

PMHx:

13:32 (13:33) Palpitations Sinus Tachycardia (February 2, 2014); (13:33) HYPERTENSION; (13:33) THYROID PROBLEM; tw

PSHx:

13:32 (13:33) finger; (13:33) nasal; (13:33) BACK SURG; (13:33) TONSILLECTOMY; (13:33) KNEE SURGERY; (13:33) ankle; tw

Historical:

13:32 (13:33) Medication information obtained from: Patient. (13:33) Social history Smoking status: Patient denies tobacco use. No barriers to communication noted. (13:33) Immunization history: Last tetanus immunization: up to date. Pneumococcal vaccine is not up to date. Flu vaccine is up to date. (13:33) Code Status: Full code. (13:33) Do you have an Advanced Directive or Health Care Power of Attorney? No. (13:33) Family history: Not pertinent. tw

19:52 (19:53) The history from nurses notes was reviewed and my personal history differs from that reported to nursing. jc

ROS:

19:52 (19:53) Constitutional: Negative for fever, chills, and weight loss, Eyes: Negative for injury, pain, redness, and discharge, ENT: Negative for injury, pain, and discharge, Neck: Negative for injury, pain, and swelling, Cardiovascular: Negative for chest pain, palpitations, and edema, Respiratory: Negative for shortness of breath, cough, wheezing, and pleuritic chest pain, Abdomen/GI: Negative for abdominal pain, nausea, vomiting, diarrhea, and constipation. (19:53) GU: Negative for injury, bleeding, discharge, and swelling, MS/Extremity: Negative for injury and deformity, Skin: Negative for injury, rash, and discoloration, Neuro: Negative for headache, weakness, numbness, tingling, and seizure. (19:53) Back: Positive for pain with movement, Negative for injury or acute deformity, decreased range of motion, pain at rest, vertebral tenderness, costovertebral angle tenderness. (19:53) General: All other systems are negative, jc

Exam:

19:52 (19:53) jc

Constitutional: This is a well developed, well nourished patient who is awake, alert, and in no acute distress.
Head/Face: Normocephalic, atraumatic.
Eyes: Pupils equal round and reactive to light, extra-ocular motions intact. Lids and lashes normal. Conjunctiva and sclera are non-icteric and not injected. Cornea within normal limits. Periorbital areas with no swelling, redness, or edema.
ENT: Nares patent. No nasal discharge, no septal abnormalities noted. Tympanic membranes are normal and external auditory canals are clear. Oropharynx with no redness, swelling, or masses, exudates, or

PDF processed with CutePDF evaluation edition www.CutePDF.com882E9D34124A4553B9E9, LEDFORD, /

Physician Documentation Con't

evidence of obstruction, uvula midline. Mucous membrane
Neck: Trachea midline, no thyromegaly or masses palpated, and no cervical lymphadenopathy. Supple, full range of motion without nuchal rigidity, or vertebral point tenderness. No Meningismus.
Chest/axilla: Normal chest wall appearance and motion. Nontender with no deformity. No lesions are appreciated.
Cardiovascular: Regular rate and rhythm with a normal S1 and S2. No gallops, murmurs, or rubs. Normal PMI, no JVD. No pulse deficits.
Respiratory: Lungs have equal breath sounds bilaterally, clear to auscultation and percussion. No rales, rhonchi or wheezes noted. No increased work of breathing, no retractions or nasal flaring.
Abdomen/GI: Soft, non-tender, with normal bowel sounds. No distension or tympany. No guarding or rebound. No evidence of tenderness throughout.
Back: No spinal tenderness. No costovertebral tenderness. Full range of motion.
Skin: Warm, dry with normal turgor. Normal color with no rashes, no lesions, and no evidence of cellulitis.
MS/ Extremity: Pulses equal, no cyanosis. Neurovascular intact. Full, normal range of motion.
Neuro: Awake and alert, GCS 15, oriented to person, place, time, and situation. Cranial nerves II-XII grossly intact. Motor strength 5/5 in all extremities. Sensory grossly intact. Cerebellar exam normal. Normal gait.
Psych: Awake, alert, with orientation to person, place and time. Behavior, mood, and affect are within normal limits.

19:54 jc
Neuro: Sensation: is normal, Gait: is steady, the gait was normal.

19:54 jc
Back: pain, that is very mild, ROM is normal.

19:54 jc
Neuro: Deep tendon reflexes are normal.

Vital Signs:

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Height	Pain	Staff
13:32 (13:34)	165 / 88	130	18	98.2(O)	99% on R/A	86.18 kg / 189.98 lbs	6 ft. 11 in. (180.34 cm)		tw
13:48	147 / 98	113	16 S						vh
15:07 (15:09)	147 / 84	102			99% on R/A				sag
17:07	135 / 88	85			98% on R/A				sag

13:32 Body Mass Index 26.50 (86.18 kg, 180.34 cm) tw

Glasgow Coma Score:

Time	Eye Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
13:32 (13:34)	spontaneous(4)	oriented(5)	obeys commands(6)		15	tw

MDM:

14:01 Patient medically screened. mc2
14:01 Financial registration complete. mc2
19:52 (19:53) jc
Data reviewed: vital signs, nurses notes, lab test result(s), EKG, radiologic studies. (19:53)
Counseling: I had a detailed discussion with the patient and/or guardian regarding: the historical points, exam findings, and any diagnostic results supporting the discharge/admit diagnosis, lab results, radiology results, The patient was informed that the following test (s) is pending: the need for outpatient follow up, to return to the emergency department if symptoms worsen or persist or if there are any questions or concerns that arise at home. (19:53)

Physician Documentation Con't.

Test interpretations performed by ED physician or midlevel provider: plain radiologic studies were reviewed, ECG, Lab studies.

Order	Status	Time	By	For
SALINE LOCK	Ordered	07/13/14 13:48	jc	jc
	Completed	07/13/14 14:01	Vickie Hill	
Notes:	Order Method: Electronic			

Order	Status	Time	By	For
UA	Ordered	07/13/14 13:48	jc	jc
	Reviewed	07/13/14 15:29	John Cacace	
Notes:	Order Method: Electronic			

Order	Status	Time	By	For
EKG ER	Ordered	07/13/14 13:48	jc	jc
	Completed	07/13/14 13:56	Nicholas Johnson	
Notes: ER EKG	Order Method: Electronic			

Order	Status	Time	By	For
ABD SRRIES,PACXR,FLAT,UP+RAD	Ordered	07/13/14 13:49	jc	jc
	In Process Scheduled	07/13/14 14:16	Dispatcher MedHost	
Notes: Bed Name: ED24	Order Method: Electronic			

Order	Status	Time	By	For
NS 0.9% 1000 mL IV at Bolus once	Ordered	07/13/14 13:49	jc	jc
	Administered	07/13/14 14:01	vh	
Notes:	Order Method: Electronic			
07/13/14 14:01	Administration: NS 0.9% 1000 mL IV in left antecubital			vh
07/13/14 15:06	Follow Up: IV Status: Completed infusion; IV converted to saline lock			sag

Order	Status	Time	By	For
UDS	Ordered	07/13/14 13:49	jc	jc
	Reviewed	07/13/14 15:29	John Cacace	
Notes:	Order Method: Electronic			

Order Signatures:
Cacace, John, MD MD jc

Dispensed Medications:

Time	Drug & Dose	Volume	Route	Rate	Infused Over	Site	Delivery	Staff
14:01	NS 0.9% 1000 mL		IV	Bolus		left		vh

Physician Documentation Con't.

15:06	Follow up: IV Status: Completed Infusion; IV converted to saline lock	antecubital sag

Disposition:

16:39 Aware of vital signs, to follow up with PMD. jc
18:54 Disposition. jc
19:54 Chart complete. jc

Disposition:

07/13/14 16:40 Discharged to Home. Impression: Back Pain.

- Condition is Stable.
- Discharge Instructions; Back Pain, Adult.
- Prescriptions for
  Flexeril 5 mg Oral Tablet
  - take 1 tablet by ORAL route 3 times per day; 15 tablet.
  Naprosyn 375 mg Oral Tablet
  - take 1 tablet by ORAL route 2 times per day; 30 tablet.
- Follow up: Mack, Almar, MD; When: 1 - 2 days; Reason: Fever > 102F, Pain, If symptoms return, Change in condition, Arrange referral to specialist, Further diagnostic work-up, Recheck today's complaints.
- Problem is an acute exacerbation.
- Symptoms have improved.
- Notes:
  FOLLOW IP WITH DR. MACK. RETURN TO ED FOR ANY FURTHER PROBLEMS.

Signatures:

Dispatcher MedHost		EDMS	Cacace, John, MD	MD	jc
Gunter, Sheila RN	RN	seg	Wear, Tiffany RN	RN	tw
Hill, Vickie RN	RN	vh	Johnson, Nicholas, MST	MST	nj
Cunningham, Melanie		mc2			

Conway Hospital Laboratory
300 Singleton Ridge Road
Conway, South Carolina 29526
OUTPATIENT CUMULATIVE REPORT

PAGE 1

RUN DATE: 07/14/14
RUN TIME: 0635

LOCATION

[redacted]

Specimen: 0713:CU000048 Entered: 07/13/14-1350 Collected: 07/13/14-1358
Status: COMP Received: 07/13/14-1406
Tests: MDS,UR
Sub Dr: Cacace,John MD
Comments: Specimen Comment: ED24

[redacted]

CHEMISTRY - URINES

MEDICAL DRUG SCRN,URINE

| REFERENCE RANGES APPLY TO NEGATIVE CUTOFF VALUES.
| NOT FOR FORENSIC USE. SCREEN ONLY.
| CONFIRMATIONS MUST BE ORDERED SEPARATELY.

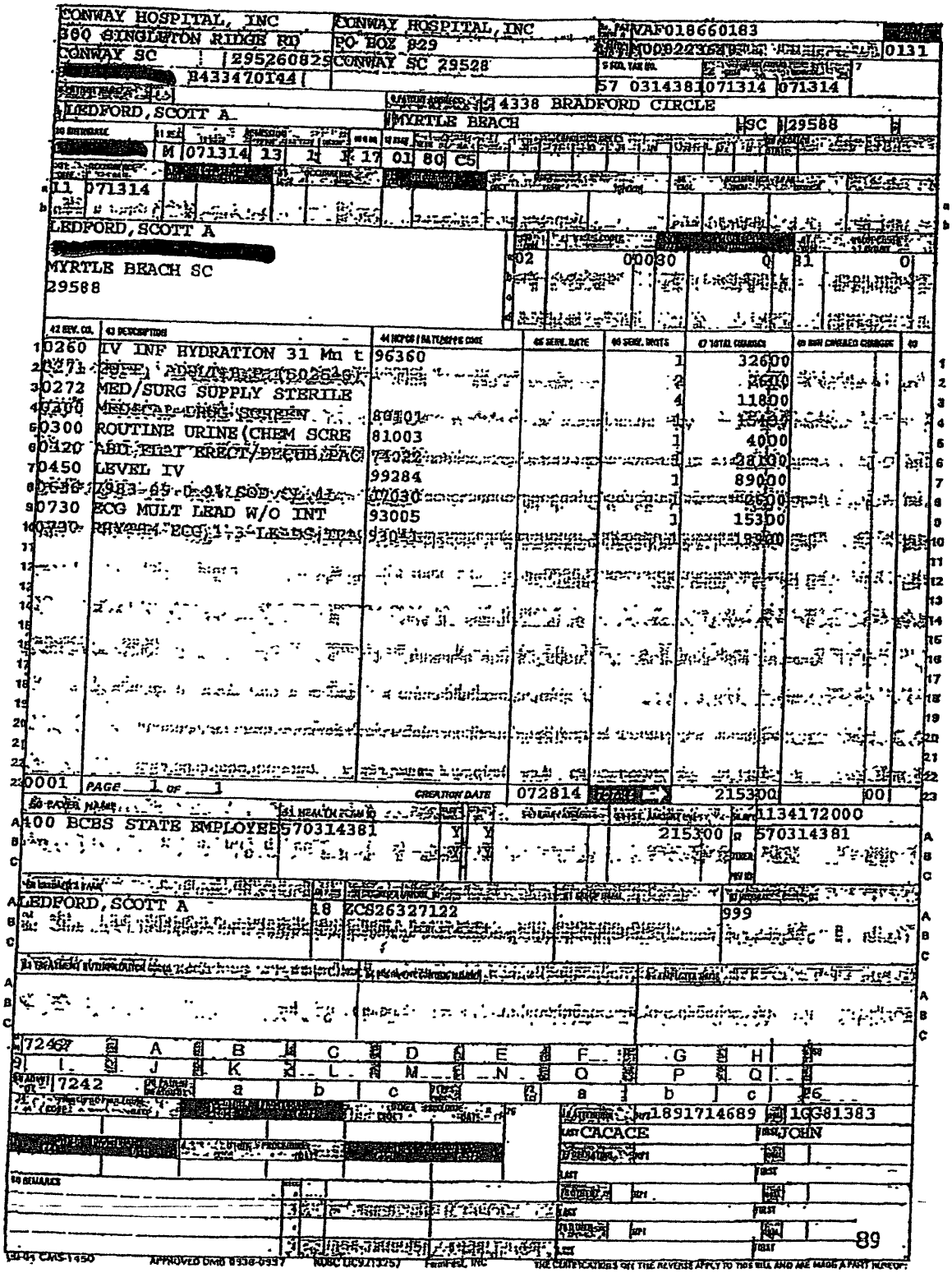
Specimen: 0713:U000138 Entered: 07/13/14-1349 Collected: 07/13/14-1358
Status: COMP Received: 07/13/14-1406
Tests: UA
Sub Dr: Cacace,John MD
Comments: Specimen Comment: ED24

[redacted]

URINALYSIS

URINALYSIS

** END OF REPORT **



CONWAY HOSPITAL, INC
300 SINGLETON RIDGE RD
CONWAY SC 295260825
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CMS-1450 APPROVED OMB 0938-0997 NUBC UC9213757 Ramsell, Inc THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

V00006660072 LEDFORD,SCOTT A

ACCT: V00006660072
LEDFORD,SCOTT A
[redacted]
MYRTLE BEACH, SC 29588
(843)241-8750 (H)

LEDFORD,SCOTT A
4336 BRADFORD CIRCLE
MYRTLE BEACH, SC 29588
(843)241-8750/(843)241-8750 CELL

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PROCEDURE	DESCRIPTION	COUNT	AMOUNT
0007459	ELECTRODE, ADULT 5TAB	1	26.00
3752856	SET, PRIMARY PLUM CONV.P	1	69.00
3753366	CATHETER PROTECTIV* IV	1	26.00
3755082	CUFF, ADULT B.P.(502540)	1	0
3755164	KIT, IV PREP 220840	1	0
3757001	SET EXTENSION 11572	1	23.00
3771577	7983-09 0.9% SOD.CL.1L	1	26.00
3787403	LEVEL IV	1	890.00
3789181	IV INF HYDRATION 31 Mn to 1 Hr	1	326.00
3789244	RHYTHM ECG,1-3 LEADS;TRACING	1	139.00
3789246	ECG MULT LEAD W/O INT	1	153.00
4016041	ROUTINE URINE(CHEM SCRE	1	40.00
4044020	MEDICAL DRUG SCREEN	1	154.00
4129517	ER ECG RESPIRATORY STAT	1	0
4240027	ABD FLAT ERECT/DECUB PACKR	1	281.00
PSEPACRD	PMT 600 SELF-PAY CREDIT CARD	1	-150.00
			2003.00

Pee Dee Orthopaedic Associates, PA

Anthony W. Alexander, M.D., Rakesh P. Cheriyan, M.D., Barry L. Clark, D.O.,
Patrick C. Dehlin, M.D., W. S. (Bill) Edwards, Jr., M.D., Robert E. Ehrlacher, Jr., M.D.,
Bryce N. Ezell, M.D., Jason B. Orr, M.D., Charles G. Murphy, M.D.,
Nigel A. R. Watt, M.D., Matthew D. Wedel, M.D.

301 E. Cheves St., Suite 109 · Florence, SC 29506-2269
(843) 662-5233 · Fax (843) 678-9003 · www.pdoa.com

MRI Review

PATIENT ID: 344946

PATIENT: Scott Ledford
DOB: [redacted]
Employer: SCDPS

Date of Service: 10/31/2013
Age: 38 year(s)
Occupation: Highway Patrol

Referring Physician: No data for Referred By
Other Physicians:

Vitals: No data for Vitals
Allergies: NKDA
Current Meds: none

MRI Review:
MRI scan was personally reviewed from 5/16/12 and discussed with the patient in detail. This study demonstrates degenerative changes at C5-6 and C6-7 without any significant compressive pathology. X-rays of the thoracic spine showed previous compression fractures at T6 and T9 with stable alignment.

Patient has bilateral radicular symptoms in the upper extremities associated with chronic mechanical neck pain due to disc protrusions at C5-6 and C6-7. He also has some ongoing mechanical symptoms in the thoracic spine related to previous compression fractures at T6 and T9. He is not interested in considering any aggressive treatment as it relates to his cervical spine nor have I have pushed him in this regard given the absence of focal neurologic deficit. He feels that his symptoms are stable and he does not wish to have any aggressive intervention. He is retired from the Highway Patrol and does not plan on trying to return to strenuous activities therefore believes that conservative efforts will be appropriate

Plan:
He appears to be at maximum medical improvement. There is a 16% impairment of his spine based on cervical disc protrusion at C5-6 and C6-7 and additional 10% impairment of his spine based on compression fractures of T6 and T9. No return appointment has been made.

Diagnosis: T6/T9 compression fractures, healed. Lumbar disc degeneration L4-5; L5/S1. Cervical disc protrusion C5-6, C6-7 without radiculopathy or myelopathy.

W. S. Edwards, M.D.
Spine Surgeon
Pee Dee Spine Center

This document was electronically signed on 10/31/2013

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Pee Dee Orthopaedic Associates, PA

W. S. (Bill) Edwards, Jr., M.D.
Surgery of the Spine
Surgery of the Neck & Back
Spine Trauma

Rakesh P. Chokshi, M.D.
Surgery of the Spine
Surgery of the Neck & Back
Spine Deformity
Spine Trauma

Patrick K. Denton, M.D.
Surgery of the Shoulder
Surgery of the Knee
Sports Medicine

Barry L. Clark, D.O.
Total Joint Reconstruction
General Orthopaedics

Nigel A.R. Watt, M.D.
Surgery of the Hip & Knee
Surgery of the Shoulder
General Orthopaedics

Robert E. Elvington, Jr., M.D.
Surgery of the Shoulder
Surgery of the Knee
Total Joint Reconstruction

Jason B. O'Dell, M.D.
Foot and Ankle Surgery
Lower Extremity Reconstruction
Lower Extremity Trauma

Matthew D. Welsch, M.D.
Surgery of the Hand
Surgery of the Wrist, Elbow & Shoulder

Anthony W. Alexander, M.D.
Physiatry
Spine Medicine

Dewey N. Ervin, M.D.
Office Orthopaedics

A. Cecil Bozard, Jr., M.D.
Office Orthopaedics

Joseph W. Dunlap, Jr., M.D., FACS
Surgery of the Hip & Knee

J. Lorin Mason, Jr., M.D.
Emeritus

Geoff McLeod
Practice Administrator

March 27, 2014

E. Hood Temple, Attorney at Law
Hatfield Temple, LLP
Post Office Box 1770
Florence, SC 29503

RE: Scott Ledford

Dear Mr. Temple:

It is a pleasure to respond to your inquiry regarding the above captioned patient as it relates to his current condition and future medical needs. I saw him last on October 31st, 2013 and felt that he was at maximum medical improvement. There is a 15% impairment of his spine based on cervical disc protrusion at C5-6 and C6-7. At this time I have not recommended any surgical treatment for this condition but if it deteriorates in the future he may need anterior cervical discectomy and fusion with anterior cervical plating at these levels. It is more likely than not that he will need future medical treatment even if surgical intervention is not required. This would include physical therapy for mechanical symptoms and therapeutic injections such as epidural steroid injections for any radicular symptoms. There is a 5% impairment of his spine based on his lumbar injury with lumbar strain/sprain with disc degeneration at L4-5 and L5/S1. Previous impairment statement related to his compression fractures from a previous injury in 2010 were not considered and these impairments given related to the cervical and lumbar region are the result of his motorcycle accident that occurred on March 10, 2012.

Pee Dee Orthopaedic Associates, P.A.
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He is likely to have difficulty with repetitive bending and lifting activities as well as the activities involving repetitive motion of his motion and overhead activities that would require extension or prolonged reaching.

I hope this information is of assistance to you and if there is anything further you need please let me know.

Sincerely,

W. S. (Bill) Edwards, Jr., M.D.
/pln

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SOUTHEASTERN SPINE INSTITUTE

LEDFORD, SCOTT A.
PL #631380
DOB: [redacted]
May 7, 2012

Mr. Ledford is seen as a new patient today. He is a 36-year-old white male who self-referred here. He was involved in an injury while training on July 15, 2010 as he is a South Carolina Highway Patrolman. He was in a tazing incident while he was training where he ended up having a fracture to his thoracic T6 and T9 levels. He was braced for 2-3 months. He states that since this incident, his quality of life has gone significantly down. His pain is to the mid to lower back. It is intense, achy, stabbing on occasion. He has numbness down his legs greater than left arm. He also has some right buttock and right hamstring pain. He has been followed with Dr. Mills who has done some epidural injections. He has done some EMG/nerve conduction studies. He has recently since gone back to work but was involved in another motorcycle incident on the job where he fractured his right ankle and has been booted, so is currently out. He quantifies his current condition as about a 7/10 on the visual analog pain scale, 75% to his back, 25% to his leg and about 25 % neck, 75% to his right greater than left arm. He states he is very active. He is very busy and an outdoorsman and he is very aggravated with his pain and he has not been improving.

Sitting, standing, rising from a sitting position, leaning forward, walking, driving, coughing, sneezing, and bending forward aggravates his pain. There is nothing that particularly will alleviate these symptoms.

Past Medical History: Unremarkable.

Family History: Positive for diabetes, hypertension.

Social History: The patient is employed as a state trooper, a motorcycle South Carolina Highway Patrolman. He denies alcohol, smoking, illicit drug use.

Drug Allergies: No known drug allergies.

Review of Systems: He admits to joint pain, stiffness, arthritis, numbness. Denies fever, appetite change, abdominal pain, shortness of breath, difficulty with urination.

Physical Examination: Mr. Ledford is a 36-year-old white male. He is 5 feet 10 inches tall, 192 pounds. He is alert and cooperative, oriented x3, in no acute cardiopulmonary distress. He is ambulatory. He is slightly antalgic. He does not have his right ankle boot on presently secondary increased pain in his back while wearing this. He was injured in April and is starting to come out of this. He has negative straight leg

(Continued)

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raising. He does not have an ankle flexion weakness on this left side. He does have some significant difference in hand grip and thumb extension to his upper extremity on the right and about a 4/5 on the right compared to the left thumb extension. Shoulder abductions are bilaterally strong and intact but it did elicit severe mid back pain. Lower extremity reflexes are present. No long tract signs noted. No dysvascular skin changes or lesions noted.

Radiologic Studies: He brought with him updated MRI imaging of his thoracic and lumbar spines taken in April of this year. He also had MRI imaging of his neck done in September of 2010.

Please refer to comments attached for impression, assessment and treatment plan.

Steven C. Poletti, M.D.

SCP/AT/jbb
T: 05/14/2012

LEDFORD, SCOTT A.
Patient #631380
[redacted]
May 7, 2012

Mr. Ledford has an unusual electrocution injury, which occurred when he was being tasered as part of a police training ritual in Horry County in July of 2010. After this he sustained a fracture of the T6 vertebra and T9 vertebra and underwent nonoperative care per Dr. Mills and Dr. Sarb. He has remained with neck pain, shoulder pain, bilateral arm numbness with exertional activity, mid-back pain; and when he wears his vest (bulletproof vest), he gets severe low back pain to the point where it is at times incapacitating. His pain is position related and variable but more recently been getting more intense to the point where it is interfering with most activities of daily living. He has a new MRI of his thoracic spine and lumbar spine and old MRIs of his cervical spine.

In review of his imaging study, he does have an acute compression fracture at T6 and T9 on the 2010 MRI. The high signal indicates that these fractures are new as of 7/28/10. X-rays taken recently and an MRI taken last month show that there is a disc protrusion at the L5-S1 level with retrolisthesis of L5 on S1 and bilateral neuroforaminal stenosis at L5-S1 consistent with disc disruption at the L5-S1 level. In the thoracic spine the fractures are healed. There is no residual spinal cord compression.

In the cervical spine MRI scan, there are some cuts on this spine screening, which suggest that there is some measure of posterior disc bulging at the C5-6 level and even some measure of posterior ligamentous hypertrophy causing a measure of cord indentation or compression at C5-6.

On his exam he does have hyperreflexia in his upper and lower extremities left greater than right and some measure of Hoffmann's signs in the upper extremities as well.

Diagnoses:

1. Cervical cord compression. Rule out cervical myelopathy.
2. Status post compression fracture at T6 and T9 with kyphotic deficit.
3. Disc disruption L5-S1.

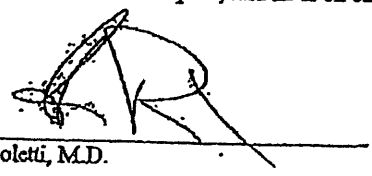
Comment: This man was healthy before this incident in 2010. The electrocution injury obviously caused some measure of spinal cord damage as manifested by the abnormal findings of hyperreflexia and a positive Hoffmann's sign. The degree of neurologic deficit he has is significant, and the question is what could be done about it. I do think that he needs to get an MRI with gadolinium contrasting of his cervical spine to completely evaluate the cord compression in the cervical spine. He potentially could be a candidate for surgery on this. In his thoracic spine he does not have a surgical option.

(Continued)

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Bracing is not an option at this higher level as it is hard to control the upper thoracic kyphosis with bracing. In the lumbar spine he potentially could be a surgical candidate; but the major concern is, with the mid-back issue even with optimal surgical intervention he may not subjectively improve.

His follow-up is to be with me after the MRI scan of his cervical spine, and he is on off-duty status.



Steven C. Poletti, M.D.

SCP/dmp
T- 5/15/12

SOUTHEASTERN SPINE INSTITUTE

LEDFORD, SCOTT A.
Patient #631380
[redacted]
May 16, 2012

Mr. Ledford returns in follow-up having had the cervical MRI scan. I have reviewed this. He has neck pain and right arm pain, and he does have a retrolisthesis of 5 on 6 with right-sided foraminal stenosis contributing to compression against his exiting C6 nerve.

This is something which could be explaining his neck and arm pain. It most likely is. In addition he has this severe mid-back pain and radiating pain from his T6 to T9 area, and this is radiating in the distribution of his mid-thoracic region consistent with the kyphosis and facet disruption at the T6 level as a consequence of his fracture. On top of that, he does have a degenerative disc in his lumbosacral spine, which is most likely contributing to some element of back and leg pain. If that's not enough, he fractured his ankle and is undergoing treatment for this.

With regards to the fracture, there is nothing that can be done at this point to restore vertebral body height. With regards to his symptoms from the fracture, potentially some form of pain management potentially to involve rhizotomy or injections around his costovertebral joints or facet joints at the T6 level could be of some benefit; and potentially this could give him some measure of relief. In his cervical spine it potentially could come down to surgery.

This man unfortunately has a combination of three things going on. One is the electrocution injury, second is the fracture at T6 with the consequence of the post-fracture changes, and the third is the disc herniation with radiculopathy in the cervical spine. His impairment is significant; and he has dysfunction as a consequence of the electrocution injury, which in my opinion will prevent him from working. Certainly some type of sedentary status may be indicated, but any kind of repetitive or exertional activity is most likely contraindicated.

His follow-up is to be with me after consultation with Dr. Netherton for consideration of the rhizotomy as described.

Steven C. Poletti, M.D.

SCP/dmp
T- 5/29/12

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SOUTHEASTERN SPINE INSTITUTE

LEDFORD, SCOTT A.
Patient #631380
[redacted]
May 16, 2012

Scott is seen in follow-up. He has an MRI scan of the cervical spine showing him to have right-sided C5-6 and C6-7 disc protrusions. He is getting some neck pain and some right arm numbness as reflected in his new patient note from 5/7/12. He has an old history of a T6 fracture and a T9 fracture and has severe pain into his mid back and has had this pain moderately severe for approximately two years. His pain seems to be more in the parathoracic region at the T6-7 level at the level of his upper fracture. His problem looks bad enough potentially to consider surgery. His mid back is something that potentially could be treated non-operatively. An injection such as a rhizotomy or evaluation for that could be of some benefit. He is going to follow up with me after this. [redacted]

Steven C. Poletti, M.D.

SCP/dmp
T- 7/2/12

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DISC RAD

Richard C. Holgate, M.D

The Southeastern Spine Institute
389 Johnnie Dodds Blvd
Suite 117A
Mount Pleasant, SC 29464
843-266-0720

FINAL REPORT

Patient: Scott Ledford
Patient Phone: ———
SSN: [redacted]
Patient #: 631380

Exam Date: 5/16/2012
Exam Name: Cervical
Modality: MRI
Referring Doctor: Poletti, Steven

Clinical Information: M/36 WITH PAIN DOWN THE CENTER OF SPINE,NUMBMESS IN BOTH SHOULDER AND ARM INTO HANDS,MAINLY IN THE RIGHT SINCE 7/10/10,INCREASE PAIN 3/3/12. RECENT TRAUMA. HT-5'10" WT-190 LBS.

TECHNIQUE: The patient is examined on the High Field GE Horizon LX High Speed MR System which functions at 1.0 Tesla. A dedicated spine coil is used to obtain high resolution images of the cervical spine. SERIES: 1) COR, T1, SE, 7 mm; 2) SAG, T2, FSE, 3 mm; 3) AX, T2, GRE, 4 mm. ADDITIONAL SERIES: 1) AX, T1, SE, 5 mm; 2) SAG, T1, SE/Fat Sat, 3 mm; 3) AX, T1, SE, 3 mm. 3D REFORMATIONS: 3mm REFORMATIONS PERFORMED IN 1) AX; 2)COR; 3)SAG/OBL RT; 4) SAG/OBL LT; 5) CORONAL PLANES.

CONTRAST: The first two T1 weighted axial sequences were carried out following injection of 19 cc of contrast. (With and Without Contrast)

OVERVIEW: Overview of the cervical spine shows there is normal marrow signal and normal bony alignment with no evidence of a congenital anomaly of the spine. The visualized paraspinal soft tissues which include the pulmonary apices and the proximal brachial plexus are within normal limits.

SPINAL CORD The spinal cord is demonstrated from the craniocervical junction down to the upper thoracic region. It is of normal caliber throughout showing no evidence of compression or enlargement and no area of focal signal abnormality to indicate the presence of intrinsic spinal cord disease. There is no evidence of abnormal enhancement within the spinal cord.

C2-3, C3-4, C7-T1. Mild noncompressive spondylosis.

C4-5, C5-6, C6-7. Osteophytes with severe bilateral foraminal stenosis.

3D REFORMATIONS: Because of movement between sagittal and axial sequences multiplanar 3D reformations were performed for accuracy and confirm the findings set out above. Please refer to the axial and oblique sagittal reformations for accuracy.

Opinion: MRI of the cervical spine including multi-planar reformations show a normal spinal cord and severe spondylosis with probable nerve root compression at C4-5, C5-6 and C6-7. No abnormal enhancement is seen in the cervical spine.

Patient: Scott Ledford
Patient #: 631380
Exam Name: Cervical
Exam Date: 5/16/2012

Richard C. Holgate, MD

SOUTHEASTERN SPINE INSTITUTE
1106 Chuck Dawley Blvd, Suite 200 ▪ Mt. Pleasant, SC 29464

Patient Name: Scott A Ledford Encounter Date: 3/5/2014 Date of Birth: [redacted]
Account Number: 631380

Mr. Ledford is seen in follow-up. He has a complicated history of a thoracic spinal fracture which occurred in a well documented taser incident. This resulted in a 50% compression fracture at T-6 and he has some persistent symptoms from this but improved to the point where he was able to return to work in a full duty capacity in law enforcement. He unfortunately was involved in a well documented motorcycle accident in which he suffered the injury to his ankle which resulted in surgery and he has suffered neck pain and low back pain as a consequence of this. Of note is that he did not have these neck symptoms and low back symptoms prior to the motor cycle accident and the symptoms that he is currently having with his neck and low back are in my opinion most likely related to the motorcycle accident.

I have reviewed his MRI scans showing him to have disc disruption at the lumbar sacral junction with exit foraminal stenosis and compression against the exiting L-5 roots bilaterally. In the cervical spine he has a disc herniation at C6-7 causing symptoms of cervical radiculopathy and nerve root compression.

Scott is very physically fit although he is limited from doing repetitive exertional activities. He has a definite impairment from his thoracic spine and from this ankle injury. This combines to make him a less than perfect candidate for cervical and lumbar surgery although I do believe most likely that he will require cervical fusion surgery and lumbar disc surgery versus disc replacement with regards to this. I do feel that cervical discectomy and fusion at C6-7 and the anterior lumbar discectomy and interbody fusion at L5-S1 could potentially have the affect of lessening his disability and I am in agreement that he should consider these. This is in fact the recommendation from Dr. Mills as well and it is certainly reasonable based on the injuries sustained in the motorcycle accident.

His impairment with regards to current lumbar radiculopathy is 10% to the whole person. His impairment with regards to cervical radiculopathy is 13% to the whole person. This would give him a total of 23% impairment specifically as a consequence of injuries sustained in his motorcycle accident.

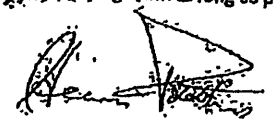
Diagnosis Codes:
722.0 DISPLACED CERVICAL INTERVERT DISC

Impression: Cervical Disc Herniation

Treatment Plan: He should be restricted specifically with regards to these and he should have light to sedentary restrictions. That is no overhead lifting greater than 20 pounds. No repetitive bending, twisting, pushing, pulling, no prolonged sitting for periods of 45 minutes or longer. Of note is that his impairment would be higher in the future should he undergo the surgical procedures as prescribed. For now I am recommending that he observe this. I think he will require regular nonoperative follow-up. I would recommend that he have nonoperative office visits every 2 to 3 months. He may require continuing on some measure of analgesic and anti-inflammatory medication. He may require future imaging and injections. I do believe that he is medically stationary from this. He may require these surgeries in the future but is medically stationary to the point where he is at maximal medical improvement as of today's date.

DIGITALLY SIGNED

The patient has told me that he has seen Dr. Bill Edwards in Florence who has followed him. Dr. Edwards has told the patient that he would recommend observing this even over the course of a couple of years perhaps. I would say that the treatment recommendations in terms of office appointments, potential future imaging, and the surgical interventions as described are likely to happen in the future, but it is likely if not probable that this man could go through an extended period of time where he does not receive active interventional treatment. That is he could go for a period of greater than a year where he does not consider this type of surgery. That would not make the above treatments contraindicated but delaying them as long as possible would be ideal and would be my recommendation.



Seen By: Steven C. Poletti, MD

Date:3/6/2014
SCP/dam

DIGITALLY SIGNED

SCOTT A LEDFORD
62711
DOB: [redacted]
04/02/2012

REF: ER CONWAY

SUBJECTIVE: The patient comes in today with continued pain. He is having thoracic, lower back and right ankle pain. He was released back in January to full duty. He does not feel that his pain ever really resolved and he is having trouble now tolerating full duty. Recently he had a motorcycle wreck and this exacerbated his pain. He was having pain in the upper back, lower back and in the right ankle. No fever. No bowel or bladder dysfunction.

OBJECTIVE: He has normal strength. Normal neurologic exam. He is tender over the lumbar region. Also, exam of the right ankle reveals swelling laterally over the distal fibula and lateral ankle ligament area.

X-RAYS: Lumbar x-rays with flexion and extension views show a transitional level. No spondylolisthesis. Thoracic x-rays show mild wedging amid thoracic vertebrae. Right ankle x-rays show no fracture.

ASSESSMENT: 1. Chronic thoracic and lumbar pain. Rule out right ankle distal fibula stress fracture.

PLAN: Thoracic and lumbar MRI. MRI of the right ankle. Warm and form corset. Equalizer boot. Mobic 15 mg daily. Nucynta 100 mg ER q. 12 hours. Equalizer boot. On an out of work status until I have a chance to review his scans.

William L. Mills, M.D. /5204
1795961

Chart Copy

fcc: Conway Medical Center Emergency Room

MAY. 2. 2012 2:17PM COA INSURANCE NO. 345 P. 4/13

LONG BAY
DIAGNOSTIC IMAGING

PATIENT: Ledford, Scott
DOB: [redacted]
MRN: 833315
PATIENT PHONE: [redacted]
PHYSICIAN: William Mills, MD
DATE: 4/17/2012

EXAM: MRI THORACIC AND LUMBAR SPINE WITHOUT CONTRAST

HISTORY: A 36-year-old male with persisting back pain dating to injury in 2010. Bilateral lower extremity pain associated.

COMPARISON STUDIES: Not available.

TECHNIQUE:
THORACIC: Following a sagittal T2W localizer, sagittal T1W/T2W/STIR, coronal T1W as well as axial T2W imaging sequences conducted through thoracic levels without intravenous contrast on the 1.5 Tesla GE Signa magnet.

LUMBAR: Sagittal T2W (with and without fat-saturation)/STIR, coronal T1W as well as axial T1W/T2W imaging sequences obtained without contrast.

FINDINGS:
THORACIC: Coronal imaging demonstrates no significant scoliosis. Included lungs and cervicothoracic soft tissues as well as those of the upper abdomen prove unremarkable on coronal imaging assessment.

On sagittal T2W localizing images, the least moderate if not more advanced central spinal canal stenosis is in evidence at the cervical spine (C5-C6, C6-C7) levels. There appears to be associated impressions made of impingement upon the volar aspect of the cervical cord.

There is mild anterior wedge configuration at T6. Remaining osseous vertebrae demonstrate unremarkable height and signal as well as alignment. Outlines, signal in caliber of the thoracic cord and included conus unremarkable. There is a mild posterior disc bulge effacing CSF ventral to the cord at T8-T9 and to a lesser degree at T9-T10 without significant impingement upon the cord itself. Mild to moderate loss of disc space height and signal of desiccation is found at mid thoracic segmental levels.

LUMBAR: Coronal imaging demonstrates no significant thoracolumbar scoliosis. Included T1W outlines of hollow and solid viscera unremarkable. Pelvic ring and proximal femora unremarkable as included. Abdominal aorta tapers normally to the bifurcation and beyond. Soft tissues of the included retroperitoneum and paraspinal levels prove

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(843) 916-9460 FAX

MAY. 2. 2012 2:17PM COA INSURANCE NO. 345 P. 5/13

unremarkable on axial and sagittal assessments.

Signal characteristics, outline and caliber of the conus and cauda equina appear unremarkable. The tip of the conus is found at L1-L2. There is transitional anatomy at L5-S1 - there is "lumbarization" of the S1 vertebral body.

At and above the L4 level, central spinal canal and neural foramina are found patulous throughout. Disc space and vertebral body height, signal and alignment is well maintained.

At L4-L5, there is a mild to moderate circumferential disc bulge present, which has mild effacing effect upon the volar aspect thecal sac. In concert with mild to moderate hypertrophic ligamenta flava and bony facet changes, a mild triangular central spinal canal stenosis results. Neural foramina reasonably patulous.

At L5-S1, there is reasonable disc space height with moderate loss of signal of desiccation. There is a mild to moderate circumferential disc bulge present, which has a slight concave effect upon the volar aspect thecal sac. There is crowding of the lateral recesses, especially the left in concert with moderate hypertrophic ligamenta flava and moderate to more exuberant hypertrophic bony facet changes. Mild to moderate symmetric neural foraminal narrowings are present.

At S1-S2, the central spinal canal and neural foramina appear patulous.

Osseous column outlines, signal and alignment otherwise unremarkable. There is a mild straightening of the normal lordosis.

IMPRESSION:
1. Moderate if not more advanced central spinal canal stenosis with impingement upon the cervical cord is manifested at C5-C6 and C6-C7 levels, seen incidentally. Recommend MRI cervical spine assessment.
2. Only mild hypertrophic spondyloarthropathy changes involve the thoracic and lumbar levels. No significant central spinal canal nor neural foraminal encroachment.
3. Otherwise, unremarkable examinations.

David Kallman, M.D.
DK/lb

DD: 4/13/2012
DT: 4/18/2012
Job: 14977691

This document has been electronically reviewed and signed by David Kallman, M.D.

MAY. 2. 2012 2:18PM COA INSURANCE NO. 345 P. 6/13
105

LONG BAY
DIAGNOSTIC IMAGING

PATIENT: Ledford, Scott
DOB: [redacted]
MRN: 538315
PATIENT PHONE: 843-241-5750
PHYSICIAN: William Mills, MD
DATE: 4/17/2012

EXAM: MRI RIGHT ANKLE WITHOUT CONTRAST

HISTORY: 36-year-old male with a swelling and pain since trauma one month ago.

COMPARISON STUDIES: Not available.

TECHNIQUE: Sagittal T1W/STIR; axial and coronal T1W/fat-saturated PDW imaging sequences acquired at the ankle without contrast on the 1.5 Tesla GE Signa magnet.

FINDINGS: There is patchy bright (STIR/fat-saturated T2W) signal change in the posterior malleolus level, distal tibia and opposing posterior pole of the talus. There is irregularity of outline and low signal linear changes in the outline of the posterior pole of the talus. There is a small tibiotalar joint effusion, particularly at the posterior recess. Posterior ligaments appear intact. There is a small amount of fluid about the flexor hallucis longus tendon at sheath found closely adjacent to this level. The posterior ligaments appear intact. There is a mild signal increase (STIR/fat-saturated T2W) at the subcutaneous soft tissues in front of the lateral malleolus. No underlying fracture nor ligamentous disruption.

Remaining osseous soft tissue outlines of the ankle and included foot prove unremarkable.

IMPRESSION:
1. The most striking finding is opposing marrow edema (consistent with contusion) signal change at the posterior pole talus and posterior malleolus of the distal tibia. There may be minor fracturing change associated at the outline of the posterior talus.
2. Nonspecific soft tissue edema anterolateral of the lateral malleolus without focal underlying internal derangement.
3. Findings consistent with tenosynovitis at the flexor hallucis longus level.

David Kallman, M.D.
DK / dg

DD: 4/18/2012
DT: 4/18/2012
Job: 14978217

900 21ST AVENUE NORTH
MYRTLE BEACH, SC 29577
(843) 916-1700
(843) 916-9460 FAX

MAY. 2. 2012 2:18PM COA INSURANCE NO. 345 P. 7/13

Patient: Ledford, Scott
MRN: 838315
Exam: MRI RIGHT ANKLE WITHOUT CONTRAST

This document has been electronically reviewed and signed by David Kallman, M.D.

MAY. 2 2012 2:18PM COA INSURANCE NO. 345 P. 8/13
107

SCOTT A LEDFORD
62711
DOB: [redacted]
8/9/2012

REF: ER CONWAY

Scott is here for follow up, right ankle sprain.

SUBJECTIVE: He reports continued pain and swelling over the lateral aspect of his right ankle. He has been not yet authorized to begin physical therapy. He states he has been wearing his boot.

OBJECTIVE:
PHYSICAL EXAMINATION: Anatomic alignment of the bilateral lower extremities, with gait antalgic to the right side. He demonstrates mild swelling over the lateral aspect of the right ankle and hindfoot, and mild limitation of dorsi and plantar flexion. He demonstrates full range of motion and complete stability of the left ankle, bilateral hindfoot, midfoot, and forefoot joints, and muscle strength and tone is normal. He is tender over the anterolateral aspect of the right ankle, as well as the sinus tarsea region.

ASSESSMENT: Unrehabilitated ankle sprain, right ankle.

PLAN: Diagnosis and treatment options were discussed and reviewed. Scott is highly motivated to return to work, but has not yet received necessary treatment for his ankle injury. I have recommended he continue in the Cam walking boot and we keep his work status unchanged, pending treatment of his ankle injury. Again, he would require a course of physical therapy for range of motion and strengthening, as well as ankle stabilizing exercises. It is only after such a course of physical therapy is he likely to improve. He will follow up again in 4-6 weeks time.

Rose Taylor, M.D. /5127
2165628

Chart Copy

NO. 166 P. 3/14
OCT. 8. 2012 8:41AM COA INSURANCE

SCOTT A LEDFORD
62711
DOB: [redacted]
11/15/2012

REF: ER CONWAY

The patient is here for follow up of persistently painful right sprained ankle.

SUBJECTIVE: He has completed 12 visits of physical therapy with modest to no relief. He points to the anterolateral aspect of the right ankle joint. The pain in this area is dull and aching in nature. It is exacerbated by standing, walking and weightbearing, and somewhat relieved by rest.

OBJECTIVE:
PHYSICAL EXAMINATION:
MUSCULOSKELETAL: Anatomic alignment of the bilateral lower extremities. He is edematous about the right ankle joint. He demonstrates limitation of dorsiflexion to 8 degrees on the right versus 15 on the left. He demonstrates limitation of plantar flexion to 30 degrees on the right, 40 degrees on the left. He demonstrates full range of motion and complete stability of the bilateral subtalar, midfoot and forefoot joints. Musole strength and tone is normal. He is tender over the posterolateral aspect of the left ankle in the area of Stieda process but not along there peroneal tendons. He is tender over the anterolateral aspect of the right ankle where palpable crepitus is induced with dorsiflexion.
HEART: Regular rate and rhythm.
LUNGS: Clear to auscultation bilaterally.

ASSESSMENT:
1. Probable impingement lesion, right ankle. Could not rule out osteochondral lesion.
2. Posterior impingement syndrome, right ankle.

PLAN: Diagnosis and treatment options were discussed and reviewed with the patient. Based on lack of response to conservative treatment it is unlikely additional physical therapy and/or bracing, or other conservative modalities would lead to adequate improvement. To reach full MMI and maximal function he will require surgery. Surgery would involve an arthroscopic debridement of the ankle joint done through an anterior approach and assessment of the cartilage surface. Any underlying cartilage pathology may need to be simultaneously treated. He would then require change to prone position for arthroscopic versus open resection of Stieda process. Outline of all surgical incisions, nature of the surgery and the

DEC. 11. 2012 2:58PM COA INSURANCE NO. 007 P. 3
109

potential risks associated with the surgery, including risk of continued pain, nerve injury, numbness or tingling about the foot, complex regional pain syndrome, deep vein thrombosis or infection were discussed, reviewed and expressed as understood. He is out-of-work.

Ross Taylor, M.D. /5142
2457145

Chart Copy

011 DEC. 11. 2012 2:58PM COA INSURANCE NO. 007 P. 4

SCOTT LEDFORD
62711
DOB:
01/30/2013

REF:

DATE OF SURGERY: 1/30/13

PLACE OF SURGERY: CB&J.

PROCEDURE PERFORMED: Right ankle arthroscopy with debridement and resection of osteophyte as well as open resection posterior process talus.

DISCHARGE INSTRUCTIONS: Ice, elevation, nonweightbearing right lower extremity, short leg splint.

FOLLOWUP INSTRUCTIONS: He will be placed in a cam walking boot and may begin weightbearing and will begin physical therapy.

Ross Taylor, M.D. /15
266/668

Chart Copy

111

COASTAL
ORTHOPEDICS
Specializing in You

SCOTT LEDFORD
Date: 2/12/2013
Case No. 62711
DOB: [redacted]

Patient is here for follow up, status post right Ankle arthroscopy and open resection of os trigonum 1/30/2013.

SUBJECTIVE: No pain

OBJECTIVE: Anatomic alignment of bilateral lower extremities. Incision line is intact. No calf tenderness or swelling is present. Distal neurovascular status is intact. Gait is Nonweightbearing.

RADIOGRAPHS: None.

ASSESSMENT: S/P. right Ankle arthroscopy and open resection of os trigonum.

PLAN: Cam walking boot and weightbearing to pain tolerance. Begin physical therapy for range of motion and strengthening. Work status is unchanged. Follow up in 3-4 weeks time.

Ross Taylor, M.D.

Cc: None.

SCOTT A LEDFORD REF:
62711
DOB: [redacted]
03/12/2013

He is here for followup status post right ankle scope and open resection of os trigonum on January 30, 2013.

SUBJECTIVE: He has been to 2 visits of physical therapy. He is weight bear in a CAM walking boot, except when he goes to therapy and then he weight bears in his shoe. He is having no difficulty.

OBJECTIVE: Anatomic alignment of the right lower extremity. His peroneal strength, right lower extremity, is 4/5 on the right, invertor strength is 4/5. No calf tenderness or swelling are present. Gait is slightly antalgic to the right side in a CAM walking boot.

ASSESSMENT: Status post open resection of os trigonum and a right ankle scope on January 30, 2013.

PLAN: He will continue physical therapy for strengthening exercises. Work status is unchanged. He will wear his boot at all times, unless at physical therapy, and then he will follow up in 4 weeks for reexamination.

J. Chris Lewis, PA-C
for Ross Taylor, M.D. /5142
2794444

Chart Copy

COASTAL
ORTHOPEDICS
Specializing in You

Scott Ledford
Date: 4/11/2013
Case No. 62711
DOB: [redacted]

Patient is here for followup status post right ankle arthroscopy and open resection of os trigonum on 1/30/2013

SUBJECTIVE: He reports to have mild stiffness and discomfort right ankle.

OBJECTIVE: Anatomic alignment of the bilateral lower extremities. Gait is nonantalgic. Full range of motion and complete stability bilateral ankle hindfoot midfoot and forefoot joints with the exception of mild limitation of dorsi and plantarflexion of the right ankle.. Muscle strength and tone is normal.

RADIOGRAPHS: None.

ASSESSMENT: Status post. right ankle arthroscopy and open resection of os trigonum

PLAN: Continue physical therapy. Discontinue boot. Work status is unchanged. May return to regular shoe. Follow up again in 4-5 weeks' time for rate and release.

Ross Taylor, M.D.

Ecc:

2012053

LOWE'S THERAPY

PHYSICAL THERAPY
OCCUPATIONAL THERAPY

507 W. CHEVES STREET
FLORENCE, S.C. 29501-4494
TELEPHONE 843-669-8841
FAX NO. 843-669-7144

February 28, 2014

Patient: Scott Ledford [redacted]

Impairment Rating

Scott was first seen on February 28, 2014 for an impairment rating following a functional capacity evaluation. The areas of evaluation include cervical and lumbar spine along with the right ankle. Mr. Ledford was involved in an accident on March 10, 2012 while employed as a Highway Patrolman. He is currently retired.

The Guides to the Evaluation of Permanent Impairment, 5th Edition was used to estimate impairment. He is at maximal medical improvement.

The cervical spine has a diagnosis of a retrolisthesis at C6 causing pressure on the spinal cord. He has a loss of motion of the cervical spine with rotation and side bending toward the right. He also has a weakness of his grip strength of approximately 30% of his right dominant hand.

The DRE method was used to estimate the impairment of the cervical spine and is found in table 15-5; page 392. The radicular signs put him in a category III with a 15% whole person impairment related to the cervical spine.

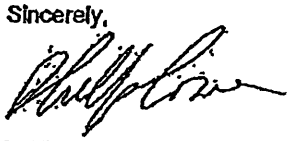
The second area examined is the lumbar spine. He has a diagnosis of a disc disruption of L5/S1 without radicular signs. Table 15-3; page 394 provides for a 5% whole person impairment related to the lumbar spine.

The right ankle has a minimal loss of eversion and weakness of dorsiflexion, eversion and plantar flexion. He has a 1 cm circumference difference in the right calf compared to the left. Page 530; table 17-6 provides for a 4% lower extremity impairment due to the severe ankle sprain. He was treated with physical therapy and had an open debridement and resection of an osteophyte through an arthroscopy.

In summary he has a 15% whole person impairment of the cervical spine. A 5% whole person impairment for the lumbar spine and a 4% right lower extremity impairment related to the ankle.

Should you have any questions, please feel free to contact me. Thank you for the referral to Lowe's Physical Therapy.

Sincerely,



Phillip Lowe, P.T./Certified Disability Examiner II

PL/ab

2012053

Vocational Assessment

Date	May 20, 2014
Name of referral source Address	E. Hood Temple, Attorney at Law Hyman Law Firm, LLP 170 Courthouse Square Florence, SC 29503-1770
Evaluee Date of Birth Age SSN	Scott A. Ledford 38 [redacted]
Employer	South Carolina Highway Patrol
WCC #	1009581 / 1202545
Date of Injury Date of Assessment	July 10, 2010 / March 10, 2012 March 18, 2014

Background Information
This vocational assessment was requested by the claimant's attorney to determine the vocational impact of Mr. Ledford's injuries sustained on July 10, 2010 and March 10, 2012 while working for the South Carolina Highway Patrol. Prior to beginning the assessment, the following disclosures were provided to Mr. Ledford: the purpose of the assessment, referral source, scope of services requested, and limits of confidentiality. Mr. Ledford was alert and oriented throughout the assessment. He was appropriately groomed and articulate. He wore blue jeans and a T-shirt. He stood up several times during the assessment due to reported injury-related symptoms. He ambulated with no observed problems and used no assistive devices. The assessment was concluded in two hours.

Medical Information
Mr. Ledford provided the following information in the vocational interview.

History of injury. Mr. Ledford was initially injured on July 10, 2010 while attending training with the South Carolina Highway Patrol. The training was related to the use of the taser. He states that he was tased and he sustained fractures to his T6 through T9 vertebra. He sustained reduced height to his vertebra as well as nerve damage and cervical spine problems at C4-5 and C5-6. He reported his initial injury from the incident and he called his supervisor. He states that he developed problems related to being unable to breathe effectively. The day after the incident he states that he collapsed and he lost feeling in his extremities. His wife took him to Conway Medical Center and then he

was referred to Dr. Mills. He received MRIs, and was placed in a cast for immobilization. He underwent neurological assessments. He attempted to return to work and his right arm was going numb intermittently. He had to take breaks during his work shift due to his symptoms. He was working as a motorcycle trooper at the time.

On March 10, 2012 Mr. Ledford was pursuing someone in Conway when he lost control of his motorcycle. He sustained a fracture to his right ankle that required surgery with Dr. Taylor. He received physical therapy. He continues to have problems with his right leg giving out. He states that he last saw Dr. Taylor more than a year ago and was released at that time.

Mr. Ledford began seeing Dr. Poletti approximately two years ago. He states that workers' comp sent him to Dr. Edwards. He last saw Dr. Poletti one and one-half weeks prior to this assessment. Dr. Poletti is recommending a rhizotomy and is also recommending cervical surgery consisting of a fusion at C4 through C7.

Secondary medical issues. Mr. Ledford has high blood pressure. He underwent a stress test and is currently on no medications. In the past he injured his left index finger, stating that he amputated the tip of the finger while riding his motorcycle off duty.

Current medical status. Mr. Ledford currently experiences pain in his left neck area radiating down his right arm. He has no feeling in his right arm at times. He also experiences a loss of strength in his right arm. The pain shoots down to his buttocks at times. He states that his L5 disc is deteriorated. He experiences pain up to 8/10. He experiences daily pain rated at 3-4/10. The pain is always present. He is currently taking no prescription medications. He also experiences ongoing low back pain. Mr. Ledford states that his right arm will become numb at night. He usually sleeps by himself. He experiences numbness in his right arm every day lasting up to 15 minutes.

Daily activities. Mr. Ledford states that he is up at 5:00 a.m. and he helps with the children. The children leave and Mr. Ledford will lie on the couch and use a heating pad. He calls his employees to check on their progress. He runs errands for the house and he goes to the gym for an hour. He stretches and walks at the gym. He picks up the children at 2:00 p.m. and starts them on homework until 3:30 or 4:00. He fixes dinner and sends the children for showers and bed. He has trouble sitting for prolonged periods of time and is required to walk and stretch. He goes to the grocery store approximately 25 percent of the time.

Education and Training
Mr. Ledford attended Horry Georgetown Technical College in pursuit of his criminal justice associate's degree. He was unable to complete his last class for this degree because he went to the police academy. He states that the requirements have since changed and he is now required to have two electives and one computer class in order to complete his requirements for the associate's degree.

Mr. Ledford attended the police academy in 1996 and 1997 The academy lasted nine weeks and he later attended the highway patrol academy for three months. Mr. Ledford is certified to carry a firearm. This certification lasts for three years and he last qualified for the certification in May of 2011. He is undecided on what he will do regarding his renewal.

Military Experience
Mr. Ledford has no military experience.

Work History

1. Pro Cutters Lawn and Landscape LLC, beginning around 1996 or 1997. Mr. Ledford has been performing this type of work for 20 years and he started his own business in 1996 or 1997. His wife handles the daily operation of the business. He will check on his employees. He states that he does no lifting when he goes out to the job site. He will sit on a mower and use it, stating that he used the mower five times last year. He will sub out the bush hog jobs. He does not earn any personal income from this business. He states that 85 percent of the business is in his wife's name. He has three employees, one of whom is full time. He provides residential and commercial lawn care services. Currently he spends about five hours per week in activity related to this business. Prior to his injury he worked 40 to 50 hours per week during the high season. He estimated the family income from this business in 2013 to be approximately $45,000.00 gross earnings.
   406.684-014 GROUNDSKEEPER, INDUSTRIAL-COMMERCIAL
   SVP: 3
   GED: 2 1 2
   STRENGTH: M

2. Ledford Outdoors, starting in approximately 2009. Mr. Ledford opened this business in the hope of being able to take people on outdoors adventures. He did not ever make a profit in this business. He indicates that he was ramping up this business prior to his injury and after his injury he was unable to pursue this business. He did not earn any profit and he plans to close the business.

3. South Carolina Highway Patrol, approximately 2004. Mr. Ledford performed highway patrol duties working from a motorcycle in Horry County. He was on the ACE team (Aggressive Criminal Enforcement). He last earned approximately $42,000.00 annually.
   375.263-018 STATE-HIGHWAY POLICE OFFICER
   SVP: 6
   GED: 4 2 3
   STRENGTH: M

4. Horry County Police Department, motorcycle policeman and K9 duties, beginning in 1999. He last earned approximately $33,000.00 annually in this job.
   375.263-014 POLICE OFFICER I
   SVP: 6

GED: 4 2 3
STRENGTH: M

5. Georgetown City Police Department, 1997 to 1998, regular patrol duties. He last earned approximately $20,000.00 annually in this job.
   375.263-014 POLICE OFFICER I

6. While in high school and college Mr. Ledford worked on a golf course to provide grounds maintenance. He also worked as a lifeguard for one month.
   406.683-010 GREENSKEEPER II
   SVP: 3
   GED: 2 1 2
   STRENGTH: M

Analysis of Worker Traits
This information results from the analysis of Mr. Ledford's work history utilizing information provided in the Dictionary of Occupational Titles.

Aptitudes are the specific abilities required of an individual to perform a given work activity.

Mr. Ledford's work history indicates an average ($34^{th} - 65^{th}$ percentile) aptitude ability in the areas of:

- General Learning Ability
- Verbal Aptitude
- Spatial Aptitude
- Form Perception
- Clerical Perception
- Motor Coordination
- Manual Dexterity
- Eye/Hand/Foot Coordination

Mr. Ledford's work history indicates a below average ($10^{th} - 33^{rd}$ percentile) aptitude ability in the areas of:

- Numerical Aptitude
- Finger Dexterity
- Color Discrimination

Mr. Ledford's work history indicates a specific vocational preparation level of 6 (skilled): 1 year up to and including 2 years. Specific vocational preparation is the amount of lapsed time required by a typical worker to learn the techniques, acquire the information, and develop the facility needed for average performance in a specific job-worker situation (The Revised Handbook for Analyzing Jobs, U.S. Department of Labor, 1991).

The occupations reported by Mr. Ledford indicate the following GED levels. GED levels

are expressed on a scale of 1 – 6, with 1 representing the lowest level of function and 6 representing the highest.

- Reasoning Development = 4
- Mathematical Development = 2
- Language Development = 3

GED embraces those aspects of education (formal and informal) which contribute to the worker's (a) reasoning development and ability to follow instructions, and (b) acquisition of "tool" knowledge such as language and mathematical skills. Ordinarily, such education is obtained in elementary school, high school, or college. However, it may be obtained from experience and self-study (source: The Revised Handbook for Analyzing Jobs, U.S. Department of Labor, 1991).

Mr. Ledford's work history is reflective of the following Job Temperaments, defined as common situations to which the worker must adapt:

- Performing repetitive or short-cycle work
- Performing a variety of duties
- Performing effectively under stress
- Attaining precise set limits, tolerances and standards
- Dealing with people
- Making judgments and decisions

Mr. Ledford's work history is reflective of the following Work Fields, defined as categories of technologies that reflect how work gets done and what gets done as a result of the work activities of a job:

Semi-Skilled

- Plant Cultivating
- Cleaning

Skilled

- Protecting
- Investigating

Mr. Ledford's work history is reflective of the following Materials, Products, Subject Matter, or Services (MPSMS). The Work Performed component of MPSMS includes: 1. Basic Materials processed, such as fabric, metal or wood. 2. Final Products made, such as automobiles; cultivated, such as field crops; harvested, such as sponges; or captured, such as wild animals. 3. Subject Matter or data dealt with or applied, such as astronomy or journalism. 4. Services rendered, such as barbering or janitorial:

- Miscellaneous Services, NEC
- Protective Services, except Military
- Horticultural Specialty, Forest Trees/Products

Personal Data

Mr. Ledford currently lives at [redacted] (29588), where he has lived for seven years. He and his wife own the home in which they live. He has been married for 15 years and his wife works as a schoolteacher. He and his wife have three

children who are 6, 9 and 11 years of age. All the children are in the home. Mr. Ledford is from the Lake George area of New York. Mr. Ledford moved to South Carolina in the ninth grade and he graduated from Socastee High School in 1994. Mr. Ledford does not smoke or use alcohol.

Basic Skills
Mr. Ledford will read any material if he is interested in it. He uses two fingers to type on a computer keyboard. While working for the highway patrol he used a computer to enter tickets. He is able to use the Internet and email. He has never typed a formal letter on a computer. He denies any knowledge or experience in the use of spreadsheets such as Excel. His wife handles all the family financial matters, such as paying the bills. Mr. Ledford has not maintained a balance or reconciled a checking account in the past.

Avocational
Mr. Ledford indicates that he hunts and he throws baseball, stating that these activities are reduced. He rides his Harley one to two times per year. He goes to the gymnasium but does not lift heavy weights. Prior to his injury he coached his son's baseball team. He also took trips to Colorado and Washington State but has not had any clients for his company in three years.

Financial Data
Mr. Ledford currently receives workers' compensation benefits in the amount of $564.95 weekly. He also receives police officer retirement benefits in the amount of approximately $2,000.00 monthly and has been receiving this benefit for approximately a year. His wife returned to work in August of 2013 in a full-time capacity due to the family financial situation.

Work Restrictions
Physician's description.
08-15-13 - Jason B. O'Dell, MD: "... He would be able to do light work only, his previous job would have been heavy work as a motorcycle patrolman..."

05-23-13 - Ross N. Taylor, MD: "... Although he has done well he will be unable to safely tolerate running, cutting, pivoting or unpredictable surfaces..."

Vocational Plans
Mr. Ledford plans to pursue his studies at Greenville Technical College. He is unsure about his future educational pursuits and his vocational outlook.

Vocational Test Results
The Wide Range Achievement Test, Revision 4 (WRAT4, green form) was administered to the claimant. Mr. Ledford was able to complete all subtests administered according to standardized test conditions. The results of the test are shown below.

	Raw score	Standard Score	Qualitative Description	Percentile	Grade Equivalent
Word Reading	60	97	Average	42	12.5
Sentence Comprehension	48	104	Average	61	>12.9
Spelling	44	97	Average	42	12.7
Math Computation	40	94	Average	34	10.1

Review of Records

Atlantic PT notes reviewed

Community Rehab and PT notes reviewed

Doctor's Care notes reviewed

03-10-12 Conway Medical Center ER assessment for right ankle injury

03-10-12 Horry County Fire Rescue reports reviewed

04-02-12 William L. Mills, MD follow-up for thoracic, lower back and right ankle pain

04-17-12 MRI right ankle

04-17-12 MRI thoracic and lumbar

04-20-12 William L. Mills, MD follow-up: Out of work

05-07-12 Steven C. Poletti, MD consult: "... He is a 36-year-old white male who self-referred here. He was involved in an injury while training on July 15, 2010 as he is a South Carolina Highway Patrolman. He was in a tazing incident while he was training where he ended up having a fracture to his thoracic T6 and T9 levels... The electrocution injury obviously caused some measure of hyperreflexia and a positive Hoffman's sign. The degree of neurologic deficit he has is significant, and the question is what could be done about it..." He outlined a plan for diagnostics.

05-16-12 Steven C. Poletti, MD follow-up: "... This man unfortunately has a combination of three things going on. One is the electrocution injury, second is the fracture at T6 with the consequence of the post-fracture changes, and the third is the disc herniation with radiculopathy in the cervical spine..."

05-16-12 MRI cervical

06-04-12 William L. Mills, MD follow-up: "He has right hand numbness and right arm pain, lower back pain...

Assessment:
1. C5-6, C6-7 spondylosis with right cervical radiculopathy.
2. L5-S1 spondylosis.

Plan: Treatment options were discussed. I recommend ACDF at C5-6 and C6-7 with LRD system, also ALIF at L5-S1. He probably wants to get his neck done first."

06-19-12 J. Chris Lewis, PA-C, Ross Taylor, MD consult for right ankle

06-20-12 Ellen E. Rhame, MD consult for right greater than left thoracic pain

07-18-12 Bennett D. Grimm, MD follow-up: "... He does have a compression fracture at the T6 level secondary to a training exercise for the highway patrol where he was tased. This kicked off a cascade of numbness and weakness in his right upper extremity with also right lower extremity symptoms as well..."

08-09-12 J. Chris Lewis, PA-C, Ross Taylor, MD follow-up for right ankle

08-09-12 Ross Taylor, MD "To Whom It May Concern" letter

11-15-12 Ross Taylor, MD follow-up for right ankle

11-15-12 Ross Taylor, MD follow-up

01-08-13 J. Chris Lewis, PA-C H&P

01-30-13 Ross N. Taylor, MD operative report:
1. Anterior arthroscopy with debridement of impinging synovium as well as resection of anterior distal tibial osteophyte.
2. Open resection of posterior process of talus.

02-12-13 Ross Taylor, MD follow-up

03-12-13 Ross Taylor, MD follow-up

04-11-13 Ross Taylor, MD follow-up

05-23-13 Ross N. Taylor, MD follow-up: He recommended MMI and 7 percent residual impairment. "... Although he has done well he will be unable to safely tolerate running, cutting, pivoting or unpredictable surfaces..."

08-15-13 Jason B. O'Dell, MD IME right ankle: He recommended 18% lower extremity impairment, "... He would be able to do light work only, his previous job would have been heavy work as a motorcycle patrolman..."

10-31-13 W.S. Edwards, MD MRI review: He recommended MMI and 15% impairment to the spine.

03-05-14 Steven C. Poletti, MD follow-up: "... Scott is very physically fit although he is limited from doing repetitive exertional activities. He has a definite impairment from his thoracic spine and from this ankle injury. This combines to make him a less than perfect candidate for cervical and lumbar surgery although I do believe most likely that he will require cervical fusion

surgery and lumbar disc surgery versus disc replacement with regards to this. I do feel that cervical discectomy and fusion at C6-7 and the anterior lumbar discectomy and interbody fusion at L5-S1 could potentially have the effect of lessening his disability and I am in agreement that he should consider these. This is in fact the recommendation from Dr. Mills as well and it is certainly reasonable based on the injuries sustained in the motorcycle accident.

"... He should be restricted specifically with regards to these and he should have light to sedentary restrictions. That is no overhead lifting greater than 20 pounds. No repetitive bending, twisting, pushing, pulling, no prolonged sitting for periods of 45 minutes or longer. Of note is that his impairment would be higher in the future should he undergo the surgical procedures as prescribed. For now I am recommending that he observe this. I think he will require regular nonoperative follow-up. I would recommend that he have nonoperative office visits every 2 to 3 months. He may require continuing on some measure of analgesic and anti-inflammatory medication. He may require future imaging and injections. I do believe that he is medically stationary from this. He may require these surgeries in the future but is medically stationary to the point where he is at maximal medical improvement as of today's date..."

01-27-11	William L. Mills, MD follow-up for T6 compression fracture
09-29-10	William L. Mills, MD follow-up for T6 compression fracture
08-17-10	William L. Mills, MD follow-up for T6 compression fracture
07-28-10	MRI thoracic
07-28-10	Amanda C. Barber, PA-C, William L. Mills, MD consult: "... He complains of thoracic pain with associated numbness in both of his upper extremities, right greater than left.
07-27-10	Doug T. Vick, PA-C, J. Stewart Haskin, MD consult for T7 compression fracture
07-28-10	MRI thoracic spine

Adjusted vocational profile

Transferable Skills Analysis. A formal transferable skills analysis was conducted using Skilltran based on Mr. Ledford's residual restrictions as outlined by Dr. Taylor and Dr. O'Dell. The restrictions effectively place Mr. Ledford in a "light" strength capacity with additional limitations on running, cutting, pivoting and traversing uneven surfaces.

Mr. Ledford has access to the following list of transferable occupations based on this analysis.

TRANSFERABILITY TABLE

Match Type	Selected	Transferability	Training
Closest	3	Excellent	Minimum, Familiarization Only
Good	3	Good To Moderate	Some in Tools and/or Materials
Fair	5	Fair, Develop a Plan	Must train in Tools and/or Materials
Potential	0	Low, Plan Development and Training	Must train in Tools and Materials

MATCH LIST

Code	Occupation	Industry	SVP	Str	Level
372.667-030	Gate Guard	Any Industry	3	L	Closest
372.667-038	Security Guard	Business Services	3	L	Closest
915.583-010	Lot Attendant	Retail Trade	3	L	Fair

Labor Market Survey

A labor market survey was conducted using the South Carolina Department of Employment and Workforce (SCWorks.org) and other generally accepted resources. Jobs were reviewed based on Mr. Ledford's vocational profile as outlined in this report. The map on the right shows the approximate geographical area available to the claimant.



Summary of survey

Protective Service	120 jobs reviewed
Transportation & Material Moving	500 jobs reviewed

Vocational Analysis and Conclusions

Mr. Ledford is a 38-year-old former highway patrol trooper who was attending a training class on July 10, 2010 when he was tased as part of the training. He sustained injuries to his spine as a result of this incident. He was initially evaluated and treated at Conway Medical Center. He was referred to Dr. Mills for treatment and was immobilized. After returning to work, Mr. Ledford sustained injuries on March 10, 2012 when he lost control of his motorcycle. He sustained a fracture to his right ankle and he underwent surgery with Dr. Taylor on January 30, 2013. He also entered into treatment with Dr. Poletti on May 7, 2012 for ongoing problems related the July 10, 2010 accident. Dr. Mills evaluated him for right upper extremity and cervical problems on June 4, 2012. Dr. Taylor recommended MMI on May 23, 2013 and assigned a 7 percent impairment related to the right ankle injury. He also provided the following work statement: "... Although he

has done well he will be unable to safely tolerate running, cutting, pivoting or unpredictable surfaces..." Mr. Ledford attended an IME appointment with Dr. O'Dell on August 15, 2013. Dr. O'Dell recommended an 18 percent lower extremity impairment and provided the following work statement: "... He would be able to do light work only, his previous job would have been heavy work as a motorcycle patrolman..."

Mr. Ledford worked in law enforcement beginning in 1997. He began his career performing regular patrol duties. In 1999 he began operating a motorcycle while performing usual duties of a law enforcement officer. In approximately 2004 he began work as a motorcycle trooper for the South Carolina Highway Patrol and continued to perform these duties until 2010 when he sustained his first injury. This work is classified as "medium" in physical demands, although work as a law enforcement officer can exceed a "medium" level based on the need to apprehend suspects. Mr. Ledford also worked in the lawn and landscape business for about 20 years. He opened his own business in 1996 or 97. He reportedly worked 40 to 50 hours per week concurrently with his Highway Patrol duties. This work is classified as "medium" in physical demands. While in high school he provided grounds maintenance on a golf course and worked as a lifeguard for a month. Overall his past work is classified as "medium" or higher in physical demands based on the U.S. Department of Labor definitions of strength. His past work ranges from "semi-skilled" to "skilled".

Positive factors in Mr. Ledford's vocational profile include his age of 38, indicating the ability to adapt to new work situations and environments; and completion of high school and law enforcement training. Negative factors in his profile include a lack of computer skills relevant to many clerical and customer service occupations; his narrowly defined work history, limiting transferability to other occupations; physical restrictions eliminating his access to law enforcement occupations; and ongoing pain and discomfort impacting his daily activities.

Based on the medical restrictions assigned to Mr. Ledford, he is unable to resume usual and customary duties of a law enforcement officer. Mr. Ledford would be unable to resume employment as a groundskeeper in a competitive work environment. A transferable skills analysis was conducted using OASYS to determine the presence of alternate transferable occupations. The results provided in the "Adjusted Vocational Profile" section of this report are representative of the occupations to which he has access. A labor market survey was conducted to determine the presence of jobs and the stability of Mr. Ledford's labor market. A stable labor market remains for jobs in the security industry. Mr. Ledford's access to these jobs will be limited by his inability to confront and apprehend suspects. However, a stable labor market remains for jobs that do not require physical demands exceeding his defined limitations. Given Mr. Ledford's limitations on accessing security jobs, his likely earnings capacity falls within an approximate range of $9 and $10 hourly. This estimate is based on real wage data and the Bureau of Labor Statistics wage data for 2012. These conclusions are provided with a reasonable degree of vocational certainty.

Scott Ledford
Vocational Assessment

Thank you for this referral to Adams & Wilkinson.

Glen K. Adams, MRC, CRC, CEES
Vocational Consultant

2012053

Horry County Fire Rescue

RUN/TRIP NUMBER: FR120310007859.M29.1	PROVIDER NUMBER: 037	DATE CALL RECEIVED: 03/10/2012	SHIFT: A	PATIENT NUMBER: 1	EMS UNIT: M29
PATIENT'S NAME LAST: LEDFORD	FIRST: SCOTT	MID. INITIAL:		SEX: M	RACE: White
PATIENT'S ADDRESS: [redacted]				Signature On File: Yes	
CITY: CONWAY	STATE: SC	ZIP CODE: 29526			
PATIENT'S PHONE: [redacted]	AGE: 36 Years	DATE OF BIRTH: [redacted]			
PATIENT'S SOCIAL SECURITY NUMBER: [redacted]		PERSONAL PHYSICIAN			
PATIENT'S EMPLOYER		PHYSICIAN'S ADDRESS			
PATIENT'S CLOSEST RELATIVE	RELATIONSHIP TO PATIENT	RELATIVE'S ADDRESS			

BILLING & INSURANCE

MEDICARE
MEDICAID
INS 1 bcbs state plan Group Policy
ZCS26327122
INS 2 Group Policy

CALL INTO CENTER	DISPATCH TIME	UNIT ENROUTE	P.R. ARRIVES SCENE	UNIT ARRIVES SCENE	TIME AT PATIENT	UNIT DEPARTS SCENE	ARRIVES DEST.	READY FOR SVC.	CALL COMPLETED	SCENE MI	DEST MI
07:47:15	07:49:32	07:54:19	07:54:44	08:00:55	08:00:57	08:09:03	08:19:24	08:40:10	08:40:10		

DISPATCH AS / GRID # / LOCATION

DISPATCH AS	FROM GRID #	VEHICLE DISPATCHED FROM
Lights and Sirens		
INCIDENT LOCATION	**TO GRID #**	**VEHICLE DISPATCHED TO:**
Street or Highway		CHURCH ST CONWAY SC 29526

Assisted by: ( )Fire ( )MD/RN ( )Air Medical ( )First Responder ( )Rescue ( )Bystander ( )Law Enforcement ( )Other

PATIENT TRANSPORTED TO: Conway Hospital
FACILITY CODE: 3006
OTHER:
Loaded Miles: 6.40

SCENE DELAY: None;
RESPONSE DELAY: None;

TRANSPORTED AS: [ ]AIR [ ]BY [ ]FD [ ]FR [ ]LE [ ]MO

CALL OUTCOME

CODE / DESCRIPTION: Treated, Transported by EMS

APPARENT CAUSE OF INCIDENT

CODE / DESCRIPTION: 960 Motorcycle Accident (E81X.1)

CATEGORY OF COMPLAINT

PRIMARY
CODE / DESCRIPTION: 540 Traffic Accident

SECONDARY
CODE / DESCRIPTION:

INJURIES

MEDICAL HISTORY / MEDICATIONS

MEDICATIONS: ( ) SEE NARRATIVE
ALLERGIES: (X) NKDA

MEDICAL HISTORY: ( ) SEE NARRATIVE
ALLERGIES: ( ) SEE NARRATIVE

PHYSICAL ASSESSMENT

	Date/Time	Level Coma.	Pulse Rate	Pulse Quality	Resp. Rate	Resp. Quality	Sys BP	Dia BP	ECG	Rhythm	Medic ID
1.	03/10/2012 08:00	3255	98	Regular	20	Normal	145	87			000002

GLASGOW COMA SCALE ADULT CHILD
EYES
VERBAL
MOTOR
TOTAL

( ) PULSE UPON ARRIVAL AT HOSPITAL
( ) DNR IN PLACE

BLS PROCEDURES

	Time	Proc.Type	Medic
1)	08:00	Assessment-Adult	000002438

ALS PROCEDURES

TRAUMA DETAILS

TRAUMA DETAILS IN NARRATIVE
(X) MVC
( ) BURNS
( ) FALL
( ) ASSAULT
( ) ELECTROCUTION

TRAUMA SCORES

ADULT SCALE		PEDIATRIC SCALE	
RESPIRATORY RATE	4	SIZE	
RESP EXPANSION		AIRWAY	
SYSTOLIC BP	4	CNS	
CAP. REFILL		SYSTOLIC BP	
GCS POINTS		OPEN WOUND	
TOTAL SCORE		SKELETAL	
		TOTAL SCORE	

MEDICATIONS

( ) NARCOTICS USED

SIGNATURES

Signature / Certification ID	Level	Name	Medic ID
1. _____ 000002438 SC007862	EMT-I	nteSeprish, Regina D.	
2. _____ A 000007837 SC020581	EMT-P	araSzymoniak, Christopher	

PATIENT RECEIVED BY
ORDERS RECEIVED FROM
PHYSICIAN SIGNATURE FOR ORDERS

130

Completed report printed at 17:01 on 04/23/2012 by HARDEEG

Additional	RUN/REP NUMBER FR1203100 59.M29.1	PROVIDER NUMBER 037	DATE CALL RECEIVED 03/1[illegible] 12
	PATIENT'S NAME LAST LEDFORD	FIRST SCOTT	MI... INITIAL

M29 DISPATCHED TO MVA. WAS CANCELLED TWICE AND THEN REQUESTED BACK ON SCENE BY EMS-1 BECKI PAVILACK. UPON ARRIVAL FOUND PT WALKING AROUND TALKING TO OTHER POLICE OFFICERS. PT IS A HIGHWAY PATORLMAN WHO LAID MC DOWN IN HIGHWAY. PT C/O RIGHT ANKLE PAIN. PT COAX3. SKIN W&D, PEARL. M29 CREW WAS MET BY EMS-1 STATING THAT OFFICER WAS GOING TO HOSPITAL AFTER REFUSING 3 TIMES. PT SUPERVISOR WANTS HIM TO GO AND BE CHECKED OUT. EMS CREW WAS GOING TO LSB AND COLLAR PT WHEN EMS-1 SAYS NO WE ARE NOT GOING TO MAKE HIM DO THAT. PT THEN APPROACHES EMS-1 AND SAYS I WILL GO BY AMBULANCE IF YOU DO NOT STRAP ME DOWN ON BOARD. PAVILACK TELLS HIM "NO WE ARE NOT GOING TO DO THAT TO YOU" IT WAS APPARENT THAT PT HAD BEEN WALKING AROUND WITH NO PROBLEM AND WAS NOT EVEN LIMPING. PT DENIES NECK OR BACK PAIN, DENIES LOC. EMS WAS ASKED TO WAIT ON PT TO GET THINGS TOGETHER BEFORE TRANSPORTING EVEN THOUGH THEY HAD BEEN ON SCENE FOR AWHILE BEFORE EMS ARRIVED. PT WAS ASKED TO LETS GO AHEAD AND LOAD TO GET PT CARE STARTED. WHEN FINALLY IN AMBULANCE PT SAT IN CAPTAINS SEAT, WHICH WAS SAID THAT WE WOULD GET A WHEEL CHAIR WHEN ARRIVE AT HOSPITAL SO HE WOULD NOT HAVE TO WALK, THEN PAVILACK SAID HE HAD TO PUT HIM ON STRETCHER EVEN THOUGH PT DID NOT WANT TO AND WE COULD HAVE GOT A WHEEL CHAIR AT HOSPITAL. WHEN FINALLY GOT TO DO ASSESSMENT, TOOK PT BOOT OFF TO FIND THAT THE ANKLE WAS ALREADY BEGINNING TO SWELL AND THERE WAS ABRASION TO RIGHT KNEE. PT WAS ASKED AGAIN IF THERE WERE ANY OTHER INJURIES OR PAIN. HE SAID NO. NOTHING OBVIOUS WAS NOTED. VITALS TAKEN. ICE PACK WAS PLACED ON ANKLE TO HELP WITH SWELLING. TRANSPORTED PT TO CONWAY ER WITH NO OTHER COMPLICATIONS OR COMPLAINTS. TRANSFERRED CARE TO NURSING STAFF WITH VERBAL REPORT. MOVED PT TO ROOM 9

End of Report

Name: Scott Ledford
Date of Birth: [redacted] (38)

Attorney Work Product
Preliminary Disability Cost Projection

April 9, 2014
Karen Shelton, RN, CNLCP

Category	Item	Units/year	Unit Cost	Yearly	Lifetime	Resources
Surgery, inclusive	anterior cervical discectomy and fusion*	once/life	$85,000.00	$2,113.90	$85,000.00	SC WC Fee Schedule
Surgery, inclusive	anterior lumbar discectomy and fusion*	once/life	$75,000.00	$1,865.21	$75,000.00	SC WC Fee Schedule
Diagnostics, every 3 years	CT, MRI, Xrays, allowance	0.3	$4,000.00	$1,200.00	$48,252.00	allowance
Physician	Orthopedic, neurosurgeon	4	$141.00	$564.00	$22,678.44	SC WC Fee Schedule
Physician	Psychology, psychiatrist	20 only	$160.00	n/a	$3,000.00	SC WC Fee Schedule
Physician	Pain Management	TBD	TBD	TBD	TBD	not factored
Equipment	none at this time	TBD	TBD	TBD	TBD	not factored
Medications	Aleve	12	$8.98	$107.52	$4,323.38	goodrx.com
Injections	cervical epidural steroid	3 only	$1,200.00	n/a	$3,600.00	SC WC Fee Schedule
Injections	lumbar epidural steroid	3 only	$1,200.00	n/a	$3,600.00	SC WC Fee Schedule
Therapy	flare ups, sessions per year	6	$225.00	$1,350.00	$54,283.50	SC WC Fee Schedule
Therapy	Fitness therapy	12	$50.00	$600.00	$24,126.00	local pricing
Home mods	bathroom safety	once/life	$600.00	$12.43	$600.00	local pricing
Transportation	monthly allowance	12	$20.00	$240.00	$9,650.40	allowance
	Life Expectancy	40.21	Totals	$8,053.06	$334,013.72	

*note: may require additional level cervical and lumbar fusion due to age, progressive nature of condition

South Carolina Retirement Systems

THIS DOCUMENT CONTAINS IMPORTANT INFORMATION ABOUT YOUR BENEFITS. DO NOT DISCARD.

NOTICE OF APPROVAL OF CONTINUING DISABILITY RETIREMENT

SCOTT A LEDFORD
[redacted]
MYRTLE BEACH SC 29588

SSN: [redacted]
Appl ID: XXXXX0432-2-4-1
System: PORS
Type: Disability
Date: July 09, 2012

The South Carolina Retirement Systems has approved your claim for disability retirement as a member of the Police Officers Retirement System. However, your claim was approved with the stipulation that it be reevaluated on 07/01/2015 to determine if your medical condition has improved. We will send you the appropriate materials for completion approximately 60 days before that date.

Before you can begin receiving disability retirement benefits, your employer must certify to South Carolina Retirement Systems the last day that you earned compensation or expect to earn compensation. We have contacted your employer and requested that we receive this information as quickly as possible so that your retirement benefits will not be delayed. Once your employer certifies your last day on payroll, we will send you a notice informing you of your effective date of retirement, service credit through that date, and estimated monthly benefit.

If you are still on your employer's payroll, please be aware that Sections 9-1-1540, 9-9-65, and 9-11-80 of the South Carolina Code of Laws require that a disability retiree have an effective retirement date no earlier than 30 days after the application was filed with South Carolina Retirement Systems and no later than 9 months after the application filing date. Our records indicate that we received your application for disability retirement benefits on 06/27/2012. If you do not come off your employer's payroll within 9 months of the date on which we received your application, no retirement benefits can be paid and our office will stop processing your claim.

Your effective date for disability retirement will therefore be either the thirtieth day after we received your disability application or the day after your last day on your employer's payroll, whichever is later. If you return to work or decide that you do not wish to retire, please notify us in writing immediately. We will then cancel your retirement application.

Please call SCRS Customer Service at 1-800-868-9002 or (803) 737-6800 if you have any questions.

SCOTT LEDFORD

VS.

SC DEPARTMENT OF PUBLIC SAFETY

WCC FILE NO: 1202545

DOA: 03/10/2012

BACKGROUND

- 38 YEARS OLD
- MARRIED, THREE CHILDREN
- HIRED BY SCDPS JULY, 2005

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INJURIES

- RIGHT ANKLE (DISTAL FIBULA STRESS FRACTURE, POSTERIOR IMPINGEMENT DYNDROME, IMPINGEMENT LESION)
- RIGHT KNEE
- LUMBAR SPINE (L5-S1 SPONDYLOSIS)
- CERVICAL SPINE (C5-6, C6-7 SPONDYLOSIS OF RIGHT CERVICAL RADICULOPATHY)

136

MEDICAL TREATMENT (SURGERY)

137

DR. ROSS TAYLOR

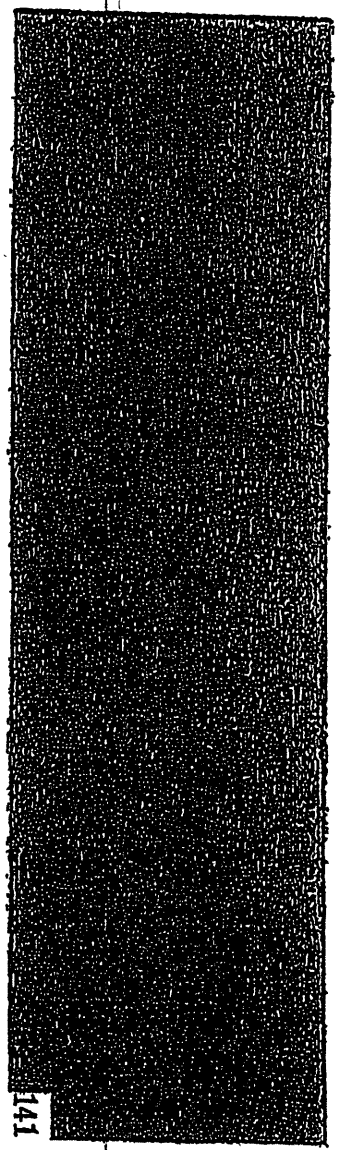
01/30/13 – RIGHT ANKLE:

1. ANTERIOR ARTHROSCOPY WITH DEBRIDEMENT OF IMPINGING SYNOVIUM AS WELL AS RESECTION OF ANTERIOR DISTAL TIBIAL OSTEOPHYTE
2. OPEN RESECTION OF POSTERIOR PROCESS OF TALUS

IMPAIRMENT RATINGS AND RESTRICTIONS

IMPAIRMENT RATINGS:

- DR. JASON O'DELL: 18% OF LOWER EXTREMITY
- DR. W. S. EDWARDS, JR.: 15% IMPAIRMENT OF SPINE BASED ON CERVICAL DISC PROTRUSION AT C5-6 AND C6-7; 5% IMPAIRMENT OF HIS SPINE BASED ON HIS LUMBAR INJURY WITH LUMBAR STRAIN/SPRAIN WITH DISC DEGENERATION AT L4-5 AND L5/S1.
- PHILLIP LOWE, P.T.: 15% FOR CERVICAL SPINE; 5% FOR LUMBAR SPINE; AND 4% RIGHT LOWER EXTREMITY IMPAIRMENT TO ANKLE
- DR. STEVEN POLETTI: 10% TO LUMBAR; 13% CERVICAL FOR TOTAL OF 23% IMPAIRMENT
- DR. ROSS TAYLOR: 7% TO RIGHT ANKLE



REVIEW OF SYSTEMS:
General, neuro, psychiatric, respiratory, cardiovascular, GI, GU, blood and lymph, ENT, musculoskeletal, skin and endocrine systems are reviewed except what is noted. Cardiac: High blood pressure

PHYSICAL EXAM:
Vitals: HEIGHT / LENGTH: 5'10 WEIGHT: 196 lbs 0 oz BMI: 28.8 TEMPERATURE: 98.6
Appearance: No acute distress
Psychiatric: Mood and affect were appropriate.
Head: Normocephalic, atraumatic.
Skin: Clean, dry, no lesions, no rashes.
Neuro: Alert and oriented x 3.
FOCUSED EXAM:
Muscular mass evident in no significant distress. No pulses are present in the bilateral lower extremities and are symmetric. He has well-healed incisions on the anterior medial and lateral aspect of the ankle as well as an incision posterior lateral aspect which is also well healed. There is a little hypersensitivity to deep massage of the posterior lateral incision. There is some pain with maximal pointer flexion of the foot as well as maximal dorsiflexion of the ankle. He has hypersensitivity in the dorsal and lateral foot, mostly in the sural nerve distribution, that is somewhat painful. His leg pain with ankle dorsiflexion does not appear to be associated with a straight leg raise test or signs of radiculopathy despite his chronic L5-S1 stenosis. On standing examination, he has a slight positive heel partial and subtalar varus alignment bilaterally. He has been diagnosed by his calf circumference on the right. His extremity range of motion is symmetric. His ankle range of motion is symmetric with slight decrease in dorsiflexion on the right side. There is no crepitance to range of motion of the joint. There is no instability of the joint. His arterial exams are bilateral pedal

X-rays: No films were obtained today. No ankle imaging is available except for MRI report of April 17, 2012. This identified significant bone contusion of the posterior tibia and posterior malleolus of the talus with associated edema throughout the foot and ankle with FHL tendinopathy. No fracture was reported on previous x-rays.

ASSESSMENT:
Diagnosis: Right ankle sprain with chronic pain status post previous surgery.

PLAN:
PRESCRIPTION: No data for Tramadol HCl.

I have discussed with the patient that if he is able to bring in previous imagings on a disc, I would gladly evaluate them and addend this report.

His residual sensory abnormality of the right lower extremity, 3% of the lower extremity.

Loss of dorsiflexion, 7% of the lower extremity.

8% of the lower extremity for chronic atrophy of the right calf.

Due to the lack of new x-rays, I am unable to evaluate for any posttraumatic ankle arthritis.

I have no other objective studies regarding the nerve hypersensitivity such as a nerve conduction study.

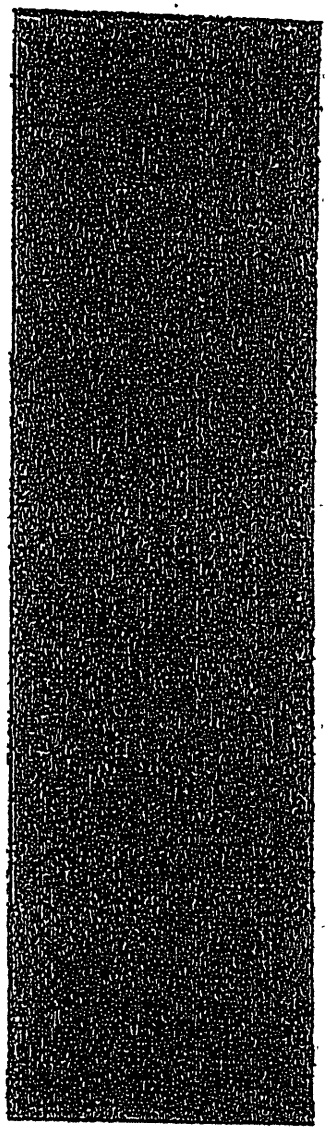
Based on the above information that I do have, the patient would rate at this point lower extremity whole impairment to 7% of the whole person, with an additional 4% for the chronic pain complaints that are not well evaluated but 3% of the whole person total.

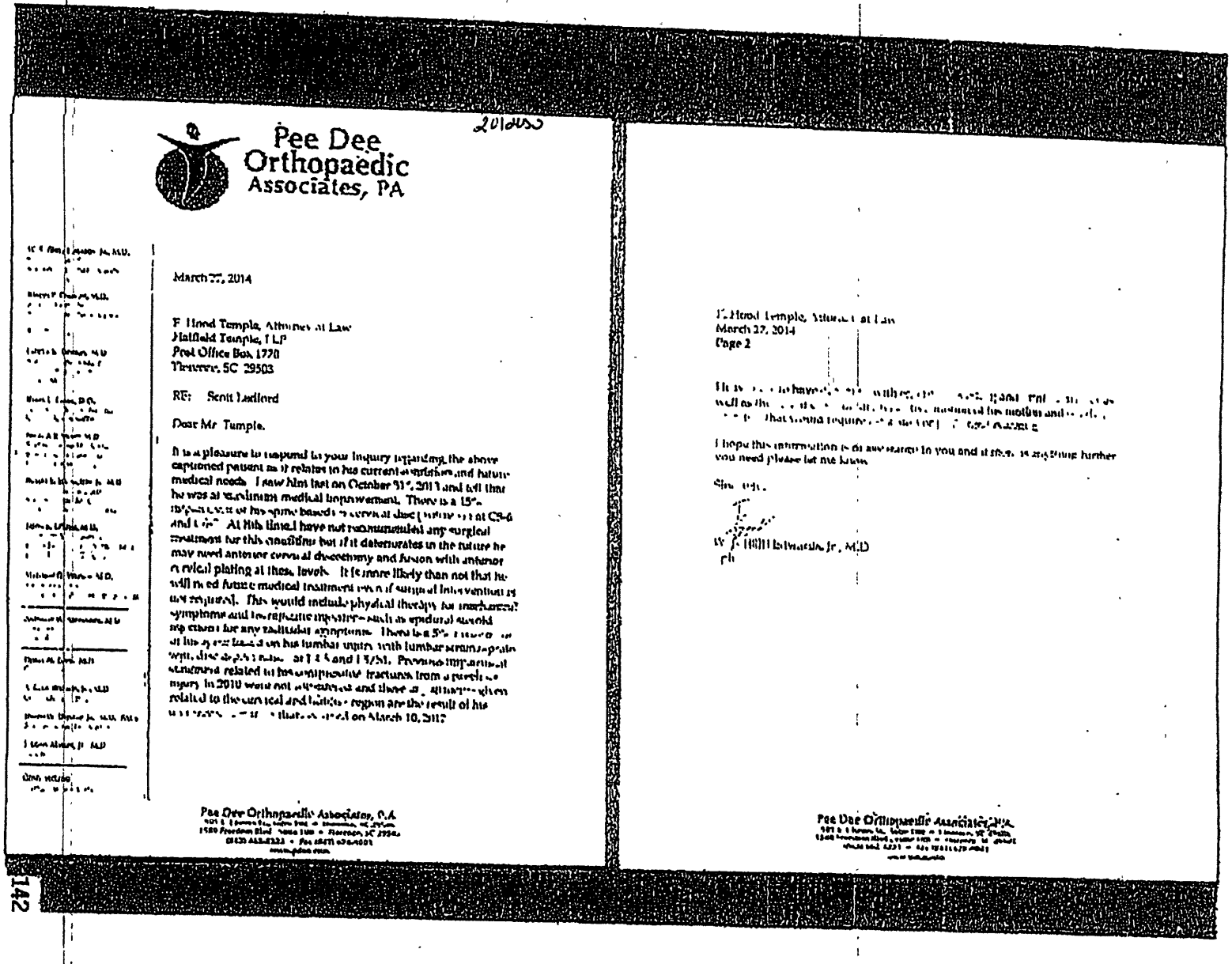
If patient is to have the report, after reviewing his past medical [illegible] I would recommend some ongoing treatment of his ankle, specifically MRI, as well as nerve conduction studies of the right lower extremity to evaluate the chronic pain and to determine whether or not this represents an exacerbation of chronic back issues related to this injury. I would also, if more pain, [illegible] a diagnostic and therapeutic injection of the right sural nerve [illegible] to see if this relieves the symptoms.

He would be able to do light work only, his previous job would have been heavy work as a [illegible].

I appreciate the opportunity to evaluate this patient and hope to treat him in the future.

Jason B. O'Dell, MD
This document was electronically signed on 8/15/2013
Dictated but not read.
bjm





Pee Dee Orthopaedic Associates, PA

2012053

March 27, 2014

F. Hood Temple, Attorney at Law
Hatfield Temple, LLP
Post Office Box 1770
Florence, SC 29503

RE: Scott Ledford

Dear Mr. Temple,

It is a pleasure to respond to your inquiry regarding the above captioned patient as it relates to his current condition and future medical needs. I saw him last on October 31st, 2013 and felt that he was at maximum medical improvement. There is a 15% impairment of his spine based on cervical disc herniation at C5-6 and C6-7. At this time I have not recommended any surgical treatment for this condition but if it deteriorates in the future he may need anterior cervical discectomy and fusion with anterior cervical plating at these levels. It is more likely than not that he will need future medical treatment even if surgical intervention is not required. This would include physical therapy for mechanical symptoms and therapeutic injections such as epidural steroid injections for any radicular symptoms. There is a 5% impairment of his upper body based on his lumbar injury with lumbar strain/sprain with disc bulges at L4-5 and L5-S1. Previous impairment ratings related to his compressive fractures from a previous injury in 2010 were not appreciated and these ratings given related to the cervical and lumbar region are the result of his [illegible] on March 10, 2013.

Pee Dee Orthopaedic Associates, P.A.
[illegible]

F. Hood Temple, Attorney at Law
March 27, 2014
Page 2

[illegible]

I hope this information is of assistance to you and if there is anything further you need please let me know.

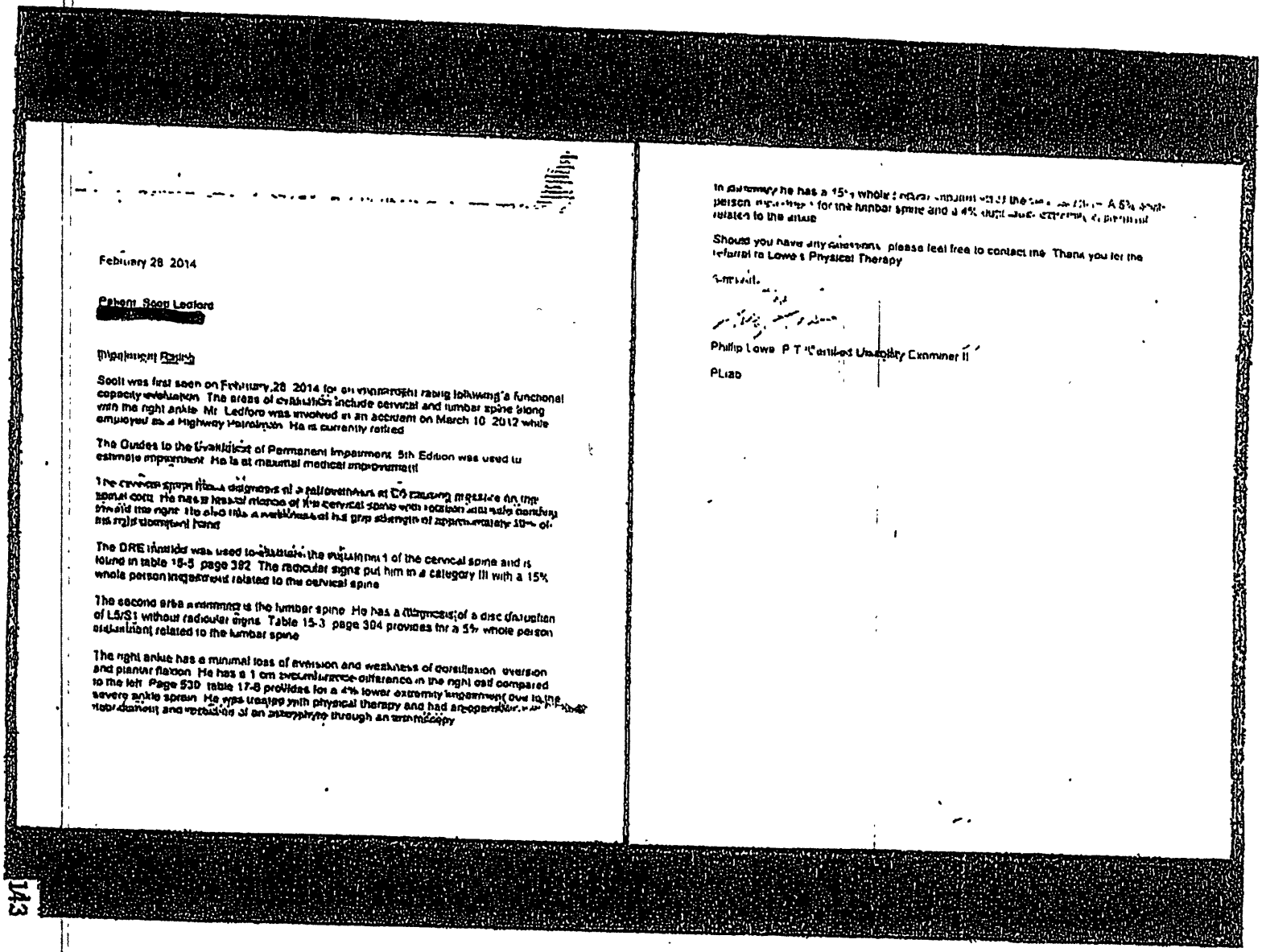
Sincerely,

W. Hill Edwards, Jr., M.D.
ph

Pee Dee Orthopaedic Associates, P.A.
[illegible]

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573



February 28 2014

Patient: Scott Ledford

[redacted]

Impairment Rating

Scott was first seen on February 28 2014 for an impairment rating following a functional capacity evaluation The areas of evaluation include cervical and lumbar spine along with the right ankle Mr Ledford was involved in an accident on March 10 2012 while employed as a Highway Patrolman He is currently retired

The Guides to the Evaluation of Permanent Impairment 5th Edition was used to estimate impairment He is at maximal medical improvement

The cervical spine has a diagnosis of a pull out strain at C6 causing muscle tightness in the spinal cord He has a limited motion of the cervical spine with occasional radiculopathy to the right He also has a weakness of his grip strength of approximately 10% of his right dominant hand

The DRE Model was used to evaluate the evaluation of the cervical spine and is found in table 15-5 page 392 The radicular signs put him in a category III with a 15% whole person impairment related to the cervical spine

The second area examined is the lumbar spine He has a diagnosis of a disc dysfunction of L5/S1 without radicular signs Table 15-3 page 384 provides for a 5% whole person evaluation related to the lumbar spine

The right ankle has a minimal loss of eversion and weakness of dorsiflexion eversion and plantar flexion He has a 1 cm circumference difference in the right calf compared to the left Page 530 table 17-8 provides for a 4% lower extremity impairment due to the severe ankle sprain He was treated with physical therapy and had an operation [illegible] tear diagnosis and excision of an osteophyte through an arthroscopy

In summary he has a 15% whole person impairment with the [illegible] A 5% whole person impairment for the lumbar spine and a 4% right lower extremity impairment related to the ankle

Should you have any questions please feel free to contact me Thank you for the referral to Lowe s Physical Therapy

Sincerely

Phillip Lowe P T Certified Disability Examiner II

PLlab

SOUTHEASTERN SPINE INSTITUTE

1106 Chuck Dawley Blvd., Suite 200 B Mt. Pleasant, SC 29464

Patient Name: Scott A Ledford Encounter Date: 3/5/2014 [redacted] Account Number: 63510

Mr Ledford is seen in followup. He has a complicated history of a thoracic spinal fracture which occurred in a well documented laser incident. This resulted in a 50% compression fracture at T-4 and he has some persistent symptoms from this but improved to the point where he was able to return to work in a full duty capacity in law enforcement. He subsequently was involved in a well documented motorcycle accident on which he suffered the injury to his ankle which resulted in surgery and he has suffered neck pain and low back pain as a consequence to this. Of note is that he did not have any neck discomfort and low back symptoms prior to the motor cycle accident and the symptoms that he is currently having with his neck and low back are in my opinion most likely related to the subsequent accident.

I have reviewed his MRI scans showing him to have disc disruption at the lumbar sacral junction with mild foraminal stenosis and compression against the exiting L5 roots bilaterally. In the cervical spine he has a disc herniation at C6-7 causing symptoms of cervical spondylopathy and nerve root compression.

Scott is very sincerely hopeful although he is wearing down doing repetitive overhead activities. He has a defined impairment from his thoracic spine and from this ankle injury. This combines to make him a less than perfect candidate for cervical and lumbar surgery although I do believe most likely that he will require cervical fusion surgery and lumbar disc allograft versus disc replacement with regards to this. I do feel that cervical decompression and fusion at C6-7 and the anterior lumbar discectomy and interbody fusion at L5-S1 could potentially have the effect of lessening his disability and I am in agreement that he should consider these. This is in fact the recommendation from Dr. Mills as well and it is certainly reasonable based on the injuries sustained in the motorcycle accident.

[illegible] with regards to current functional impairment rating. 10% to the whole person [illegible] to the lumbar spine. This would be for a total of 23% [illegible]. And, as a result of injuries [illegible] accident.

Diagnosis Codes:
722.0 DISPLACED CERVICAL INTERVERTEBRAL DISC

Impression: Cervical Disc Herniation

Treatment Plan: He [illegible] with regards to these and he should [illegible]. That is no overhead lifting [illegible] building, twisting, pushing, or [illegible] for periods of 45 minutes to 1 hour. Of note is that his employment may be [illegible] in the future should he undergo the surgical procedures as mentioned. For now I am recommending that he observe this. I think he will require regular xrays on his followup. I would recommend that he have [illegible] every 2 to 3 months. He may require [illegible] on a measure of analgesia and [illegible]. He may require [illegible] and injections. I do believe that he is medically stationary from this. He may require these surgeries in the future but is medically stationary to the point where he is at maximal medical improvement as he sees it.

DIGITALLY SIGNED

1 of 2

Patient Name: Ledford, Scott A
DOB: [redacted]

The patient has told me that he has been by Dr. Edwards in Florence who has operated [illegible]. Dr. Edwards has told the patient that he would recommend observing this over the course of a couple of years perhaps. I would say that the treatment recommendations in terms of offering discussions, potential future surgery, and the surgical procedures that I describe are likely to happen in the future, but it is likely if not probable that this man could go through an extended period of time where he does not require active participation in treatment. That is he could go for a period of greater than a few where he does not consider this type of surgery. That would not make the procedures appropriate or indicated but delaying them as long as possible would be best and would be my recommendation.

Seen By: Steven C. Powers, MD

Date: 3/6/2014
SCP/dam

DIGITALLY SIGNED

2 of 2

[redacted]

COASTAL
ORTHOPAEDICS
Specializing in You

SCOTT [redacted]
Date: 5/23/2013
Case No. 62711
DOB: [redacted]

Patient is here for followup right ankle sprain that occurred while working that led to requirement for arthroscopy and open resection of os trigonum on 1/30/2013.

SUBJECTIVE: Intermittent dull aching pain right ankle. He does note inability to turn in or out or pivot.

OBJECTIVE: Anatomic alignment of the bilateral lower extremities. Gait is normalgic. Range of motion right ankle limited to 5° of dorsiflexion and 30° of plantar-flexion first 15° of dorsiflexion and 40° of plantar flexion of the opposite or left ankle. He demonstrates full range of motion compared symmetry of the bilateral hindfoot midfoot and forefoot joints. Muscle strength and tone is normal.

RADIOGRAPHS: None.

ASSESSMENT: Residual stiffness right ankle due to sequela of ankle sprain requiring Arthroscopic debridement and open resection of os trigonum.

PLAN: He is reached MMI. Residual impairment rating is 7% based on range of motion restrictions secondary to pain. Although he has done well he will be unable to safely tolerate running, cutting, pivoting or unpredictable surfaces. He has a possibility but not a likelihood of developing arthritis of his ankle secondary to his injury, as a lifelong event in life. At this time he requires no further treatment.

Ruben Taylor, M.D.

RT:ek Conway,

145

146

577

SCOTT A LEDFORD REF: ER CONWAY
62711
[redacted]5
06/04/2012

SUBJECTIVE: He has right hand numbness and right arm pain, neck and right arm pain, lower back pain.

OBJECTIVE: Cervical MRI is reviewed. There is disc space narrowing C5-6, C6-7. Lumbar MRI shows a central herniation L5-S1. Advanced spondylosis.

ASSESSMENT:
1. C5-6, C6-7 spondylosis with right cervical radiculopathy.
2. L5-S1 spondylosis.

PLAN: Treatment options were discussed. I recommend ACDF at C5-6 and C6-7 with MDR system, also ALIF at L5-S1. He probably wants to get his neck done first.

William L. Mills, M.D. /5204
1969095

Chart Copy

Name: Scott Ledford
Date of Birth: [redacted] (38)

Attorney Work Product
Preliminary Disability Cost Projection

April 9, 2014
Karen Shelton, RN, CNLCP

Category	Item	Units/year	Unit Cost	Yearly	Lifetime	Resources
Surgery, inclusive	anterior cervical discotomy and fusion*	once/life	$85,000.00	$2,113.90	$85,000.00	SC WC Fee Schedule
Surgery, inclusive	anterior lumbar discectomy and fusion*	once/life	$75,000.00	$1,865.21	$75,000.00	SC WC Fee Schedule
Diagnostics, every 3 years	CT, MRI, Xrays, allowance	0.3	$4,000.00	$1,200.00	$48,252.00	allowance
Physician	Orthopedic, neurosurgeon	4	$141.00	$564.00	$22,678.44	SC WC Fee Schedule
Physician	Psychology, psychiatrist	20 only	$150.00	n/a	$3,000.00	SC WC Fee Schedule
Physician	Pain Management	TBD	TBD	TBD	TBD	not factored
Equipment	none at this time	TBD	TBD	TBD	TBD	not factored
Medications	Aleve	12	$8.96	$107.52	$4,323.38	goodrx.com
Injections	cervical epidural steroid	3 only	$1,200.00	n/a	$3,600.00	SC WC Fee Schedule
Injections	lumbar epidural steroid	3 only	$1,200.00	n/a	$3,600.00	SC WC Fee Schedule
Therapy	flare ups, sessions per year	6	$225.00	$1,350.00	$54,283.50	SC WC Fee Schedule
Therapy	Fitness therapy	12	$50.00	$600.00	$24,126.00	local pricing
Home mods	bathroom safety	once/life	$500.00	$12.43	$500.00	local pricing
Transportation	monthly allowance	12	$20.00	$240.00	$9,650.40	allowance
	Life Expectancy	40.21	Totals	$8,053.06	$334,013.72	

*note. may require additional level cervical and lumbar fusion due to age, progressive nature of condition

VOCATIONAL ASSESSMENT

GLEN K. ADAMS, MRC, CRC, CEES

DATED: MAY 20, 2014

has done well he will be unable to safely tolerate running, cutting, pivoting or unpredictable surfaces." Mr. Ledford attended an IME appointment with Dr O'Dell on August 15, 2013. Dr. O'Dell recommended an 18 percent lower extremity impairment and provided the following work statement: "... He would be able to do light work only. His previous job would have been heavy work as a motorcycle patrolman."

Mr. Ledford worked in law enforcement beginning in 1997. He began his career performing regular patrol duties. In 1999 he began operating a motorcycle while performing usual duties of a law enforcement officer. In approximately 2004 he began work as a motorcycle trooper for the South Carolina Highway Patrol and continued to perform these duties until 2010 when he sustained his first injury. This work is classified as "medium" in physical demands, although work as a law enforcement officer can exceed a "medium" level based on the need to apprehend suspects. Mr Ledford also worked in the lawn and landscape business for about 20 years. He opened his own business in 1990 or 97. He reportedly worked 40 to 50 hours per week concurrently with his Highway Patrol duties. This work is classified as "medium" in physical demands. While in high school he provided grounds maintenance on a golf course and worked as a lifeguard for a month. Overall his past work is classified as "medium" or higher in physical demands based on the U.S. Department of Labor definitions of strength. His past work ranges from "semi-skilled" to "skilled."

Positive factors in Mr Ledford's vocational profile include his age of 38, indicating the ability to adapt to new work situations and environments, and completion of high school and law enforcement training. Negative factors in his profile include a lack of computer skills relevant to many clerical and customer service occupations; his narrowly defined work history, limiting transferability to other occupations; physical restrictions eliminating his access to law enforcement occupations; and ongoing pain and discomfort impacting his daily activities.

Based on the medical restrictions assigned to Mr Ledford, he is unable to resume usual and customary duties of a law enforcement officer. Mr Ledford would be unable to resume employment as a groundskeeper in a competitive work environment. A transferable skills analysis was conducted using OASYS to determine the presence of alternate transferable occupations. The results provided in the "Adjusted Vocational Profile" section of this report are representative of the occupations to which he has access. A labor market survey was conducted to determine the presence of jobs and the stability of Mr Ledford's labor market. A stable labor market remains for jobs in the security industry. Mr Ledford's access to these jobs will be limited by his inability to restrain and apprehend suspects. However, a stable labor market remains for jobs that do not require physical demands exceeding his defined limitations. Given Mr Ledford's limitations in accessing security jobs, his likely earnings would fall within an approximate range of $9 and $10 hourly. This estimate is based on real wage data and the Bureau of Labor Statistics' wage data for 2012. These wages are associated with a [illegible] degree of [illegible].

581
150

SCDPS FOUND HIM
MEDICALLY DISABLED

151

INDEMNITY

South Carolina Workers' Compens on Commission
P O Box 1715 :: 1612 Marion Street
Columbia, South Carolina 29202-1715
(803) 737-5700

WC File # 1202545
Carrier File # 2012-000722
Carrier Code # 500 - SF
Employer FEIN 570000605

Scott Ledford [redacted]

(home) ([redacted])

DEPT OF PUBLIC SAFETY
10311 Wilson Blvd , Blythewood, SC 29016

Preparer's name Brenna Aleman (803) 896-5905 State Accident Fund, Insurance Carrier

A. Total Wages Paid

1 Check Applicable Method. Date of Injury 03/10/2012

( ) Report of earnings of injured employee based on four completed quarters
( ) Report of earnings of injured employee who did not complete four quarters based on actual time worked
( ) Report of earnings of similar employee Injured employee did not work sufficient time before alleged injury
Hire date 07/06/2005
( ) Report of earnings of injured employee based on alternative method because Form 20 results in a compensation rate that is not fair and just Attach documentation to show how average weekly wage and compensation rate were calculated.)

2 List total wages paid as reported to Employment Security Commission on the Employer Quarterly Contribution and Wage Reports during the four quarters immediately preceding the quarter in which the injury occurred Do not include the quarter during which the injury occurred

Quarter	Ending Date	Total Wages Paid
1st	12/31/2011	10398 72
2nd	09/30/2011	10265.02
3rd	06/30/2011	10326 72
4th	03/31/2011	5927.16

Total Paid 2 36917 54

3. List total value of other allowances of any character made in lieu of wages during four quarters above 3

4 Add lines 2 and 3 TOTAL WAGES PAID: 4. 36917 54

5 List total number of weeks paid to employee during the four quarters immediately preceding the quarter in which the injury occurred 5 46.00

B. Average Weekly Wage

6 To calculate average weekly wage divide total wages (line 4) by total weeks paid (line 5) AVERAGE WEEKLY WAGE: 6. 828.39

C. Compensation Rate

7 The general rule for calculating the compensation rate is to multiply average weekly wage (line 6) by .6667 Estimate compensation rate by multiplying average weekly wage (line 6) by 6667 See part 8 below to determine the actual compensation rate 7 548 95

8 The compensation rate is as follows (choose one)

( ) When average weekly wage (line 6) is less than $76.00, the compensation rate is the average weekly wage Enter average weekly wage on line 8

( ) When the estimate compensation rate (line 7) is less than $76 00 and average weekly wage (line 6) is more than $76 00, the compensation rate is $76.00 Enter $76 00 on line 8.

( ) When the estimated compensation rate (line 7) is more than the maximum compensation rate for the year in which the injury occurred, enter the maximum compensation rate for the year in which the injury occurred on line 8.

( ) Increase in value of exception added to S C Code Ann Section 42-7-65, List applicable exception
Use this other appropriate compensation rate on line 8

( ) The calculated compensation rate (line 7) applies Enter amount from line 7 on line 8.

WEEKLY COMPENSATION RATE: 8. 548.95

[redacted]

WCC FORM # 20 REV DATE 3/97 20 STATEMENT OF EARNINGS OF INJURED EMPLOYEE

584

153

South Carolina Workers' Compensation [illegible]
P O Box [illegible] Adams Street
Columbia, South Carolina 29202-[illegible]
(803) [illegible]

WCC File # 1202545
Carrier Case # 2012-000722
Carrier Code # 980 SF
Employer FEIN #200000505

Scott Ledford 110-58-0432
[redacted]
Male Phone [redacted]

DEPT OF PUBLIC SAFETY
10311 Wilson Blvd., Bethlehem, SC 29016

Preparer's name: Brenna Altman (803) [illegible]

State Accident Fund, Insurance Carrier

1 Date of injury: 03/11/2012
month day year

2. Total Weeks of Compensation Paid: 97 14/286

3. Type of Compensation Paid (TP or TT) Periods of Payment

Type: TP-AN	From: 03/11/2012	To: 03/22/2012
Type: TT-AN	From: 04/01/2012	To: 05/01/2012
Type: TT	From: 05/02/2012	To: 01/28/2014

4 Date of First Payment: 04/06/2012
month day year

5 Total Amount Paid (a) Compensation: $ 49,772.45
(b) Medical (Include Nursing, Hospital Drugs, Etc.): $ 20,901.50

6 Informal Conference is Requested: ☐ Yes (X) No
(check one)

7 Use these lines to send a memo to the Commission

[illegible] Phone [illegible]

01/31/2014
Date

Progress report. Information: File this form 3 months after the alleged injury date and each 6 months until the Commission's Form 18 is received. Form 18 must be filed whether or not indemnity is requested. Check "yes" after number 6 to request and informal conference. Refer to Rule 67-1101 for additional information.

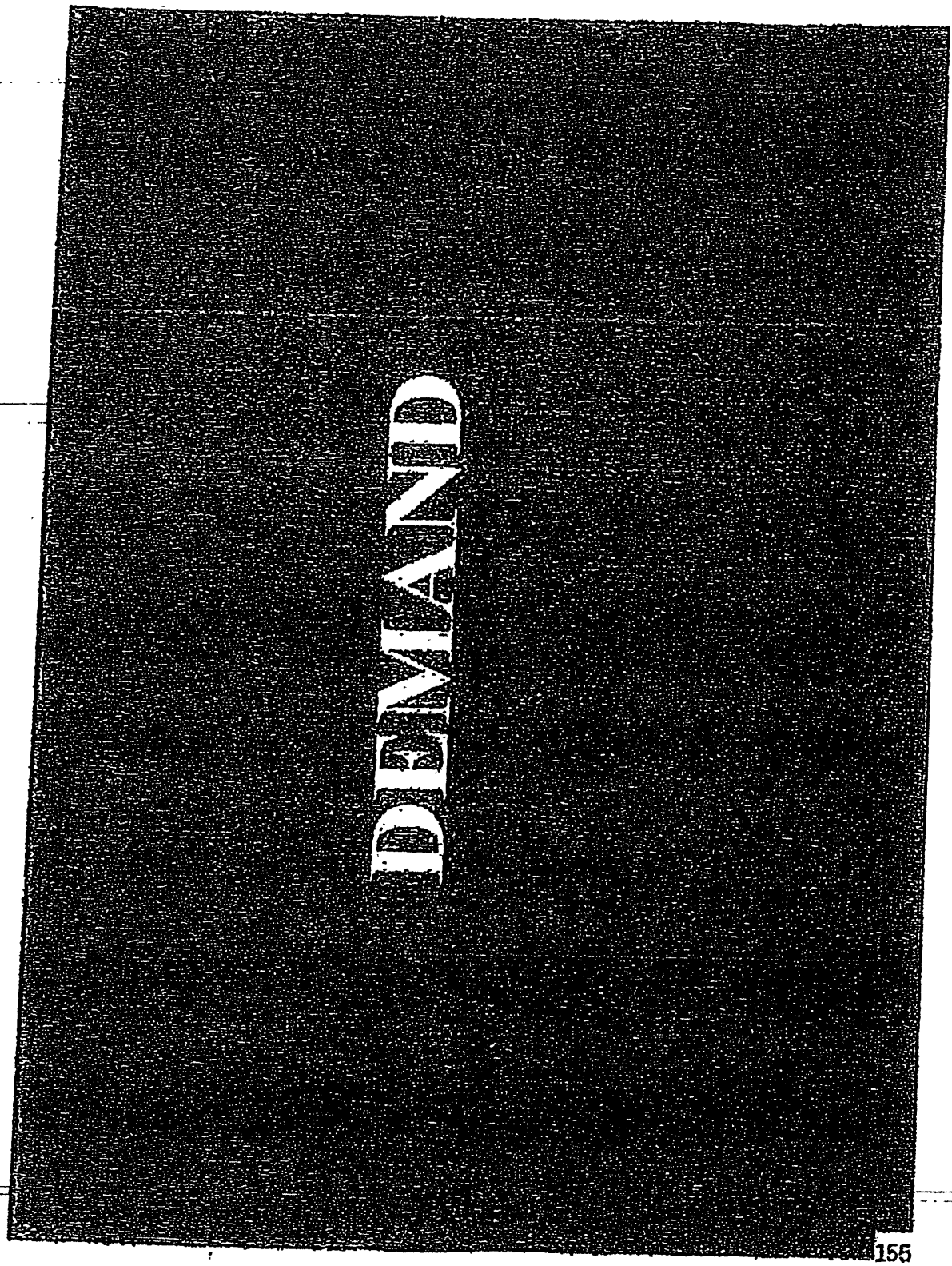
WCC FORM 18 REV DATE 3/96

18

"Fillable" REPORT

154

585



155

Before the South Carolina
Worker's Compensation Commission

COPY

Scott Ledford,
employee,
claimant,

V. WCC #1009581

S.C. Department of Public Safety,
employer,
and
State Accident Fund,
carrier,
defendants.

Deposition of: William Mills, M.D.

Location: 2376 Cypress Circle, Suite 300
Conway, South Carolina

Date: Thursday, August 23, 2012

Time: 1:16 p.m. - 2:04 p.m.

Court Reporter: Leigh Stoupenos

The deposition is taken pursuant to notice and/or agreement, in the above-entitled cause pending in the above-named court and pursuant to the South Carolina Rules of Civil Procedure.

Q & A Court Reporting Services
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A P P E A R A N C E S

For the Plaintiff:
Hyman Law Firm
170 Courthouse Square
Florence, SC 29501
By: E. Hood Temple, Esq.

For the Defendant:
Samuel T. Brunson, Esq.
521 W Evans Street
Florence, SC 29501

I N D E X

Direct Examination by Mr. Temple	3
Cross-Examination by Mr. Brunson	23
Redirect Examination by Mr. Temple	38
Recross-Examination by Mr. Brunson	42

E X H I B I T S

Pg/ln	Ex.	Description
Claimant's		
premarked	- 1	correspondence from Barbara Sarb
premarked	- 2	intake questionnaire
premarked	- 3	MRI report from Dr. Sarb
premarked	- 4	8/27/10 note from Barbara Sarb
premarked	- 5	report from Dr. Sarb
premarked	- 6	Dr. Mills report
premarked	- 7	Dr. Mills report 4/20/12
Defendant's		
premarked	- 1	Medical records
31/10	- 2	APAs, pages 47 through 52

** uh-huh = affirmative
huh-uh = negative

STIPULATIONS

It is stipulated between Counsel that this deposition is being taken pursuant to the South Carolina Rules of Civil Procedure; and that all objections, except as to the form of the question, are reserved until the time of trial.

It is also stipulated between Counsel for the respective parties and the deponent that the deponent will waive the right to read and sign this transcript.

Thereupon,

William Mills, M.D.,

being first duly sworn by the Court Reporter, as hereinafter certified, testified as follows:

DIRECT EXAMINATION

BY MR. TEMPLE:

Q Dr. Mills, will you give me your full name and with whom you practice for the record?

A William Mills at Coastal Orthopaedic Associates in Conway.

Q Thank you, Dr. Mills. I'm Hood Temple and I appreciate you giving us this second opportunity to take your deposition today and making your schedule available. You've had your deposition taken before, so I'm not going to go

into all the ground rules for that. I have the honor and privilege of representing Scott Ledford who is here today in two separate claims. And before I get into those claims, let me just state for the record that you are a board certified orthopedic surgeon and that you do practice in spine surgery and that you are the authorized treating physician for Mr. Ledford; is that correct -- trooper Ledford; is that correct?

A Yes.

Mr. Temple: And is there any question stipulating to his qualifications?

Mr. Brunson: Last time we took a deposition in this case, I stipulated that Dr. Mills was a board certified orthopedic surgeon who specializes in the spine and I understand that to be true. Is that correct?

The Deponent: Yes.

Mr. Brunson: Okay. I have no problem with that. You just mentioned that you represent Trooper Ledford in two different claims. It's my understanding that this deposition has only been noticed under one of those claims, and according to a conversation I had with you this morning, you did not notice -- notify the other lawyer of this

deposition. Is that correct?

Mr. Temple: That's correct.

Mr. Brunson: Okay.

Mr. Temple: I -- and for the record, I do represent him on two different claims.

BY MR. TEMPLE:

Q Dr. Mills, let me -- let me give you a little bit of background in terms of what I -- I represent him in. Both of these are admitted claims. The initial claim of July 15th, 2010 -- the second deposition was March -- I'm sorry, the second admitted injury was March 10, 2012. The first injury arose out of a tasing incident which you have documented very well in your records. The second incident which you treat him now for, March 10, 2012, relates to a motorcycle accident in the course and scope of his employment. And I believe that you, along with your partner, Dr. Ross Taylor, actually treat Trooper Ledford for those injuries. Is that correct?

A Yes.

Q Okay. All right. I want to present to you some documents here. And -- and let me just do this for the record. Your deposition was originally noticed by Sarah Alphin for this week.

Because of her illness, she decided to postpone that or cancel that and she indicated she'd reschedule that -- that deposition. Because of our hearing that's coming up in the matter that Mr. Brunson represents the -- the South Carolina Department of Transportation and the State Accident Fund, we had to go forward and get you -- your deposition and your opinions regarding these matters today. And there may be some overlap and Sarah can object to that when she comes in, but I'll certainly go there.

The first thing I want to -- I want to present you with is what we've marked as Claimant's Exhibit 1. I'm gonna give you that document; I'll provide counsel with that. In that document, it -- it purports to be correspondence from Barbara Sarb. Now, Dr. Mills, did you refer initially Mr. Ledford to Barbara Sarb for her treatment of his lumbar and cervical spine while you were treating his thoracic spine? And if you'll read the first line of that history of present illness.

Mr. Brunson: What was your question? I know you said did you refer her.

Mr. Temple: Trooper Ledford to

Barbara Sarb.

Mr. Brunson: Okay.

Mr. Temple: For treatment.

Mr. Brunson: All right.

The Deponent: It says in her note that -- that I did. I don't remember that and I'd have to look back through my notes to see if I actually made the referral. I assume maybe I did for a neurology evaluation, but if it would have been for injections, usually I refer to my partner, Dr. Watson. But maybe it was for a neurology evaluation.

BY MR. TEMPLE:

Q Okay. And doctor, on the second page of this same report when you -- I know you're doing -- you're -- you're looking through your notes at this point, but you're copied on these and these are part of your records here?

A Yes.

Q Okay. Go ahead and -- and if you want to look and see to answer that.

A I want to see what date it is because we saw her (sic) in August of 2010, which would have been...

Q As a result of this accident of July

15th, 2010.

A I saw him on July -- I actually don't see that in my records, but I -- but I assume we did. Oh, wait a minute. Here it says, I recommended -- we -- we apparently referred him to Dr. Benjamin, but I -- who was her partner. So I guess she saw him instead of Dr. Benjamin.

Q Okay.

A I mean, I guess he saw her instead of Dr. Benjamin.

Q All right. And Dr. Mills, do you normally rely on medical reports when consulting physicians that you refer patients to?

A Yes.

Q Okay. All right. In this first report, I just want to point out some things that I've marked here.

Mr. Brunson: I'm going to place an objection here. Now, the doctor said that he relied upon medical reports from other doctors. But he also said that he doesn't remember this report or even referring him to this doctor. So I'm going to ask that you -- before you ask questions about another doctor's report, you have him testify that he in fact relied upon this

report for some of his treatment. I mean, I don't know that.

Mr. Temple: You can do that when you get there. I'll do it my way.

Mr. Brunson: Well, I'm going to place an objection.

Mr. Temple: Well, you can object and have a running objection. I don't care.

Mr. Brunson: Okay.

Mr. Temple: That's fine.

BY MR. TEMPLE:

Q Doctor, this record, according to the second page, is part of your file, again?

A Yes.

Q You were copied on this? And at least according to the first page it says at your request that he was evaluated.

A Yes.

Q Okay. Doctor, in -- in this note, the history he represents -- and I'm just asking you to -- I'm sure you'll read the entire part, but it says that he was suffering from numbness and tingling to the right arm, right leg especially down the right buttock, posterior leg to foot. And said there was a bit of numbness on the left

leg, but this has since resolved. And then she goes there and review of the symptoms -- also the stiffness, numbness, tingling in the right arm appears to be on the undersurface of the arm. Numbness of all fingers, numbness, tingling of the right leg down the buttocks and back of leg primarily to the foot. And then on the second page, it -- it reviews the -- the two thoracic compression fractures that you were treating him for and also indicates paresthesias in the arms and legs secondary to nerve root inflammation, radiculitis and post-event. Have -- have I reviewed those correctly?

A Yes.

Q Okay. I -- I'm not going to ask anything about that yet. I'm just providing you with his history that was here. Additionally, doctor, in this -- this is Claimant's Exhibit 2. It purports to be an intake questionnaire from Strand Regional Specialty Associates. And in that --

Mr. Brunson: I'm going to place an objection to this document. It's not in evidence in any part of this case and it cannot be used as an exhibit at this late date in this file.

Mr. Temple: It will be at the -- at the hearing.

Mr. Brunson: No, sir. It's not in evidence.

Mr. Temple: Well, just place your objection. That's fine.

Mr. Brunson: Okay. That's fine --

Mr. Temple: You know what? We'll take it up with commission. That's fine.

Mr. Brunson: Okay.

BY MR. TEMPLE:

Q Doctor, here in the second page here, it says numbness right arm, leg straight -- slight numbness left arm. Am I reading that correctly?

A Yes.

Q And is that consistent with the report that was generated on -- on the date of the visit of August 10, 2010, which is Claimant's Exhibit 1 that I previously showed you?

A Yes.

Q Okay. Next, doctor, I want to also show you an M.R.I. scan with the date of study of September 9, 2010. Do you have -- have you seen this and do you have a copy of this in your file, this M.R.I. related to Trooper Ledford's neck from

Barbara Sarb?

A I don't believe we have that in our notes here.

Q Okay. Is this the type of -- of report that you would normally rely on to formulate your opinions in matters such as causation?

A Well, I -- I -- I would like -- I usually do like to have reports, but in most cases, I look at my own scans before coming to any definite conclusions about treatment. I think in this particular case, though, it showed disc degeneration, some protrusions and osteophytes, which are typically age-related changes and -- and not usually traumatic, but certainly these changes can be aggravated by traumatic events.

Q Okay.

A So it didn't -- it didn't show an actual fracture, which -- which would have been easy to say that that came from the accident. But these particular changes are more age-related, degenerative changes.

Q Okay. And at this point, and in pressing, is that consistent with the findings that were up there -- the impressions that are

provided below?

A Yes.

Q Okay. All right. And -- and just to clarify, doctor, our position in this matter is that -- that Trooper Ledford has sustained a change of condition which now necessitates the treatment you've recommended in your notes, and so I'm showing you this history to establish a foundation that these issues were there at the time of the original injury. Okay?

A Okay.

Q All right.

A It looks like I did review -- I'm looking at my note of June 2012 and I did look at a cervical M.R.I. at that time. Let's see. The date of this M.R.I. was...

Q November. I'm sorry, September.

A This -- this was actually --

Q 2010.

A 2010. So this must have -- what I was looking at in 2012 must have been a new -- I'm assuming that was a new M.R.I.

Q Right. Subsequent to the second accident.

A Yes.

Q Okay.

A I don't know that I ever had that first M.R.I. to look at.

Q Okay. If -- if based -- and let me just ask you this question since you have the second M.R.I. there. Is there a change in the -- the findings of the September 9, 2010 M.R.I. as compared to the June 2012 M.R.I. that you have in your -- in your record?

A It doesn't appear to be. It looks like the radiologist that read this read the problems being at 5/6 and 6/7. Those are the two levels that I felt were causing the problem as well.

Q Okay. Early in the first part of the -- in the first case in July the 15th of 2010, did you ever recommend any type of cervical surgery for him?

A No.

Q Okay. All right. And ---and was that because he didn't need it at -- at that point in time?

A Yes.

Q Okay. All right. What I want to show you, then, I want to show you another report.

This is dated, for the record, and is marked as Claimant's Exhibit 4. This is a note of August 27, 2010. And this is again a report from Barbara Sarb here. Do you have a copy of this report in your file? Or have you seen this report, to your knowledge?

A I haven't, no.

Q Okay. Ag--- would you just review this report and the notations here?

A Yes. This is Dr. Sarb's note of August 27th, 2010.

Q And specifically with regards to the recommendations that were made in terms -- at that point, was she recommending an M.R.I. of the cervical region?

A She did.

Q Okay. All right. And did she also note right leg paresthesia neuropathy?

A She did.

Q All right. And would right leg paresthesia neuropathy be consistent with a low back injury?

A Yes.

Q Okay. All right. And at that point, at least according to this record and this

consulting physician, she felt like there were complaints in the cervical spine and disc pathology that she wanted to evaluate. Is that correct?

A Correct.

Q Okay. All right. Doctor, I want to show you what's been marked as Plaint--- Claimant's Exhibit number 5. This is a report from Dr. Sarb, as well wherein she rates, as a result of this injury, the claimant is suffering the 5 percent whole person impairment -- this is dated August 26, 2011. Have you seen this document, as well?

A No.

Q Okay. All right. So at least at this point, your consulting physician indicated he had a 5 percent rating due to the cervical degenerative changes and the radicular paresthesia symptoms. Is that correct?

A Yes.

Q Okay. All right. And lastly, I want to show you what has been marked as Claimant's Exhibit 6. And this is actually your report here. And in this report, you make some recommendations for treatment. Doctor, can you tell me what those

recommendations are, for the record?

A Yes. I -- I recommended that he have an operation on his neck as well as his lower back to fuse two of the discs in his neck and one of the discs in his lower back.

Q Okay. All right, very good. Now, are those still your recommendations today?

A Yes.

Q Okay. And are those your opinions based upon your education, training and experience within a reasonable degree of medical certainty?

A Yes.

Q Okay. Now, doctor, the -- the issue -- and let me just show you one last document here. This is April 20th, 2012, your note here, and we've marked that as Claimant's Exhibit number 7. And you've made some findings here. Can you tell me what those findings are?

A I did -- I reviewed an M.R.I. of his upper back that showed the previous compression fractures had healed. The M.R.I. of his lower back showed a lot of degenerative change at L-5/S-1. And the M.R.I. of his ankle showed a contusion.

Q All right. Now, the ankle part is --

is part of the second -- second claim and so and -- and are those your -- still your -- is that your opinion -- your diagnoses based upon a reasonable degree of medical certainty?

A Yes.

Q Okay. Now, Dr. Mills, the purpose of my deposing you today is the fact that we have these two work-related injuries out there. The first one is the July 15th, 2010 accident. And the second one -- which was the tasing event. And the second one is the March 10th, 2012 accident, which was the motorcycle accident. And I know you've treated Trooper Ledford for both of these accidents. My question to you, then, is I'm trying to determine whether these cervical and lumbar spine injuries that you've now recommended surgery for related to this first accident and is a change of condition in his first accident, or is it related to the second accident and a new injury that he sustained as a result of this motorcycle accident, or is it a combination of both, or is it a result of neither of these accidents? And so I'm trying to obtain your opinion today, based upon a reasonable degree of medical certainty, as to the causation. And let's take them one at a

time, maybe the lumbar spine to start off with.

A Well, it sounds to me like there was documentation from the first injury that he was having symptoms in his lower back, his legs, his arms and his upper back. So even though the thoracic area where he had the compression fractures were the most symptomatic for him at that time, he did have symptoms in those other areas. So I think pretty much all of the neck, upper back and lower back started with the first accident.

Q Okay.

A The tasing -- the tasing incident.

Q All right. And do you think that the condition he is suffering from now is a change of circumstance since the time you found him at maximum medical improvement from his thoracic spine?

A Yes.

Q Okay. And is that your opinion within a reasonable degree of medical certainty?

A Yes.

Q Now, subject to counsel's objection -- she's not here and she'll have an opportunity to redepose you on that issue -- do you have an

opinion as to whether this motorcycle event that you're currently treating him for now has contributed to these neck and low back symptoms that he's experiencing?

A Well, it -- it seems to me that it made those symptoms worse, because prior to that, I had not seen him and he seemed to be doing pretty well. But then had that second accident, and then it exacerbated the -- the symptoms in his neck and his lower back to the point where we were at that time talking about surgery.

Q Okay. And it -- it is your opinion as we sit here today that the two operations are necessary. The -- the first one is a interior cervical disc fusion at the C-5/6 and then an ALIF at the L-5/S-1. Apparently, it looks like you recommended that you proceed with an ALIF in the lumbar region initially, and then followed by the cervical fusion. Is that correct?

A Well, let's see. The August -- I'm sorry. The June note, it sounds like after we discussed that he wanted to have his neck done first -- let's see if that changed.

Q And does it matter which order you do these procedures in?

A Well, usually what I do is have the patients tell me what's bothering them the most and what they would want to have done first. I think there are certain circumstances where, say, if in his neck there was a lot of pressure on his spinal cord --

Q Right.

A -- you would want to do that first.

Q Right.

A But in the absence of that, I think you could -- you could state it in any way you wanted to. It depends on what area of his body was the most symptomatic. And at least as of that point in time in June, the plan was to proceed with the surgery on his neck first and then do the --

Q Okay.

A And since it can't really be done all at the same time, that -- that would just be too much.

Q Too much on him. So just to clarify the record, at the time that -- that we last deposed you -- and we've got --

Mr. Temple: What's the date of that deposition, Bubba?

Mr. Brunson: April.

BY MR. TEMPLE:

Q Yeah, April the 27th, 2011. You had not given an opinion that -- that neck or lumbar surgery was necessary at that time. Is that a -- a true statement?

A Right. He -- he didn't have symptoms enough at that time to -- to warrant it.

Q Okay. But today, you are recommending these two surgical procedures and that's your opinion within a reasonable degree of medical certainty?

A Yes.

Q Okay. And it -- I just want to make sure that I'm correct that you believe that initially these conditions were related to the first accident, but were also aggravated by the second accident, as well.

A Yes.

Q Okay. And -- or had the symptoms that he's experiencing now a change of condition from the first injury as it was at the time of maximum medical improvement?

A Yes.

Mr. Temple: Okay. All right.

Doctor, that's -- that's all I have to ask you today. Thank you.

C R O S S - E X A M I N A T I O N

BY MR. BRUNSON:

Q Doctor, I have a few questions for you, and I didn't have any stickers that I could find in my office, so I'm going to ask the court reporter to mark this. And these are your notes I'm going to go with first. These are actually notes from Coastal Orthopaedics here that I have regarding this first accident.

A What's the date of that first note?

Q They are in order. The first one is 7/27/2010.

A I've got it right here.

Q Okay. And doctor, it appears --

A Hold on --

Q You need a copy? Let me find mine. You've got yours, doctor? Doctor, it appears that -- that Mr. Ledford first appeared at your practice and not before you on July 27, 2010. Is that correct?

A That's correct.

Q All right. And according to the report from Coastal, his chief complaint then was

upper back pain. Do you see that?

A I do.

Q And I note that the dictation was done by Doug Vick for Dr. Haskin. Is that the way that you see it?

A Yes.

Q Okay. You may not know this, but I'm a patient here as well. And the last time I was here, a gentleman came in that was a physician's assistant and he -- I have a hip problem -- and he moved my hip all around and all this kind of stuff and then Dr. Ramsey came in and talked to me a little bit. But is that the same way that you operate as well? Not as far as the hip goes. I know you don't do hips.

A You mean how I -- how I utilize a physician assistant?

Q Right.

A For new patients, my physician assistant goes in first and takes a history and examines the patient and then I -- I come in and do my own exam and take -- take a little bit more history if I need to.

Q Okay.

A Just to confirm that the --

Q All right.
A But -- but we see patients together.
Q All right. And this first report shows that Mr. Vick actually consulted with you. It's on the sec--- the second page.
A Actually, he consulted with Dr. Haskin who is his overseeing physician. They made the referral to me.
Q Okay.
A I think maybe Dr. Haskin on that particular day may have come over and asked me what test should be ordered before Scott came to see me. That must -- that's probably what he means by Dr. Haskin consulted with Dr. Mills. And more -- more than likely, that's the way that took place and said we were both in the office at the same time and that Dr. Haskin asked me what I thought the most appropriate test would be to do.
Q Okay.
A But I didn't actually see him on that day.
Q All right. And the only test ordered at that time was an M.R.I. of the thoracic spine?
A Yes.
Q Okay. And it looks like you did see

him the next day. Is that correct?

A I did.

Q All right. And I noticed that your dictation was done by Ms. Barber. Is that correct?

A Amanda Barber, yes.

Q Okay. And it mentions and it sort of talks in terms of we and I and that type of thing through the report. But it mentions that a phys--- a physical exam was performed and such.

A Yes.

Q Okay. Would you have performed that?

A I would have performed portions of it. She did the bulk of the exam, but usually I do an abbreviated exam when I go in behind -- behind my physician assistant. She's no longer with me, but the physician assistant I have now, that's the way I do it. And that's the way I did it when she was here.

Q Okay. And I notice that she did a thoracic -- I'm sorry -- a spine exam or -- or did you do that on page two of that note -- page three, I'm sorry?

A Page three. The spine exam, more than likely we both did that.

Q Okay. And I believe it showed that -- that Mr. Ledford had tender--- tenderness in his thoracic spine.

A Yes.

Q Okay. And that he had full range of motion and no tenderness in his cervical spine. Is that correct?

A That's correct.

Q And lumbar spine was the same. No tenderness, full range of motion.

A That's correct.

Q Okay. And you did something called a Spurling's. What is that?

A That's a maneuver where you have the patient bend the -- the head toward one or the other shoulders to see if it reproduces any arm pain.

Q Okay.

A And it -- and it's negative if it doesn't.

Q Okay. So -- and what is that indicative of if it's positive?

A It's one of the tests that indicates that there's a pinched nerve if it's positive.

Q Okay. But that was negative. Is that

correct?

A That was negative.

Q Okay. And it also says that under that that the straight leg raise was negative as well. Is that correct?

A That's correct.

Q And what do you do there?

A Usually with the patient sitting, you raise the foot so that the knee is extended and -- and it stretches the sciatic nerve.

Q Okay. All right. And what does that tell you?

A That helps -- that helps you decide whether or not a patient has a -- a pinched nerve or a ruptured disc in the back.

Q Okay. All right. And as a result of all that testing and the M.R.I. I believe that you already had -- or maybe it wasn't back by then -- you referred the patient to Dr. Benjamin. Is that correct?

A Yes.

Q And you wanted Dr. Benjamin to see why the patient was having numbness in his arms and in his right leg. Is that correct?

A Yes.

Q Okay. Now, it's my understanding that you next saw the patient on August 17th, 2010. Is that correct?

A Yes.

Q Okay. And was told that -- that he had seen Dr. Sarb.

A Yes.

Q All right. This again was done -- the dic--- dictation was done by Ms. Barber. Is that correct?

A Yes.

Q Okay. I'm trying to see if it's the one I was looking for. And your assessment at that time continued to be for these thoracic spine compression fractures. Is that correct?

A That's correct.

Q All right. And doctor, the next time I have that you saw the claimant was on September 29th, 2010.

A Yes.

Q And at that time, you ordered physical therapy. Is that correct?

A Yes.

Q And ordered a F.C.E. when that was through.

A Yes.

Q I may be on the wrong thing. I'm trying to -- I read this a minute ago. Okay. I'm sorry, doctor. Can we go back to the August 17th note?

A Sure.

Q In -- in your plan section there, you were going to leave the right leg and the upper extremity numbness to doctor -- to Dr. Sarb. Is that correct?

A Yes.

Q Okay. So you didn't treat those?

A No.

Q Okay. And when you saw him before you ordered physical therapy on September 29th, you were still treating him for the compression fractures?

A Yes.

Q All right. Now doctor, did you get a copy of the physical therapy notes?

A I don't think so.

Q Okay. But as the -- I'm trying to think what the word is -- prescribing physician, would you usually be copied with those?

A Sometimes we are. In this particular

case -- I'm looking under physical therapy section. It looks like the only physical therapy note we got was a prescription for therapy for his ankle sprain.

Q Okay. Doctor, I'm going to show you --

Mr. Brunson: I'm going to have these marked, Hood. They're in my APAs, pages 47 through 52, these marked as -- and it's Exhibit 2.

(Defendant's exhibit number 2 marked for identification.)

BY MR. BRUNSON:

Q Doctor, I'm going to show you the discharge summary and the initial summary. That's what I've placed into evidence in this case. And I didn't leave the middle stuff out other than it just adds a whole lot of pages. And can I ask you to turn to pages -- numbered page 49 down on the bottom, which is two or three in there.

A This is a -- this is a physical therapist --

Q Right.

A -- history. Is that right?

Q Correct. Is this the first time you've seen this?

A It is.

Q Okay. And doctor, if you look at the history of the injury which I highlighted there -- it's this part right here.

A Yeah, got ya.

Q The chief complaints then were of this pain coming out of the thor--- thoracic spine. Is that right?

A Yes.

Q Okay. And there was a mention of the paresthesia in the upper extrem--- extremity, but that had since resolved. Is that correct?

A Yes.

Q Okay. And if you look at the discharge summary, which is the first two pages of this -- I -- I had it backwards -- he was released at that time. Is that correct?

A Yes.

Q Okay. And his chief complaint at that time was still the pain in the thoracic spine. Is that right?

A Yes.

Q Okay. Now doctor, I've showed you a lot of your notes and such, and in response to Mr. Temple's questioning, you stated that you had

diagnosed him with a neck problem and a low back problem. I mean, is it anywhere in your notes where you mentioned a neck problem or a low back problem?

A Well, he was complaining of arm symptoms and leg symptoms which can definitely come from a pinched nerve in the neck or a pinched nerve in the lower back. It just wasn't apparent to me at that time. We didn't have an M.R.I., but -- but looking back at it, I think it could easily be explained by a neck or a back problem because there was no evidence of -- of something else, such as a neuropathy from diabetes or something such as that.

Q I mean, this was an electrical injury. You don't think that could cause numbness in those nerves, arms and such?

A I'm not an expert with electrocutions, so I -- I don't know.

Q Well, why did you refer him to Dr. Sarb as opposed to -- to here?

A We -- I don't have a neurologist in this group.

Q Okay. And when they did the E.N.G.'s, did you get copies of those?

A If I did, I don't remember what they showed.

Q Do you remember if they were read as negative or as normal?

A I don't remember that.

Q Okay. Doctor, you released the claimant in January of 2011. Is that correct? In your note -- I'll show it to you. It's the last one in that stack.

A Yes, that's January the 11th -- I'm sorry, January 27th, 2011. I placed him at maximum medical improvement with a 10 percent impairment.

Q Okay. Now, six and a month -- six and a half months a--- after his compression fracture. Is that correct?

A Yes.

Q Okay. And his notes -- your notes show nothing about a cervical or a lumbar problem, do they?

A No.

Q Okay. And you sent him back to work full-duty.

A That's correct.

Q Okay. When he returned to you in

April of this year -- do you have that first note?

A Yes.

Q Okay. That note shows that he had gone back to work in January. Is that right?

A Is that April the 20th?

Q I believe it was the first time he was seen here.

A If that -- my note -- my note of April 20th says that he's out of work. It didn't say -- it doesn't say when he went back to work.

Q All right.

Mr. Temple: The first one is April the 2nd.

The Deponent: I think it was April the 2nd.

Mr. Brunson: Second.

The Deponent: It was probably April -- April the 2nd.

BY MR. BRUNSON:

Q Okay. Was that your note?

A It is. That was April -- April the 7th -- 2nd was when he came in after having had the motorcycle accident. And it seems like he did go back to work in January at full-duty.

Q Okay. Are you aware that that's

January of 2011?

A It -- it didn't specify in my note what year.

Q Okay. All right. We took your deposition April of 2011, which was a year ago. Do you remember that?

A I don't.

Q Okay. I don't either. And at that time, you had testified that -- that you had sent him back to work three months earlier. Do you remember that?

A I don't.

Q Okay. I'm going to place this deposition into evidence in the case, but -- and at that time, you also testified that you had not seen him since then. Is that right?

A That's right.

Q Okay. Between January of 2011 when you released and rated the claimant and April the 2nd, 2012, had you seen him?

A No.

Q Okay. So that's 15 months or so?

A Yes.

Q Okay. He didn't come in here complaining of thoracic spine, neck or back

problems during that time?

A N--- not to me.

Q Okay. In your deposition, Mr. Temple asked you about future medicals that he may need -- and this was a year and a half ago. Do you remember what you testified to then?

A No, I don't.

Q Okay. Doctor, I'm going to show you page 11 of your deposition last year. The question is on page 10, but where it says A is your answer. Could you read that?

A My answer is I don't believe that would be necessary. He's a very -- he's a very fit, in-shape person and he -- his body should have healed those fractures within, say, six to ten weeks. So I don't believe they are going to give him problems in the future.

Q Okay. Were you recommending any surgery at that time?

A No. That -- this was in regards to his thoracic compression fracture.

Q Sure. But you said you had diagnosed him previously with neck and back problems, but we were asking you about future medicals for the accident. You didn't understand that to be the

case?

A No, the answer I gave was would he need more treatment for the thoracic fractures. And the answer to that was no, because they were healed.

Mr. Temple: And I'm going to place an objection. I was asking those questions and that's what my question indicates.

BY MR. BRUNSON:

Q Okay. And were you recommending any treatment at all to him other than Motrin at that time?

A No.

Mr. Brunson: Okay. That's all I have.

R E D I R E C T E X A M I N A T I O N

BY MR. TEMPLE:

Q Doctor, let met just review some things just so the record is clear here. In terms of the treatment, you only treated -- although your records reflect the -- the paresthesia in the arm and the legs, that was referred out to Dr. Benjamin and/or Dr. Barbara Sarb. Is that correct?

A Correct.

Q And what you treated for was the thoracic spine injuries.

A Yes.

Q And I would represent to you that the questions in your deposition totally related to the impairment rating to the thoracic spine and the thoracic injuries only because that's all you provided ratings for. Is that correct?

A That's correct.

Q And that's all you were asked to provide ratings for is just the thoracic spine.

A Yes.

Q And -- I think you may call it or some practices call it a focus exam or focus treatment where you tend to treat one part of the injury of -- or it may be a whole injury, but one part of that injury. Is that correct? Does that make sense?

A Yes.

Q Okay. Now, doctor, I -- I just want to refer you just so we got the record clear here. I went back and -- thanks to Mr. Brunson -- he's pointed out some of the things he had noticed and wanted to make note of. On the note of August 17th, 2010, at the bottom here, it says -- it --

the plan here, this is -- is noted from your P.A. This is a note that you would have reviewed from Amanda Barber. Is that correct?

A Yes.

Q Okay. And in the plan, it says, we will leave the pain in the right leg and upper extremity paresthesias to doctor--- to Sarb. And so at that point, at least, your P.A., and -- and in concert with you, had agreed to allow her to do that care and treatment?

A Yes.

Q And would that -- as you testified to, would the paresthesias in the right leg and right upper extremity, which is the arm, would that be consistent with a cervical and lumbar injury as you've testified to?

A Yes, it can -- it can come -- now, arm symptoms can come from a -- a disc or a spur type problem in the neck, and then the leg -- leg symptoms can come from a problem in the -- in the lower back. But again, I was getting Dr. Sarb's input for a couple reasons. To help me figure out was it related to the taser or was it related to neck or back problems and also to let her do the conservative treatment, which is what we would

want to do first anyway.

Q All right. So in your opinion, is there substantial evidence that this gentleman was at least suffering from these complaints prior to as a result of that first accident of July 2010?

A Yes.

Q Okay. And on your note of Sept--- July 28th, 2010 that Mr. Brunson indicated -- it says here -- he -- he talked about only the leg part, but just so that the record is clear, it says here under the plan -- this is your note that says, I recommend in regards to the numbness in his upper extremities and right lower extremity getting him in to see Dr. Benjamin for an opinion. And at that time, it was recommended that he have APF&E's cervical spine, which would be diagnostic studies of the cervical spine and the lumbar spine. Is that right?

A That is correct.

Q And so Dr. Mills, in summary, you felt like his symptoms were significant enough to have a diagnostic study done, both the cervical and lumbar spine, given the history that he provided to you and your physical examination along with your education, training and skills. Is that a

fair statement?

A That is correct.

Q And is that your opinion within a reasonable degree of medical certainty?

A Yes.

Q Okay. Now doctor, has anything that Mr. Brunson asked you in turn -- during his cross-examination changed the opinions that you rendered during direct examination?

A Huh-uh.

Q Okay. And are those still your opinions?

A Yes.

Mr. Temple: Thank you. That's all I have.

R E C R O S S - E X A M I N A T I O N

BY MR. BRUNSON:

Q Doctor, records I've shown you show that the problems he was complaining of in his arms and right lower extremity had resolved by the time you last saw him. Is that correct? In January of 2010 -- January of 2011. And I'm talking about the physical therapy records that I showed you and the F.C.E. that you ordered.

A And my note said that he was doing

well in his upper back area. We didn't really talk about his arms or his legs, but -- I'm sorry. What -- what note are you referring to?

Q I'm talking about the functional capacity evaluation that said those problems had since resolved and the initial consultation on the physical therapy.

A It says the upper extremity pare--- paresthesia which has since resolved, yes.

Mr. Brunson: Okay. Thank you.

Mr. Temple: I don't have any further follow-up, Dr. Mills. Thank you very much.

(Deponent excused.)

(Whereupon, at 2:04 p.m., the taking of the foregoing deposition was concluded.)

CERTIFICATE OF REPORTER

State of South Carolina

County of Florence

I, Leigh Stoupenos, Court Reporter and Notary Public for the State of South Carolina, do hereby certify that the deponent in the foregoing deposition was, by me, first duly sworn to testify to the truth, the whole truth and nothing but the truth; that said deposition transcript contains a true record of the deposition of said deponent.

I further certify that I am neither attorney nor Counsel for, nor related to or employed by any of the parties connected to the action, nor am I financially interested in the action.

Witness my hand at Florence, South Carolina, this the 27th day of August, 2012.

_____

Leigh Stoupenos

MY COMMISSION EXPIRES:
October 18, 2020

STRAND REGIONAL SPECIALTY ASSOCIATES

Scott Ledford
DOB: [redacted]
Chart: 121838
Date: [redacted]
Neurology Consultation

HISTORY OF PRESENT ILLNESS: Mr. Ledford is seen in evaluation at the request of Dr. Mills regarding work-related Taser injury. The patient states that on 07/15/2010, he was in a Taser training in a controlled atmosphere, at which time he was tasered with 50,000 volts with impact to left posterior shoulder region and at the right iliac crest at 7 feet distance. The patient states that he extended his back and was held up by two fellow troopers. He noted muscle contraction and spasm. He states that couple of days later, he was having shortness of breath and his muscles continued to feel tight and contracted. He also had numbness and tingling of the right arm, right leg especially down the right buttock, and posterior leg to the foot. There is a little bit of numbness on the left leg, but this has since resolved. He denies any bowel or bladder dysfunction or any face symptoms. He does note if he runs, the pounding seems to cause jolts of increased pain. He was seen by Dr. Mills approximately four or five days later for thoracic back pain and was found to have two compression fractures in the upper thoracic region and has been in a thoracic spine brace. He denies any neck pain.

PAST MEDICAL HISTORY: Pertinent for surgery on his right index finger in 2005. He denies any prior spine injury or medical illness.

MEDICATIONS: He is currently on no medications.

ALLERGIES: He does have any allergy to shellfish.

FAMILY HISTORY: Father with history of myocardial infarction and hypertension.

SOCIAL HISTORY: The patient denies any tobacco or alcohol use. He is married. He is a state trooper/police officer. He also owns the outdoor guide company and Landscape Company.

REVIEW OF SYSTEMS: The patient notes his right grip appears less than the left. He notes difficulty sleeping, shortness of breath which has gotten better, thoracic pain and stiffness, numbness and tingling in right arm appears to be on the undersurface of the arm more so than anywhere else with numbness of all fingers. Numbness and tingling of the right leg down the buttocks and back of leg primarily to the foot.

PHYSICAL EXAM:
VITAL SIGNS: Blood pressure 138/92, pulse 68, and weight 201 pounds.
GENERAL: The patient does have a thoracic back brace in place. He has no signs of shortness of breath.
HEENT: Normocephalic.

CLAIMANT'S EXHIBIT

Scott Ledford
DOB: [redacted]
Chart: 121838
Date: 8/10/2010
Page 2

NECK: Supple. [redacted]
HEART: Regular rate and rhythm.
LUNGS: Clear.

NEUROLOGICAL EXAMINATION:
CN II-XII: PERRLA. EOMI. Full visual fields with confrontation. Funduscopic exam is normal with no evidence of papilledema or hemorrhage. Spontaneous venous pulsations are seen. Facial sensation is intact to pinprick. Muscle of mastication are strong with symmetrical facial expressions. Hearing is intact to conversation. Soft palate elevated symmetrically with midline protrusion of the tongue. Gag is intact. Sternocleidomastoid and trapezius strength is symmetric.
MOTOR: The patient does have a little bit of decreased right grip compared to the left. He is right-hand dominant. Intrinsic hand muscles are symmetric. Remainder of the motor strength testing is intact.
SENSORY: Sensation is intact to pinprick, temperature, vibration and position sense. There is no truncal sensory level.
DTRs: 2/4 in the upper and lower extremities with downgoing plantar response.
CEREBELLAR: There is an intact finger-nose-finger, rapid alternating movements and heel-to-shin testing.
MECHANICAL SPINE: The patient denies neck pain with range of motion and palpation. There is no sensory level in the cervical region. He does have back brace in place.
GAIT: His gait is stable. He is able to tandem work.

MEDICAL DECISION MAKING: Mr. Ledford is seen in evaluation for work-related Taser injury.

RECOMMENDATIONS: He has had two thoracic compression fractures and is having numbness, tingling, and paresthesias in the arms and legs secondary to nerve root inflammation/radiculitis post event. I have discussed treatment options with the patient. We are going to try him on some Lyrica 50 mg one to two tablets a day. Side effects to monitor for were discussed with the patient. I would like to see him back in followup in two weeks. If he is not showing improvement, we will proceed with the EMG and nerve conduction study of the right upper and lower extremity in addition to further imaging studies of the cervical and lumbar region at that time.

Barbara L. Sarb, DO

BS/apa

cc: William Mills, M.D.

InMed

Diagnostic Services of S.C., LLC

PATIENT NAME: SCOTT LEDFORD
DOB: [redacted]
REFERRING PHYSICIAN: B. SARB
GENDER: MALE
MR#: 416826
DATE OF STUDY: 9-9-10

MRI CERVICAL SPINE

HISTORY: Neck pain and mid back pain extending into the right arm with numbness. Prior history of thoracic spine fractures.

TECHNIQUE: Sagittal T1/T2 and axial T2 and gradient echo images obtained on a .3 Tesla open MRI unit.

FINDINGS: The paramidline lower cerebellum, lower brainstem and cervicomedullary junction are intact. C1-T2 are normally aligned. The T3 vertebral body is mildly decreased in height at the superior endplate. T4 is also mildly decreased in height and the findings may relate to chronic compression fractures at T3 and T4. There is no posterior bony retropulsion or cortical extension. Currently, no findings of marrow edema. The cervical and upper thoracic spinal cord is normal caliber and signal. Mild disc degeneration is seen at C2-3, C3-4, and C4-5. No significant disc bulge or foraminal stenosis at these levels. C5-6 disc is degenerated and narrowed with broad-based posterior disc protrusion greatest to the left of midline with overlying osteophytes. The findings are typical of moderate spondylosis with thecal sac effacement and mild left foraminal stenosis. Left sided moderate spondylosis is seen at C6-7 as well with osteophyte and chronic disc bulge best seen just ventral to the left C7 ventral rootlets. The foramina remain patent. C7-T1 and T1-2 and T2-3 discs are unremarkable. No defined paraspinal mass or muscle asymmetry. No significant right foraminal stenoses are identified with only mild spondylotic spurring to the right at C4-5, C5-6, and C6-7 levels.

IMPRESSION:

1. Moderate C5-6 and C6-7 left sided dominant spondylosis and degenerative disc disease with left sided thecal sac effacement and possible left C7 ventral rootlet contact. Mild left foraminal stenosis due to the chronic spondylotic spurring. No findings of acute disc herniation with particularly attention to the right side.
2. Mild mid cervical facet arthropathy with no acute fractures.
3. Mild wedge deformity and superior endplate deformities at T3 and T4 vertebral bodies that may relate to remote fractures.

Charles E. Parke, M.D.

CEP/skd

4701-C Oleander Dr.
Myrtle Beach, S.C. 29577
P: (843) 692-0040 F: (843) 692-0046

FAX

CLAIMANT'S EXHIBIT 40

Strand Regional Specialty Associates, LLC
Patient Data Base

Providing information about your personal and family medical history is one of the best ways to help your physician learn a great deal about your health in a short period of time. The questions in the Medical History Worksheet are designed to help you remember and communicate important details of your past and current health history. Complete as much of the worksheet as possible, answering as many of the questions as you can.

Name Scott Ledford Date of Birth [redacted]

Height 5'10 Weight 185 #'s ☒ Right-handed ☐ Left-handed

Please describe the problem you are experiencing:

numbness Right Arm/Leg slight numbness Left Arm

How long have you been having this problem? 7/15/2010 Tazd - Train Controller Atmos

How often does this problem occur? ALOT

How severe is the problem? ☒ Very severe ☐ Moderately severe ☐ Mild

Are there things that make this problem worse?

yes

Are there things that make this problem better?

yes

What activities can you no longer do because of this problem?

R&W / exercise

Do you experience this problem with movement? ☒ Yes ☐ No

Do you experience this problem at rest? ☒ Yes ☐ No

Medical History

Prior Medical Problems (Include any Neurological and/or Orthopaedic related problems):

NONE

Prior Surgical History (List all operations and dates):

Right Index Finger 2005

GRAND STRAND SPECIALTY ASSOCIATES

Orthopaedic Surgery/Traumatology:
Christopher Bouton, DO
Neurosurgery:
Thomas Anderson, MD
Eugene Gaddens, MD
Neurology:
Jeff Benjamin, DO
Barbara Sarb, DO
Michael McCaffrey, MD
Neurology & Ophthalmology:
George Sandoz, MD

August 26, 2011

To Whom It May Concern:

RE: Scott Ledford
DOB: [redacted]
Chart: 121838

Dear Sir or Madam:

A letter from attorney Temple in regards to Scott Ledford's impairment regarding cervical spine. The patient's chart was reviewed. Initial examinations and most recent examination, the patient fits the 5% whole-person impairment for cervical degenerative changes with stenosis and resolved radicular/paresthesia symptoms using the AMA Guides to the Evaluation of Permanent Impairment Sixth Edition. If you have any further questions or concerns, please do not hesitate to contact me.

Sincerely,

Barbara L. Sarb, DO

BS/ss

Electronically Signed on 10/11/2011 5:15 PM

8170 ROURK STREET • MYRTLE BEACH, SOUTH CAROLINA 29572
TELEPHONE: 843.449.2336 • FACSIMILE: 843.497.2505 • WWW.GRANDSTRANDSURGIC

CLAIMANT'S EXHIBIT 5

Scott Ledford
DOB: [redacted]
Chart: 121838
Date: 8/27/2010
Page 1

[redacted]

Patient MRN: 121838

Date: 08/27/2010

Category: Dictation

Description: Sarb dictation

Provider ID:C706AC9B-07A5-4436-9BD0-99AC04AF5CE2

Transcription Date: August 27, 2010

Scott Ledford
DOB: [redacted]
Chart: 121838
Date: 8/27/2010
Neurology Follow Up

SSN#:

HISTORY OF PRESENT ILLNESS: Mr. Ledford is seen in followup after a taser injury. He continues complaint of numbness and tingling of right arm and right leg and pain radiating down the arm. He states he had some cervical x-rays and updated thoracic x-rays at orthopedics. I do not have these notes and we will have him sign a record release. He states that everything, to his knowledge, was stable. He does have an area of tenderness and radiating pain on the right T6 through T9 area from the spine out to the rhomboid area and in towards the scapula area. He also feels like the right arm is just weaker in general. His grip is decreased on the right arm strength testing today. That is his dominate arm. He continues to have right sciatica pain and numbness, however, Lyrica is helping a little. He is just taking one tablet at nighttime. He is tolerating okay. He is really not interested in increasing. He states he is just not a medicine person.

PHYSICAL EXAM:
MOTOR: He does have decreased grip strength on the right compared to the left. Proximal strenght is intact. He does have subjective tenderness over the T6, T9 area just to the right of the midline. Some increased muscle tone of the paraspinal muscles on the right radiating to the mid-

CLAIMANT'S EXHIBIT 4

Scott Ledford
DOB: [redacted]
Chart: 121838
Date: 8/27/2010
Page 1

shoulder blade area. He does have complaint of pain down the right buttocks, back leg. Motor strength otherwise is intact.
SENSORY: No dermatomal loss.

MEDICAL DECISION MAKING: Patient with taser injury. Patient with continued complaint of numbness, tingling in right arm, decreased right grip.

RECOMMENDATIONS: I have recommended MRI of the cervical region for evaluation of cervical disc pathology in addition to EMG and nerv.e conduction study of the right arm and right leg for paresthesias neuropathy. He may continue on the Lyrica which does seem to be helping neuropathic pain at this point. I have also placed a Lidoderm patch on the area of thoracic neuropathic pain. If this does help, I will give him a prescription for one patch daily, to remove at nighttime. He will be seen in followup after the above has completed or in four weeks

Barbara L. Sarb, DO

BS/ljh

cc:

Electronically Signed on 09/12/2010 5:00 PM

The End.

Barbara Sarb

SCOTT A LEDFORD REP: ER CONWAY
62711
DOB: [redacted]
06/04/2012

SUBJECTIVE: He has right hand numbness and right arm pain, neck and right arm pain, lower back pain.

OBJECTIVE: Cervical MRI is reviewed. There is disc space narrowing C5-6, C6-7. Lumbar MRI shows a central herniation L5-S1. Advanced spondylosis.

ASSESSMENT:
1. C5-6, C6-7 spondylosis with right cervical radiculopathy.
2. L5-S1 spondylosis.

PLAN: Treatment options were discussed. I recommend ACDF at C5-6 and C6-7 with LDR system, also ALIF at L5-S1. He probably wants to get his neck done first.

William L. Mills, M.D. /5204
1969095

Chart Copy

CLAIMANT'S EXHIBIT
29

SCOTT A LEDFORD REF: ER CONWAY
62711
DOB: [redacted]
04/20/2012

SUBJECTIVE: He continues with thoracic pain, lower back pain and right ankle pain. He is on the Nucynta. He is out of work.

OBJECTIVE: Thoracic MRI is reviewed. The compression fractures are healed. Lumbar MRI shows fairly advanced spondylosis L5-S1. Right ankle MRI shows a contusion. No definite fracture line.

ASSESSMENT:
1. Myofascial pain thoracic area.
2. Right ankle contusion.
3. L5-S1 spondylosis.

PLAN: Equalizer boot. Out of work. I think probably the best option for him as far as his lower back is an ALIF at L5-S1. First let's try some bilateral facet blocks at L5-S1. Out of work status. Equalizer boot. We will see him back in a couple of weeks.

William L. Mills, M.D. /5204
1848516

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CLAIMANT'S EXHIBIT 7

COA INSURANCE NO. 345 P. 3/13

27

Corvel Scan Date: 8/2/2010

SCOTT A LEDFORD

Date: 07/27/2010
Case No. 62711
AGE/SEX: 34/Male

Referred By: MELVIN HECKER, MD

CHIEF COMPLAINT: Upper back pain.

PRESENT ILLNESS: This is a 34-year-old white male who is seen today for orthopedic evaluation. The patient is a police officer. He reports he was doing some training exercises and was struck by a tazer on 07/15/2010. He says when he was shot with the tazer gun he immediately experience severe pain in his upper back. He complains of pain, particularly when he walks any great distance or jogs. He also describes pain in the lateral aspect of his right thigh. He denies bowel or bladder dysfunction. He has not been seen prior to today in the emergency room.

MEDICAL HISTORY: Hypertension.
MEDICATIONS: "None."
ALLERGIES: NKDA.
SOCIAL HISTORY: He is a state trooper/business owner.
REVIEW OF SYSTEMS: Documented in the chart and noted.

PHYSICAL EXAM: Pleasant white male in no acute distress.
NECK: Supple. Trachea midline. No thyromegaly noted.
HEAD: Normocephalic and atraumatic.
ABDOMEN: Deferred.
HEENT: Sclerae are clear.

ORTHOPEDIC: Examination of the thoracic spine reveals point tenderness over T6 and T7. He has a slight kyphosis of the thoracic spine. There is no scapular winging. He has 1+ triceps-biceps brachioradialis reflexes bilaterally.

X-RAYS: X-rays taken today in the office, including AP and

DEFENDANT'S EXHIBIT

1

12

Corvel Scan Date: 8/2/2010

lateral views of the thoracic spine demonstrates a T7 compression fracture.

IMPRESSION: 1. T7 compression fracture.

PLAN: Disposition and treatment options discussed with the patient. H&P corroborated with Dr. Haskin. Dr. Haskin also consulted with Dr. Mills who recommends getting an MRI of the thoracic spine, and then following up with Dr. Mills after that has been performed to discuss further treatment options. Until that time he will remain on light duty and perform only sedentary work.

Doug T. Vick, PA-C
For J. Stewart Haskin, Jr., M.D. /5117
409230

fcc: Melvin Hecker, MD

13

Corvel Scan Date: 8/2/2010

Coastal Orthopaedic Associates MRI
Conway Health Plaza
235 Singleton Ridge Road
Conway, South Carolina 29527
(843) 234-2094 Office
(843) 347-4376 Fax

~~Professionally Interpreted by:~~
Carolina Radiology Associates, LLC

NAME: LEDFORD, SCOTT
DOB:
PHYSICIAN: HASKIN

DATE OF EXAM: 07/28/2010
PATIENT ID: COA62711

EXAM: MRI of the thoracic spine.

HISTORY: T7 compression fracture.

TECHNIQUE: Sagittal and selected axial T1 and T2-weighted imaging as well as sagittal inversion recovery images were obtained through the thoracic spine.

FINDINGS: There is a T6 compression fracture. This is counting from the cervical spine down. There is approximately 25-30% vertebral body height loss. No retropulsed fragment is seen. Edema is seen suggesting that this is acute in nature, consistent with history. Additionally, there is some edema in the superior anterior endplate of T9, likely representing a small contusion.

No significant central canal or foraminal stenosis is identified. Visualized paraspinal soft tissues are unremarkable, as is the cord itself.

IMPRESSION:

1. T6 acute compression fracture with approximately 30% vertebral body height loss. It should be noted that this counting is performed from the top down.

2. Probable contusion of the anterior superior endplate of T9.

Preliminary report faxed to Coastal Orthopaedics at 9:38 a.m. on 7/28/2010.

Images were interpreted at CRA office.

SIGNEDBY
DD: 07/28/2010
DT. 07/28/2010

smj

Corvel Scan Date: 8/5/2010

SCOTT LEDFORD

Date: 7/28/2010
Case No. 62711
AGE/SEX:

Referred By:

CHIEF COMPLAINT: Thoracic pain, right lower extremity pain and bilateral upper extremity paresthesias.

PRESENT ILLNESS: The patient presents to our office today. He complains of thoracic pain with associated numbness in both of his upper extremities, right greater than left. No radicular pain. He states the numbness in his arms is worse at night. He also complains of pain that begins in the right gluteal region and radiates down to the posterior thigh with associated paresthesias and anesthesias. This all began 07/15/2010 when he was tazed during a training course at work. He is a State Trooper. He denies any history of thoracic, bilateral upper extremity or right lower extremity pain prior to the injury. Overall, his pain in the middle back is the most bothersome. No fever. No weight loss. No bowel or bladder dysfunction. The pain is worse with sitting, moving fast, running, or lifting. He states that standing gives him some relief.

MEDICAL HISTORY: Hypertension.

SURGICAL HISTORY: Left index finger surgery.

MEDICATIONS: None.

ALLERGIES: Shellfish.

SOCIAL HISTORY: No alcohol, tobacco, or drug use.

REVIEW OF SYSTEMS: Noted and reviewed as documented in the chart.

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Corvel Scan Date: 8/6/2010

PHYSICAL EXAMINATION:

GENERAL APPEARANCE: Well-developed, well-nourished, alert and oriented x 3. Patient appears to be in no acute distress.

VITAL SIGNS: Respirations 20 Height 5 feet 10 inches. Weight 185.

SPINE EXAM: Thoracic spine, mid-thoracic tenderness. Lumbar spine, no tenderness. Full range of motion. Cervical spine, no tenderness. Full range of motion. Negative Spurling's.

HIPS: No pain with range of motion.

VASCULAR: Positive pedal pulses.

NEUROLOGICAL EXAM: Manual motor testing reveals 5/5 strength to bilateral biceps, triceps, wrist dorsiflexors, grip, quadriceps, tibialis anterior, and extensor hallucis longus. DTRs are normoactive and symmetric. Negative straight leg raise. No clonus.

RADIOGRAPHS: Thoracic MRI shows an acute T6 compression fracture with edema at T9. Thoracic spine x-rays show 22 degree kyphosis at T6.

ASSESSMENT:

1. Acute T6 compression fracture with 22 degree kyphotic deformity and edema at T9.

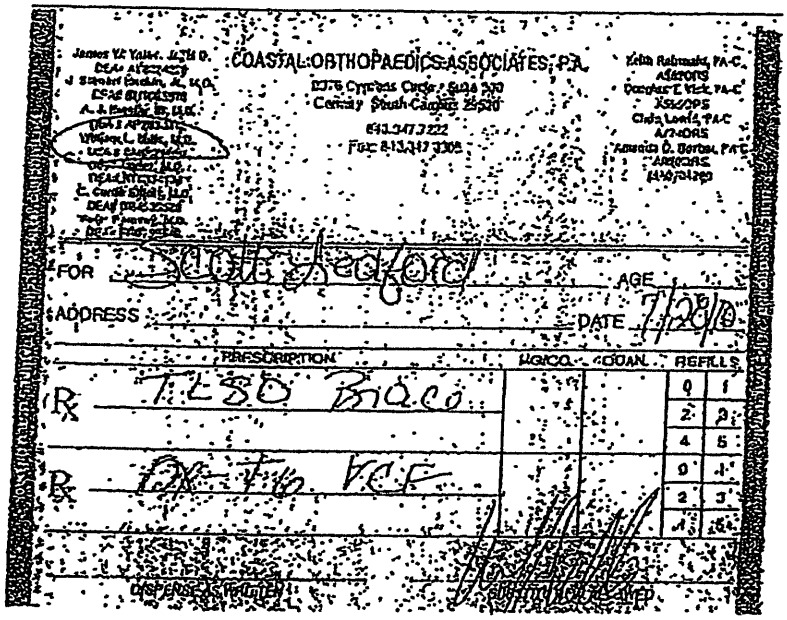
PLAN: The patient's history and management were discussed with Dr. Mills. Dr. Mills was in to see the patient. I recommended in regards to the numbness in his upper extremities and right lower extremity, getting him in to see Dr. Benjamin for his opinion regarding this. We will put him in a TLSO-brace for his compression fracture. We will give him Neurontin 1 p.o. b.i.d. precautions provided. AP F&E's cervical spine. AP F&E's lumbar spine. We will also get AP and lateral x-rays of the thoracic spine in the brace. We will see

Corvel Scan Date: 8/5/2010

him back in 2 to 3 weeks or sooner should any new or worsening symptoms develop. AP and lateral x-rays of the thoracic spine upright in the brace.

Amanda C. Barber, PA-C
For William L. Mills, M.D. /S154
410955

17



COASTAL ORTHOPAEDICS ASSOCIATES, P.A.

FOR Scott Jackson AGE

ADDRESS DATE 7/20/18

PRESCRIPTION	MG/CC	#DAYS	REFILLS
Rx T-ESO 300 CO			0 1 2 3 4 5
Rx CX-FLEX VCF			0 1 2 3 4 5

DISPENSE AS WRITTEN

SUBSTITUTION NOT PERMITTED

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Corvel Scan Date: 8/20/2010

SCOTT A LEDFORD REF: ER CONWAY

62711

8/17/2010

SUBJECTIVE: The patient presents to our office today for follow-up of T6 compression fracture. Date of injury is 7/15/2010. He reports he has been wearing the brace. He has seen Dr. Sarb for the upper extremity and right lower extremity pain and upper extremity paresthesias.

OBJECTIVE: The patient is well-developed, well-nourished. The patient is alert and oriented x 3. The patient appears to be in no acuce distress. On examination today the patient is neurovascularly intact.

X-RAYS: AP and lateral views of the thoracic spine views show a 15.3-degree kyphotic deformity. AP and lateral flexion and extension views of the cervical spine show disc space narrowing at C6-7. AP and lateral flexion and extension views of the lumbar spine at L4-5 and L5-S1.

ASSESSMENT: Acute T6 compression fracture with now measuring 15.3-degree kyphosis and also at T9.

PLAN: We will leave the pain in the right leg and upper extremity paresthesias up to Dr. Sarb. He does report this is improving. Continue his TLSO brace for now. We will see him back in 4-6 weeks or sooner should new or worsening symptoms develop. X-rays out of the brace. We will keep him out-of-work until his follow-up appointment.

Amanda C. Barber, PA-C /5142
for William L. Mills, M.D.
443512

Chart Copy

fcc: Conway Medical Center Emergency Room

19

Corvel Scan Date: 10/6/2010

SCOTT A LEDFORD REF: ER CONWAY
62711
9/29/2010

SUBJECTIVE: The patient presents to our office today for follow-up. He is about 2 1/2 months out status post T6 compression fracture. Date of injury was 7/15/2010. Also, he has a history of right lower extremity pain and upper extremity paresthesias, which is improved. Overall he states his thoracic pain has improved significantly. He complains of a trigger point along the right scapular region.

OBJECTIVE: The patient is well-developed, well-nourished. The patient is alert and oriented x 3. The patient appears to be in no acute distress. On examination today the patient is neurovascularly intact. He does have a right scapular border trigger point.

RADIOGRAPHS: X-rays out of the brace show no change in kyphosis.

ASSESSMENT:
1. Acute T6 compression fracture without change in kyphotic deformity and T9 compression fracture.
2. Myofascial pain.

PLAN: We will, at this point, let him discontinue his brace. He can discontinue his brace. I recommend physical therapy for core strengthening and follow-up with a work hardening program and functional capacity evaluation. We will keep him out-of-work until the functional capacity evaluation. He can work within those guidelines.

Also, under aseptic technique, after verbal consent was obtained, I injected right scapular region with 1 cc of lidocaine, 1 cc of Marcaine and 1/2 cc of 40 mg Kenalog. The patient tolerated the injection well. No complications were noted. We will also get him a prescription for Flexor patches he can use on that area. We will see him back in 3-4 months or

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Corvel Scan Date: 10/6/2010

sooner should new or worsening symptoms develop. AP and lateral views of the thoracic spine at that time centered on C6.

Amanda C. Barber, PA-C /5142
for William L. Mills, M.D.
521897

Chart Copy

fcc: Conway Medical Center Emergency Room

Corvel Scan Date: 2/1/2011

SCOTT A LEDFORD REF: CONWAY ER
62711
01/27/2011

SUBJECTIVE: He is 6-1/2 months out from T6 compression fracture, doing well having minimal pain. He just has a little bit of tightness across his upper back area.

OBJECTIVE: AP and lateral thoracic x-rays show no significant kyphosis.

ASSESSMENT: Healed compression fracture.

PLAN: Core strengthening. Motrin as needed. He is at MMI, 10% residual impairment. He is able to work full duty.

William L. Mills, M.D. /5204
759455

Chart Copy

cc: Conway Medical Center Emergency Room

77

Select Physical Therapy
8170 Rourk Street
Suite A
Myrtle Beach, SC USA 29572
Phone: (843) 449-1963
Fax: (843) 497-0374

Patient:	Scott Ledford	Note Date:	Jan 12, 2011
Acct #:	013R610276301	FSC:	Workers Compensation
DOB:	[redacted]	Payor:	WC OF SC
Clinician:	Uesel M. Barker PT	Pol/Claim#:	Not Specified
Prim Phy:	William Mills	Insured:	SC Department of Public Safety
Phy Phone:	(843) 347-7222	Employer	SC Department of Public Safety
Phy Fax:	(843) 347-3305	Case Mgr:	Not Specified
Sec Phy:	Not Specified	Visits:	18
Inj. Date:	7/15/2010	Cd/Ns:	1
Surg. Date:	Not Specified		

Discharge Summary

Diagnoses Spine

8052	FX DORSAL VERTEBRA-CLOSE
7241	PAIN IN THORACIC SPINE

Subjective Examination

ADL / Functional Status:

- Occupational requirements. Motorcycle/highway patrol ~10 hours/day. Sitting 4-5 hours per day. Standing. 1/12/11: pt is able to lift 50 lbs and can sit for several hours/day Current status: Work status: Unable to work secondary to dysfunction. Occupation: police officer

Chief Complaint:

- Pain over region of right T6-T9/paraspinals. "Annoying, like a knot" at T6. Occasional "burning sensation/radiating" pain through right thoracic spine. 12/22/10 - pain more localized to T/S
- Pain:
  - Severity at Worst: 3/10. (sustained posture- sitting). Aggravating Factors: sitting, extension, left SB & rotation, increased intraabdominal pressure (sneezing/coughing) sitting tolerance: 15 minutes; walking tolerance: 45 minutes. 12/22/10: can sit for 30+ min before it gets uncomfortable. Not much pain with walking 1/12/11: can sit for several hrs

Daily Comments:

- pt has less pain in back - less muscle spasms, but pain with prolonged sitting/heavy lifting. Pt feels much better since he has been in PT these last few weeks.

Questionnaires: Disability Index:

• Test Name	Oswestry Disability Index
• Date	01/12/2011
• Assessment	Discharge
• Raw Score	10
• Percentage	15.00%
• Pain Intensity	0 - No pain at the moment
• Personal Care	1 - Normal care but extra pain
• Lifting	1 - Heavy but w/extra pain
• Work	1 - My usual work, but no more
• Sleeping	0 - No trouble sleeping
• Walking	1 - Some, no inc w/distance
• Sitting	2 - Pain limits sitting > 1 hr
• Standing	1 - Some but no inc w/time
• Social Life	1 - Normal but inc of pain
• Traveling	1 - Some pain but not worse

Objective Examination

Joint Integrity/Mobility:

- Pain/restriction with PA's of thoracic spine T6-T9

Palpation:

- Thoracic Region: Pain and myofascial restriction on palpation of right thoracic PVM T6-T 9. 12/09/10: decreased thoracic restriction 12/3/0/10: minimal pain with palpation. 1/12/11: no significant restriction

Range of Motion: Active Thoracic:	Nov 30, 2010	Jan 12, 2011
• Extension	75%	100%
• Flexion	100%	100%
• Rotation Left	100%	100%
• Rotation Right	100%	100%
• Side Bending Left	100%	100%
• Side Bending Right	100%	100%

Assessment

much improved since initial visit; good ROM with increased strength. He is able to lift 50 lbs that is required for his job with sitting tolerance for

Document ID: 52E01204.025 Status: Signed off (secure electronic signature)
Uesel M. Barker PT,PT(SC Lic 3224)

DEFENDANT'S EXHIBIT

9 17

Patient: Scott Ledford
Acct #: 013R610276301 Note Date: Jan 12, 2011

several hrs. he has aching in T/S, but is does not limit activity level at this time. Pt feels that he is ready to return to work after FCE. Based on this patient's clinical presentation, it is my professional opinion that the patient's prognosis at time of discharge is good. The patient was educated regarding their discharge prognosis and related pathology. The patient demonstrates good understanding of their home program instructions.

Problems & Goals

Problem #1 ADL / Functional Status: Occupational requirements: Motorcycle/highway patrol ~10 hours/day. Sitting 4-5 hours per day. Standing. 1/12/11: pt is able to lift 50 lbs and can sit for several hours/day

Goal Achieved Jan 12, 2011.

Functional Improvements In:

- able to lift up to 50 pounds without increased pain, push/pull up to 100 pounds without increased pain, walk up to 30 minutes continuous without increased pain

Problem #2 Questionnaires: Disability Index.

Goal Abandoned Jan 12, 2011. decreases from before

Questionnaire Improvements: Disability Index:

• Test Name	Oswestry Disability Index
• Percentage	10.00%

Problem #3 Chief Complaint: Pain: Severity at Worst: 3/10. (sustained posture- sitting).

Goal Abandoned Jan 12, 2011. less frequent

Symptomatic Improvements:

- Decreasing Pain: to 1/10.

Problem #4 Chief Complaint: Pain: sitting tolerance: 15 minutes; walking tolerance: 45 minutes. 12/22/10: can sit for 30+ min before it gets uncomfortable. Not much pain with walking 1/12/11: can sit for several hrs

Goal Achieved Jan 12, 2011.

Functional Improvements In:

- Improve sitting tolerance to 60 minutes with minimal symptoms.

Problem #5 Range of Motion: Active Thoracic.

Goal Achieved Jan 12, 2011.

Range of Motion Improvements to: Active Thoracic:

• Extension(painfree)	100%
• Rotation Left(painfree)	100%
• Side Bending Left(painfree)	100%
• Side Bending Right(painfree)	100%

Problem #6 Palpation: Thoracic Region: Pain and myofascial restriction on palpation of right thoracic PVM T6-T 9. 12/09/10: decreased thoracic restriction 12/3/0/10: minimal pain with palpation. 1/12/11: no significant restriction

Goal Achieved Jan 12, 2011.

Palpable Improvements:

- Soft Tissue Mobility/Pliability Improving to: Slight Restrictions.

Plan

pt has met goals for PT and needs FCE scheduled.
Discharge due to:

- Completed Current Program. Goals were met.

Liesel M. Barker PT, PT(SC Lic 3224)

Select Physical Therapy
8170 Rourk Street
Suite A
Myrtle Beach, SC USA 29572
Phone: (843) 449-1963
Fax: (843) 497-0374

Patient:	Scott Ledford		
Acct #:	013R610276301	Visit Date:	Nov 30, 2010
DOB:	[redacted]	FSC:	Workers Compensation
Clinician:	Colleen Volpe PT	Payor:	WC OF SC
Prim Phy:	William Mills	Pol/Claim#:	Not Specified
Phy Phone:	(843) 347-7222	Insured:	SC Department of Public Safety
Phy Fax:	(843) 347-3305	Employer:	SC Department of Public Safety
Sec Phy:	Not Specified	Case Mgr:	Not Specified
Inj. Date:	7/15/2010	Visits:	1
Surg. Date:	Not Specified	Cd/Ns:	0

Initial Evaluation

Diagnoses	Spine	8052	FX DORSAL VERTEBRA-CLOSE
		7241	PAIN IN THORACIC SPINE

General Information

Date of Birth:
- Date: [redacted]

Disease/Disorder/Condition:
- T6/T9 compression fx 07/15/10; myofascial pain

History of Injury:
- Pt. presents with myofascial pain, compression fx of T6/T9 and hairline fx of T8 following injury sustained by taser during occupational training 07/15/10. Pt. continued occulaboral/daily activities until seeking MD treatment with Dr. Mills on 7/22/10 at Conway hospital. MRI confirmed compression fx of T6 and T9. Pt. not taking medications and used brace during day- brace discontinued 9/29/10. Referred for NCV/EMG testing 2y c/o UE paresthesia which is since resolved

Occupation:
- State trooper.

Subjective Examination

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

ADL / Functional Status:
- Occupation: Job Title: State Trooper Occupational requirements: Motorcycle/highway patrol ~10 hours/day. Sitting 4-5 hours per day. Standing. Social Support: Living Arrangements: Lives with wife and children.
- Current status:
  - Basic care: Independent without difficulty Work status: Unable to work secondary to dysfunction
- Premorbid status:
  - Basic care: Independent without difficulty. Work status: Full time / Full duty. Recreation/Athletics: Independent without difficulty.

Chief Complaint:
- Pain over region of right T6-T9/paraspinals. "Annoying, like a knot" at T6. Occasional "burning sensation/radiating" pain through right thoracic spine.
- Pain:
  - Severity at Best: 0/10. Severity at Worst: 3/10. Location: Thoracic T6-T9; right Aggravating Factors: sitting, extension, left SB & rotation, increased intraabdominal pressure (sneezing/coughing) Relieving Factors: walking, position changes sitting tolerance: 10 minutes; walking tolerance: 30 minutes

Client Knowledge/Awareness of:
- Physical Therapy Role: Good.

Functional Capability: Working Status: Last Date Worked Due to Injury:
- Date: 07/22/2010

Functional Capability:
- Premorbid ADL Capacity: Unrestricted/Fully Able.

Mechanism of Injury:
- Primary Episode: Traumatic: Taser

Medical Management:
- Medications:
  - None. Injection 9/29/10. Pt. reports no change in symptoms.
- Injury Diagnosis: Thoracic Compression Fracture.

Questionnaires: Disability Index:

• Test Name	Oswestry Disability Index
• Date	11/30/2010
• Assessment	Initial
• Raw Score	10
• Percentage	20.00%

• Pain Intensity	0 - No pain at the moment
• Personal Care	1 - Normal care but extra pain
• Lifting	1 - Heavy but w/extra pain
• Work	1 - My usual work, but no more
• Sleeping	0 - No trouble sleeping
• Walking	0 - No pain on walking
• Sitting	3 - Pain limits > 1/2 hr
• Standing	2 - Unable > 1/2 hr w/o inc pain
• Social Life	1 - Normal but inc of pain
• Traveling	1 - Some pain but not worse

Rehabilitation Expectations/Goals:
- Return to Work Activities: Unrestricted/Symptom Free.

Objective Examination

Joint Integrity/Mobility:
- Pain/restriction with PA's of thoracic spine T6-T9

Palpation:
- Thoracic Region: Pain and myofascial restriction on palpation of right thoracic PVM T6-T 9

Posture:
- Position Evaluated In: Unsupported Sitting. Overall Gross Assessment: good presentation.

Range of Motion: Active Thoracic:

• Extension(pain)	75%
• Flexion	100%
• Rotation Left(pain right)	100%
• Rotation Right	100%
• Side Bending Left(pain right)	100%
• Side Bending Right(decreased curve; mild pain right)	100%

Treatments

Exercise Activities: Flexibility(U. Quarter):
- Flexibility Activity 1(painfree gentle stretch) — Time Elapsed: 5 Minutes, Technique: Active, Body Position: sitting, Description: bilateral sidebend, rotation, flex & ext. thoracic spine, Charge As: Therapeutic Exercise
- Flexibility Activity 2(painfree) — Time Elapsed: 3 Minutes, Technique: Active, Body Position: kneeling/4-point, Description: mid-back stretch/mid-back rotation stretch, Charge As: Therapeutic Exercise

Manual Interventions: Upper Quarter Soft Tissue:
- Soft Tissue Mobilization 1 — Time Elapsed: 10 Minutes, Tx Depth: Moderate, Technique: Stumming, Description: right parasinals, Charge As: Manual Therapy Techniques

Modalities:
- Electric Stim, Unattended — Time Elapsed: 15 Minutes, Location: Posterior thoracic, Performed With: Cryotherapy, Mode: Continuous, Type: Interferential, Clinical Use: Post Activity, Charge As: E-Stim, Unattended

Documented Procedural Code Summary:

Description	Code	Units	Minutes
• Electrical Stimulation (unattended)	97014	1	n/a
• Manual Therapy Techniques	97140	1	10
• Physical Therapy Evaluation	97001	1	n/a
• Therapeutic Procedure	97110	1	8

Assessment

The patient was educated regarding their diagnosis, prognosis, related pathology & plan of care. The patient demonstrates a good understanding of the risks, benefits, precautions/contraindications, & prognosis of their skilled rehabilitation program.

Evaluation Components:
- Rehab Potential: Physical Therapy: Pt. rehab potential is good. Pt. presents with myofascial pain and restrictions most notable T6-T9 on right, with painful/hypomobile P-A T6-T9 4 months S/P thoracic compression fracture. Pt. will benefit from skilled PT services to improve painfree ROM and to decrease pain/myofascial restrictions to allow for improved functional mobility and return to work. PT responsible for all clinical decision making and personally directed all care. Physical therapy student involved in treatment.

Impairments Identified:

• Work Capacity. Soft Tissue Mobility. Range of Motion. Pain. Joint Integrity/Mobility. Functional Activities.

Recommendations:

• Skilled Intervention: Required To: decrease pain, progress to strengthening activities to enable RTW

Problems & Goals

Problem #1 Questionnaires: Disability Index.

LTG Achieve by Dec 28, 2010.

Questionnaire Improvements: Disability Index:

• Test Name	Oswestry Disability Index
• Percentage	10.00%

Problem #2 Chief Complaint: Pain: Severity at Worst: 3/10.

STG Achieve by Dec 14, 2010.

Symptomatic Improvements:

• Decreasing Pain: to 2/10.

LTG Achieve by Dec 28, 2010.

Symptomatic Improvements:

• Decreasing Pain: to 1/10.

Problem #3 Chief Complaint: Pain: sitting tolerance: 10 minutes; walking tolerance: 30 minutes

STG Achieve by Dec 14, 2010.

Functional Improvements In:

• Improve sitting tolerance to 30 minutes with minimal symptoms.

LTG Achieve by Dec 28, 2010.

Functional Improvements In:

• Improve sitting tolerance to 60 minutes with minimal symptoms.

Problem #4 Range of Motion: Active Thoracic.

STG Achieve by Dec 14, 2010.

Range of Motion Improvements to: Active Thoracic

• Extension(minimal pain)	90%
• Rotation Left(minimal pain)	100%
• Side Bending Left(minimal pain)	100%

LTG Achieve by Dec 28, 2010.

Range of Motion Improvements to: Active Thoracic

• Extension(painfree)	100%
• Rotation Left(painfree)	100%
• Side Bending Left(painfree)	100%
• Side Bending Right(painfree)	100%

Problem #5 Palpation: Thoracic Region: Pain and myofascial restriction on palpation of right thoracic PVM T6-T 9

STG Achieve by Dec 14, 2010.

Palpable Improvements:

• Soft Tissue Mobility/Pliability Improving to: Mild Restrictions.

LTG Achieve by Dec 28, 2010.

Palpable Improvements:

• Soft Tissue Mobility/Pliability Improving to: Slight Restrictions.

Plan

The goals and plan were discussed with the patient and/or family and they concur.

Plan to progress PT program as tolerated to decrease pain and myofascial restrictions and to improve AROM to allow for increased activity tolerance and improved functional mobility to return to work. Use modalities as needed for pain control. Progress plan as tolerated to include stabilization exercises, strengthening and functional/occupational activities.

Amount, Frequency and Duration:

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

Therapeutic Contents:

• Active Assistive Range of Motion Activities. Active Range of Motion Activities. Home Exercise Program. Manual Therapy Techniques. Soft Tissue Mobilization Techniques. Stretching/Flexibility Activities. Therapeutic Activities Therapeutic Exercise (core strengthening/stabalization exs).

• Resistive Activities:

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

Patient: Scott Ledford
Acct #: 013R&10276301
Visit Date: Nov 30, 2010

Stephen Dewig PT
Colleen Volpe PT

Colleen Volpe PT, PT(SC Lic 2697)

52

2012053

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE #1202545

Scott Ledford,

Employee,

vs.

Department of Public Safety,

Employer,

and

State Accident Fund,

Carrier/Defendants.

COPY

D E P O S I T I O N

WITNESS:	DR. WILLIAM MILLS
DATE:	MONDAY, December 3, 2012
TIME:	3:46 p.m.
LOCATION:	Coastal Orthopaedic Associates 2376 Cypress Circle, Suite 300 Conway, South Carolina
TAKEN BY:	Attorneys for Defendants
REPORTER:	Michele E. Starkey South Carolina Court Reporter

ABC REPORTING SERVICE
257 Summerland Avenue
Batesburg, South Carolina 29006
1-803-532-5255
1-803-730-3015 (cell)

Q. Right. Then you attribute that to a combination of the first and second accident, or the second accident, or what do you attribute the need for surgery?

A. It seems the second accident definitely exacerbated it.

Q. Okay. And let me ask you, Doctor, because this is somewhat of a unique situation in regards to the first accident as well. We were -- we're still within that change of condition period of time. The fact that he needs surgery now, is that a change of condition for him as it relates to the lumbar and the cervical spine as to when you saw him in January of 2011? In other words, when you last saw him in January of 2011, you did not recommend surgery for his lumbar spine or his cervical spine at that point, did you?

A. No. I think -- it sounds like what you're asking is is it a continuation of previous symptoms or is it a --

Q. Let me clarify. I may just be confusing you. It's my understanding that your testimony is that you believe the second accident aggravated his conditions to his neck and lumbar spine which now has necessitated surgery. What I'm also -- is

FOR TAX YEAR 2013

PRO-CUTTERS LAWN & LANDSCAPING LLC

Jayroe Lordo & Catalano PA

PO Box 1075

Murrells Inlet, SC 29576

(843)902-1040

Form **1120S**

U.S. Income Tax Return for an S Corporation

▶ Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.

▶ Information about Form 1120S and its separate instructions is at www.irs.gov/form1120s.

OMB No. 1545-0130

2013

Department of the Treasury
Internal Revenue Service

For calendar year 2013 or tax year beginning , 2013, ending , 20

A S election effective date: 02-18-2003	Name: Pro-Cutters Lawn & Landscaping LLC	D Employer identification number: [redacted]
B Business activity code number (see instructions): 238900	TYPE OR PRINT — Number, street, and room or suite no. If a P.O. box, see instructions.: 4338 Bradford Circle	E Date incorporated: 02-18-2003
C Check if Sch M-3 attached ☐	City or town, state or province, country, and ZIP or foreign postal code: Myrtle Beach SC 29588	F Total assets (see instructions): $ 195,924

G Is the corporation electing to be an S corporation beginning with this tax year? ☐ Yes ☒ No If "Yes," attach Form 2553 if not already filed

H Check if: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change (4) ☐ Amended return (5) ☐ S election termination or revocation

I Enter the number of shareholders who were shareholders during any part of the tax year ▶ 2

Caution. Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Income	1a	Gross receipts or sales	1a	334,906	
	b	Returns and allowances	1b		
	c	Balance. Subtract line 1b from line 1a			1c 334,906
	2	Cost of goods sold (attach Form 1125-A)			2
	3	Gross profit. Subtract line 2 from line 1c			3 334,906
	4	Net gain (loss) from Form 4797, line 17 (attach Form 4797)			4 35,699
	5	Other income (loss) (see instructions - attach statement)			5
	6	Total income (loss). Add lines 3 through 5			6 370,605
Deductions (see instructions for limitations)	7	Compensation of officers (see instructions - attach Form 1125-E)			7
	8	Salaries and wages (less employment credits)			8 69,867
	9	Repairs and maintenance			9 334
	10	Bad debts			10
	11	Rents			11 2,113
	12	Taxes and licenses ATT STL			12 10,692
	13	Interest			13 5,871
	14	Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562)			14 131,808
	15	Depletion (Do not deduct oil and gas depletion.)			15
	16	Advertising			16 1,084
	17	Pension, profit-sharing, etc., plans			17
	18	Employee benefit programs			18
	19	Other deductions (attach statement) Statement #2			19 145,394
	20	Total deductions. Add lines 7 through 19			20 367,163
	21	Ordinary business income (loss). Subtract line 20 from line 6			21 3,442
Tax and Payments	22a	Excess net passive income or LIFO recapture tax (see instructions)	22a		
	b	Tax from Schedule D (Form 1120S)	22b		
	c	Add lines 22a and 22b (see instructions for additional taxes)			22c
	23a	2013 estimated tax payments and 2012 overpayment credited to 2013	23a		
	b	Tax deposited with Form 7004	23b		
	c	Credit for federal tax paid on fuels (attach Form 4136)	23c		
	d	Add lines 23a through 23c			23d
	24	Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ ☐			24
	25	Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed			25
	26	Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid			26
	27	Enter amount from line 26 Credited to 2014 estimated tax ▶	Refunded ▶		27

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

Sign Here

Scott Ledford — Signature of officer — Date — Member — Title

Paid Preparer Use Only

Print/Type preparer's name: Robert Jayroe	Preparer's signature: Robert Jayroe	Date: 03-15-2014	Check ☐ if self-employed	PTIN: P00907897
Firm's name ▶ Jayroe Lordo & Catalano PA			Firm's EIN ▶ 58-2314230	
Firm's address ▶ PO Box 1075 Murrells Inlet SC 29576			Phone no. (843)902-1040	

For Paperwork Reduction Act Notice, see separate instructions. Form 1120S (2013)

EEA

Schedule B Other Information (see instructions)

		Yes	No
1	Check accounting method: a ☒ Cash b ☐ Accrual c ☐ Other (specify) ▶		
2	See the instructions and enter the: a Business activity ▶ Landscaping b Product or service ▶ Service		
3	At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation		
4	At the end of the tax year, did the corporation:		
a	Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		X

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) is 100%, Enter the Date (if any) a Qualified Subchapter S Subsidiary Election Was Made

b	Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below			X

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

5 a	At the end of the tax year, did the corporation have any outstanding shares of restricted stock? If "Yes," complete lines (i) and (ii) below.		
	(i) Total shares of restricted stock ▶		
	(ii) Total shares of non-restricted stock ▶		
b	At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments? If "Yes," complete lines (i) and (ii) below.		
	(i) Total shares of stock outstanding at the end of the tax year ▶		
	(ii) Total shares of stock outstanding if all instruments were executed ▶		
6	Has this corporation filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?		
7	Check this box if the corporation issued publicly offered debt instruments with original issue discount ▶ ☐ If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.		
8	If the corporation: (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years (see instructions) ▶ $		
9	Enter the accumulated earnings and profits of the corporation at the end of the tax year. $		
10	Does the corporation satisfy both of the following conditions?		
a	The corporation's total receipts (see instructions) for the tax year were less than $250,000		
b	The corporation's total assets at the end of the tax year were less than $250,000		X
	If "Yes," the corporation is not required to complete Schedules L and M-1.		
11	During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? If "Yes," enter the amount of principal reduction $		
12	During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions		
13 a	Did the corporation make any payments in 2013 that would require it to file Form(s) 1099?		
b	If "Yes," did the corporation file or will it file all required Forms 1099?		

Schedule K Shareholders' Pro Rata Share Items

				Total amount
Income (Loss)	1	Ordinary business income (loss) (page 1, line 21)	1	3,442
	2	Net rental real estate income (loss) (attach Form 8825)	2	
	3a	Other gross rental income (loss) — 3a		
	b	Expenses from other rental activities (attach statement) — 3b		
	c	Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4	Interest income	4	
	5	Dividends: a Ordinary dividends	5a	
		b Qualified dividends — 5b		
	6	Royalties	6	
	7	Net short-term capital gain (loss) (attach Schedule D (Form 1120S))	7	
	8a	Net long-term capital gain (loss) (attach Schedule D (Form 1120S))	8a	
	b	Collectibles (28%) gain (loss) — 8b		
	c	Unrecaptured section 1250 gain (attach statement) — 8c		
	9	Net section 1231 gain (loss) (attach Form 4797)	9	
	10	Other income (loss) (see instructions) Type ▶	10	
Deductions	11	Section 179 deduction (attach Form 4562)	11	
	12a	Charitable contributions Statement #9	12a	93
	b	Investment interest expense	12b	
	c	Section 59(e)(2) expenditures (1) Type ▶ (2) Amount ▶	12c(2)	
	d	Other deductions (see instructions) Type ▶	12d	
Credits	13a	Low-income housing credit (section 42(j)(5))	13a	
	b	Low-income housing credit (other)	13b	
	c	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	13c	
	d	Other rental real estate credits (see instructions) Type ▶	13d	
	e	Other rental credits (see instructions) Type ▶	13e	
	f	Biofuel producer credit (attach Form 6478)	13f	
	g	Other credits (see instructions) Type ▶	13g	
Foreign Transaction	14a	Name of country or U.S. possession ▶		
	b	Gross income from all sources	14b	
	c	Gross income sourced at shareholder level	14c	
		Foreign gross income sourced at corporate level		
	d	Passive category	14d	
	e	General category	14e	
	f	Other (attach statement)	14f	
		Deductions allocated and apportioned at shareholder level		
	g	Interest expense	14g	
	h	Other	14h	
		Deductions allocated and apportioned at corporate level to foreign source income		
	i	Passive category	14i	
	j	General category	14j	
	k	Other (attach statement)	14k	
		Other information		
	l	Total foreign taxes (check one): ▶ ☐ Paid ☐ Accrued	14l	
	m	Reduction in taxes available for credit (attach statement)	14m	
	n	Other foreign tax information (attach statement)		
Alternative Minimum Tax (AMT) Items	15a	Post-1986 depreciation adjustment	15a	(3,851)
	b	Adjusted gain or loss	15b	
	c	Depletion (other than oil and gas)	15c	
	d	Oil, gas, and geothermal properties-gross income	15d	
	e	Oil, gas, and geothermal properties-deductions	15e	
	f	Other AMT items (attach statement)	15f	
Items Affecting Shareholder Basis	16a	Tax-exempt interest income	16a	
	b	Other tax-exempt income	16b	
	c	Nondeductible expenses	16c	2,921
	d	Distributions (attach statement if required) (see instructions)	16d	
	e	Repayment of loans from shareholders	16e	

Form 1120S (2013) Pro Gutters Lawn & Landscaping LLC [redacted] Page 4

Schedule K	Shareholders' Pro Rata Share Items (continued)		Total amount
Other Information	17a Investment income	17a	
	b Investment expenses	17b	
	c Dividend distributions paid from accumulated earnings and profits	17c	
	d Other items and amounts (attach statement) Statement #18		
Reconciliation	18 Income/loss reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 14l	18	3,349

Schedule L Balance Sheets per Books	Beginning of tax year		End of tax year	
Assets	(a)	(b)	(c)	(d)
1 Cash		9,921		16,488
2a Trade notes and accounts receivable				
b Less allowance for bad debts	( )		( )	
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities (see instructions)				
6 Other current assets (attach statement)				
7 Loans to shareholders		14,333		27,098
8 Mortgage and real estate loans				
9 Other investments (attach statement)				
10a Buildings and other depreciable assets	298,534		376,274	
b Less accumulated depreciation	(196,548)	101,986	(223,936)	152,338
11a Depletable assets				
b Less accumulated depletion	( )		( )	
12 Land (net of any amortization)				
13a Intangible assets (amortizable only)				
b Less accumulated amortization	( )		( )	
14 Other assets (attach statement)				
15 Total assets		126,240		195,924
Liabilities and Shareholders' Equity				
16 Accounts payable				
17 Mortgages, notes, bonds payable in less than 1 year				
18 Other current liabilities (attach statement)	Statement #22	2,002	Statement #22	7,366
19 Loans from shareholders				
20 Mortgages, notes, bonds payable in 1 year or more		125,780		189,672
21 Other liabilities (attach statement)				
22 Capital stock				
23 Additional paid-in capital				
24 Retained earnings		(1,542)		(1,114)
25 Adjustments to shareholders' equity (attach statement)				
26 Less cost of treasury stock		( )		( )
27 Total liabilities and shareholders' equity		126,240		195,924

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Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note. Schedule M-3 required instead of Schedule M-1 if total assets are $10 million or more-see instructions

1 Net income (loss) per books	428	5 Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize): a Tax-exempt interest $	
2 Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize)			
3 Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14l (itemize): a Depreciation $ b Travel and entertainment $ 2,921	2,921	6 Deductions included on Schedule K, lines 1 through 12 and 14l, not charged against book income this year (itemize): a Depreciation $	
4 Add lines 1 through 3	3,349	7 Add lines 5 and 6	
		8 Income (loss) (Schedule K, line 18). Line 4 less line 7	3,349

Schedule M-2 Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders' Undistributed Taxable Income Previously Taxed (see instructions)

	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
1 Balance at beginning of tax year	(1,542)		
2 Ordinary income from page 1, line 21	3,442		
3 Other additions			
4 Loss from page 1, line 21	( )		
5 Other reductions Statement #30	(3,014)	( )	
6 Combine lines 1 through 5	(1,114)		
7 Distributions other than dividend distributions			
8 Balance at end of tax year. Subtract line 7 from line 6	(1,114)		

EEA

Form 1120S (2013)

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Schedule K-1 (Form 1120S)

Department of the Treasury
Internal Revenue Service

2013

For calendar year 2013, or tax year beginning _____, 2013
ending _____, 20____

Shareholder's Share of Income, Deductions, Credits, etc.

▶ See page 2 of form and separate instructions.

☐ Final K-1 ☐ Amended K-1 OMB No 1545-0130

Part I Information About the Corporation

A Corporation's employer identification number
[redacted]

B Corporation's name, address, city, state, and ZIP code
Pro-Cutters Lawn & Landscaping LLC
4338 Bradford Circle
Myrtle Beach SC 29588

C IRS Center where corporation filed return
E-FILE

Part II Information About the Shareholder

D Shareholder's identifying number
[redacted]

E Shareholder's name, address, city, state, and ZIP code
Scott A. Ledford
4338 Bradford Circle
Myrtle Beach SC 29588

F Shareholder's percentage of stock ownership for tax year ..... 20.00000 %

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss) 688	13	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15 A	Alternative minimum tax (AMT) items (770)
11	Section 179 deduction	16 C	Items affecting shareholder basis 584
12 A	Other deductions 19	17 K	Other information 300

▶ See attached statement for additional information.

For IRS Use Only

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Shareholder: Scott A. Ledford
Percentage: 20%

SSN/EIN: [redacted]

Section 179 Disposition Statement

(Keep for your records)

2013

S CORPORATION/PARTNERSHIP NAME

Pro-Cutters Lawn & Landscaping LLC

EIN [redacted]

Description	Date acquired / Date sold	Gross sales price	Cost or basis plus improvements and expense of sale	Depreciation Actually Taken	Depreciation allowed or allowable / AMT Depreciation	Amount of section 179 expense deduction / Tax year section 179 expense taken
Yamaha Rhino	07-01-2006 01-01-2013	300	2,000			2,000 2006
TOTALS		300	2,000			2,000
NET GAIN(LOSS)		300				

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K1_179.LD

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Schedule K-1 (Form 1120S) 2013

Department of the Treasury Internal Revenue Service

For calendar year 2013, or tax year beginning _____, 2013 ending _____, 20____

☐ Final K-1 ☐ Amended K-1 OMB No. 1545-0130

Shareholder's Share of Income, Deductions, Credits, etc.

▶ See page 2 of form and separate instructions.

Part I Information About the Corporation

A Corporation's employer identification number [redacted]

B Corporation's name, address, city, state, and ZIP code

Pro-Cutters Lawn & Landscaping LLC

4338 Bradford Circle

Myrtle Beach SC 29588

C IRS Center where corporation filed return

E-FILE

Part II Information About the Shareholder

D Shareholder's identifying number [redacted]

E Shareholder's name, address, city, state, and ZIP code

Carrie Ledford

4338 Bradford Circle

Myrtle Beach SC 29588

F Shareholder's percentage of stock ownership for tax year . . . . . 80.000000 %

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Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss) 2,754	13	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15 A	Alternative minimum tax (AMT) items (3,081)
11	Section 179 deduction	16 C	Items affecting shareholder basis 2,337
12 A	Other deductions 74		
		17 K	Other information 1,200

* See attached statement for additional information.

Shareholder: Carrie Ledford
Percentage: 80%

SSN/EIN: [redacted]

Section 179 Disposition Statement

(Keep for your records)

2013

S CORPORATION/PARTNERSHIP NAME

Pro-Cutters Lawn & Landscaping LLC

EIN [redacted]

Description	Date acquired / Date sold	Gross sales price	Cost or basis plus improvements and expense of sale	Depreciation Actually Taken	Depreciation allowed or allowable / AMT Depreciation	Amount of section 179 expense deduction / Tax year section 179 expense taken
Yamaha Rhino	07-01-2006 01-01-2013	1,200	8,000			8,000 2006
TOTALS		1,200	8,000			8,000
NET GAIN(LOSS)		1,200				

Client Copy

Section 179 Disposition Statement

(Keep for your records)

2013

S CORPORATION/PARTNERSHIP NAME

Pro-Cutters Lawn & Landscaping LLC

EIN [redacted]

Description	Date acquired / Date sold	Gross sales price	Cost or basis plus improvements and expense of sale	Depreciation Actually Taken	Depreciation allowed or allowable / AMT Depreciation	Amount of section 179 expense deduction / Tax year section 179 expense taken
Yamaha Rhino	07-01-2006 01-01-2013	1,500	10,000			10,000 2006
TOTALS		1,500	10,000			10,000
NET GAIN(LOSS)		1,500				

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WK_179.10

Form 4562

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2013

Attachment Sequence No. 179

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return: Pro-Cutters Lawn & Landscaping L

Business or activity to which this form relates: FORM 1120S

Identifying number: [redacted]

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7		
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7		8	
9	Tentative deduction. Enter the smaller of line 5 or line 8		9	
10	Carryover of disallowed deduction from line 13 of your 2012 Form 4562		10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)		11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11		12	
13	Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12 ▶	13		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	103,858
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2013	17	12,543
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property Statement	#50					9,190
c	7-year property Statement	#51					1,618
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property			27.5 yrs.	MM	S/L	
				27.5 yrs.	MM	S/L	
i	Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	

Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	4,599
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	131,808
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions. Form 4562 (2013)

EEA

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No — 24b If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use:								
08 GMC Yukon	05/28/2008	100.0%	50,305	50,305	5	200 DB-HY	1,449	
11 Chevy Silve	06/21/2011	100.0%	48,713	37,453	5	200 DB-HY	3,150	
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L-		
		%				S/L-		
		%				S/L-		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28	4,599	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2013 tax year (see instructions):					
43 Amortization of costs that began before your 2013 tax year				43	
44 Total. Add amounts in column (f). See the instructions for where to report				44	

Form 4797

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return.

▶ Information about Form 4797 and its separate instructions is at www.irs.gov/form4797.

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0184

2013

Attachment Sequence No. 27

Name(s) shown on return: Pro-Cutters Lawn & Landscaping LLC

Identifying number: [redacted]

1 Enter the gross proceeds from sales or exchanges reported to you for 2013 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions) 1

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions)

2 (a) Description of property	(b) Date acquired (yr., mo., day)	(c) Date sold (yr., mo., day)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)

3	Gain, if any, from Form 4684, line 39	3	
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37	4	
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	5	
6	Gain, if any, from line 32, from other than casualty or theft	6	
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows:	7	

Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior-year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

8	Nonrecaptured net section 1231 losses from prior years (see instructions)	8	
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions)	9	

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

Boat	2012 09 30	2013 09 16	12,500		13,000	(500)

11	Loss, if any, from line 7	11	( )
12	Gain, if any, from line 7 or amount from line 8, if applicable	12	
13	Gain, if any, from line 31	13	36,199
14	Net gain or (loss) from Form 4684, lines 31 and 38a	14	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	15	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	16	
17	Combine lines 10 through 16	17	35,699

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:

a	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions	18a	
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14	18b	

For Paperwork Reduction Act Notice, see separate instructions. Form 4797 (2013)

EEA

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:	(b) Date acquired (yr., mo., day)	(c) Date sold (yr., mo., day)
A Isuzu Truck [redacted]	2008-02-28	2013-11-29
B 08 GMC Yukon	2008-05-28	2013-05-18
C 11 Elkridge 35DSRL Trailer	2011-01-08	2013-10-11
D		

These columns relate to the properties on lines 19A through 19D. ▶		Property A	Property B	Property C	Property D
20 Gross sales price (Note: See line 1 before completing.)	20	14,000	19,893	34,856	
21 Cost or other basis plus expense of sale	21	30,000	50,305	46,665	
22 Depreciation (or depletion) allowed or allowable	22	29,136	48,857	16,427	
23 Adjusted basis. Subtract line 22 from line 21	23	864	1,448	30,238	
24 Total gain. Subtract line 23 from line 20	24	13,136	18,445	4,618	
25 If section 1245 property:					
a Depreciation allowed or allowable from line 22	25a	29,136	48,857	16,427	
b Enter the smaller of line 24 or 25a	25b	13,136	18,445	4,618	
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a Additional depreciation after 1975 (see instructions)	26a				
b Applicable percentage multiplied by the smaller of line 24 or line 26a (see instructions)	26b				
c Subtract line 26a from line 24. If residential rental property or line 24 is not more than line 26a, skip lines 26d and 26e	26c				
d Additional depreciation after 1969 and before 1976	26d				
e Enter the smaller of line 26c or 26d	26e				
f Section 291 amount (corporations only)	26f				
g Add lines 26b, 26e, and 26f	26g				
27 If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership).					
a Soil, water, and land clearing expenses	27a				
b Line 27a multiplied by applicable percentage (see instr.)	27b				
c Enter the smaller of line 24 or 27b	27c				
28 If section 1254 property:					
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion (see instructions)	28a				
b Enter the smaller of line 24 or 28a	28b				
29 If section 1255 property:					
a Applicable percentage of payments excluded from income under section 126 (see instructions)	29a				
b Enter the smaller of line 24 or 29a (see instructions)	29b				

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30 Total gains for all properties. Add property columns A through D, line 24	30	36,199
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	36,199
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	0

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	33		
34 Recomputed depreciation (see instructions)	34		
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35		

Form 8879-S

IRS e-file Signature Authorization for Form 1120S

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-S and its instructions is at www.irs.gov/form8879S.

OMB No. 1545-1863

2013

Department of the Treasury
Internal Revenue Service

For calendar year 2013, or tax year beginning , 2013, ending , 20

Name of corporation

Pro-Cutters Lawn & Landscaping LLC

Employer identification number

[redacted]

Part I Tax Return Information (Whole dollars only)

1	Gross receipts or sales less returns and allowances (Form 1120S, line 1c)	1	334,906
2	Gross profit (Form 1120S, line 3)	2	334,906
3	Ordinary business income (loss) (Form 1120S, line 21)	3	3,442
4	Net rental real estate income (loss) (Form 1120S, Schedule K, line 2)	4	
5	Income (loss) reconciliation (Form 1120S, Schedule K, line 18)	5	3,349

Part II Declaration and Signature Authorization of Officer (Be sure to get a copy of the corporation's return)

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2013 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize Jayroe Lordo & Catalano PA (ERO firm name) to enter my PIN 19440 (do not enter all zeros) as my signature on the corporation's 2013 electronically filed income tax return.

☐ As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2013 electronically filed income tax return.

Officer's signature ▶ _____ Date ▶ 03-15-2014 Title ▶ Member

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 574609 10400 (do not enter all zeros)

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 3112, IRS e-file Application and Participation, and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ Robert Jayroe Date ▶ 03-15-2014

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see instructions. Form 8879-S (2013)

EEA

Client Copy

Federal Supporting Statements	2013	PG01
Name(s) as shown on return: Pro-Cutters Lawn & Landscaping LLC	FEIN: [redacted]	

Form 1120S Line 19 — Statement #2

Description	Amount
Bank Charges	220
Insurance	9,313
Legal and Professional	2,050
50% Meals and Entertainment	2,922
Office Expense	2,265
Outside Services/Sub Contractors	689
Supplies	81,469
Telephone	2,638
Travel	650
Uniforms	6,323
Utilities	11,167
Fuel	25,688
Total	145,394

PAGE 1

Form 1120S, Schedule K, Line 12a — Statement #9

Description	Amount
Cash Contributions (50%)	93
Total	93

PAGE 1

Form 1120S, Schedule K, Line 17d — Statement #18

Description	Amount
Disposition of Property with Section 179 Deductions	1,500
Total	1,500

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Federal Supporting Statements | 2013 PG01

Name(s) as shown on return: [redacted] Lawn & Landscaping LLC | FEIN: [redacted]

Form 1120S, Schedule L, Line 18 — STM22
Other Current Liabilities

Description	Beg Of Year	End Of Year
Payroll Taxes	2,002	2,339
BBT LOC		5,027
Total	2,002	7,366

PG01
Statement #30

Schedule M-2 Line 5

Description	Amount
Contributions	93
Nondeductible Expenses	2,921
Total	3,014

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PG01
Statement #50

FORM 4562 - LINE 19B

BASIS	RP	CV	METHOD	DEDUCTION
1,437	5	MQ	200 DB	72
3,370	5	MQ	200 DB	506
1,350	5	MQ	200 DB	473
1,350	5	MQ	200 DB	473
24,217	5	MQ	200 DB	1,211
25,576	5	MQ	200 DB	6,394
1,225	5	MQ	200 DB	61
TOTAL				9,190

STATEMENT LO

Federal Supporting Statements | 2013 PG01

Name(s) shown on return: Pro-Cutters Lawn & Landscaping LLC | FEIN [redacted]

FORM 4562 - LINE 19C

Statement #51

BASIS	RP	CV	METHOD	DEDUCTION
302	7	MQ	200 DB	11
45,025	7	MQ	200 DB	1,607
TOTAL				1,618

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STATEMENT LD

Taxes and Licenses Attachment

Note: This information does not transmit to the IRS with e-filed returns. Including with a paper filed return is optional.

2013

S CORPORATION NAME

Pro-Cutters Lawn & Landscaping LLC

EIN

[redacted]

Taxes and Licenses | Form 1120S | Page 1, Line 12

1	State income taxes	
2	State franchise taxes	
3	City income taxes	
4	City franchise taxes	
5	Local property taxes	4,404
6	Intangible property taxes	
7	Payroll taxes	5,515
8	Less: credit from Form 8846	
9	Foreign taxes paid	
10	Occupancy taxes	
11	Other miscellaneous taxes	
12	Built in gains tax allocated to ordinary income	
13	Licenses	773
14	Total to Form 1120S, Page 1, Line 12	10,692

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1120S TAX RETURN COMPARISON 2011 / 2012 / 2013	2013
Name(s) as shown on return: Pro-Cutters Lawn & Landscaping LLC.	Identifying number: 56-2319440

Income	2011 FEDERAL	2012 FEDERAL	2013 FEDERAL	DIFFERENCE BETWEEN 2012 & 2013
Net receipts	241,083	243,658	334,906	91,248
Cost of goods sold				
Gross profit	241,083	243,658	334,906	91,248
Net gain/loss from 4797	29,217	950	35,699	34,749
Other income				
Total income	270,300	244,608	370,605	125,997
Deductions				
Compensation of officers				
Salaries and wages	73,554	74,629	69,867	(4,762)
Repairs and maintenance	798	599	334	(265)
Bad debts				
Rents	1,518	1,807	2,113	306
Taxes and licenses	8,247	9,982	10,692	710
Interest	7,478	6,656	5,871	(780)
Net depreciation	65,202	35,521	131,808	96,287
Depletion				
Advertising	225		1,084	1,084
Pension, profit-sharing				
Employee benefits	600			
Other deductions	97,183	114,675	145,394	30,719
Total deductions	254,805	243,864	367,163	123,299
Ordinary business income(loss)	15,495	744	3,442	2,698
Tax				
Total tax				
Payments				
Estimated taxes paid				
Total payments line 23d				
Results				
Amount owed				
Overpayment				
Applied to estimate				
Refund				

SCHEDULE K - Shareholder's Share Items

Income				
Ordinary business income (loss)	15,495	744	3,442	2,698
Net rental real estate income (loss)				
Other net rental income (loss)				
Interest income				
Ordinary dividends				
Qualified dividends				
Royalties				
Net short-term capital gain (loss)				
Net long-term capital gain (loss)				
Collectibles (28%) gain (loss)				
Unrecaptured section 1250 gain				
Net section 1231 gain (loss)	9,341			
Other income (loss)				
	2011	2012	2013	DIFFERENCE

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1120S TAX RETURN COMPARISON
2011 / 2012 / 2013

2013

Name(s) as shown on return
Pro-Cutters Lawn & Landscaping LLC

Identifying number
56-2319440

	2011 FEDERAL	2012 FEDERAL	2013 FEDERAL	DIFFERENCE BETWEEN 2012 & 2013
Deductions				
Section 179 deduction				
Contributions	36	60	93	33
Investment interest expense				
Section 59(e)(2) expenditures				
Other deductions				
Credits				
Low-income housing credit (section 42(j)(5))				
Low-income housing credit (other)				
Qualified rehabilitation expenditures (rental real estate)				
Other rental real estate credits				
Other rental credits				
Credit for alcohol used as fuel				
Other credits				
Foreign Transactions				
Gross income from all sources				
Gross income sourced at shareholder level				
Foreign gross income sourced at corporate level				
Passive category				
General categories				
Other				
Deductions allocated and apportioned at shareholder level				
Interest expense				
Other				
Deductions allocated / apportioned at corp. level to foreign source inc.				
Passive category				
General categories				
Other				
Total foreign taxes paid or accrued				
Reduction in taxes available for credit				
Alternative Minimum Tax (AMT) Items				
Post-1986 depreciation adjustment	(1,196)	(4,727)	(3,851)	876
Adjusted gain or loss				
Depletion				
Oil, gas, and geothermal properties - gross income				
Oil, gas, and geothermal properties - deductions				
Other AMT items				
Items Affecting Shareholder Basis				
Tax-exempt interest income				
Other tax-exempt income				
Nondeductible expenses	2,042	2,226	2,921	695
Property distributions	15,608			
Repayment of loans from shareholders				
Other Information				
Investment income				
Investment expenses				
Dividend distributions paid from accum earnings and profits				

	SC	SC	SC	
RESIDENT STATE				
Taxable income				
Total tax				
Overpayment				
Balance due	25	25	25	
	2011	2012	2013	DIFFERENCE

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1024

STATE OF SOUTH CAROLINA
'S' CORPORATION INCOME TAX RETURN

Return is due on or before the 15th day of the 3rd month following the close of the taxable year.
If a refund or zero return, mail to: SC DOR, Corporate Refund, Columbia SC 29214-0032
If a balance due return, mail to: SC DOR, Corporate Taxable, Columbia SC 29214-0033

SC1120S
(Rev 7/25/13)
3095

SC FILE # 20327035-2

INCOME TAX PERIOD ENDING 12-31-2013
LICENSE FEE PERIOD ENDING 12-31-2014
FEIN 56-2319440
NAME Pro-Cutters Lawn & Landscaping LL
MAILING ADDRESS 4338 Bradford Circle
CITY Myrtle Beach STATE SC ZIP CODE 29588

Change of ☐ Address ☐ Accounting Period ☐ Officers

County or Counties in SC Where Property is Located:
Horry

City: Myrtle Beach | Audit Location | State: SC
Audit Contact: Scott Ledford | Telephone Number

Check if ☐ Initial Return ☐ Amended Return
☐ Includes QSSS(s) and/or Disregarded LLC(s) (See Sch. L)

Total Gross Receipts: 334,906
Total cost of depreciable personal property in SC: 376,274

Attach complete copy of Federal Return

☐ Check here if you filed a federal or state extension

If Filing a Final Return, see General Instructions, page 6.
You MUST close your account with the SECRETARY OF STATE and complete I-349.
☐ Merged ☐ Reorganized ☐ Dissolved ☐ Withdrawn

Does the Corporation have any Shareholders who are nonresidents of South Carolina? ☐ Yes ☒ No

PART I COMPUTATION OF INCOME TAX LIABILITY

1. Total of line 1 through 10, Schedule K of Federal Form 1120S	1.	3,442
2. Net Adjustment from line 15, Schedule A and B	2.	89,027
3. Total Net Income as Reconciled (line 1 plus or minus line 2)	3.	92,469
4. If Multi-state Corporation, enter amount from line 6, Schedule G; otherwise, enter amount from line 3	4.	92,469
5. LESS: Income on line 4 taxed to shareholders of S Corporation	5.	< 92,469 >
6. South Carolina Net Income subject to tax (line 4 less line 5)	6.	0
7. TAX: Multiply amount on line 6 by .05 (5.0%)	7.	0
8. Payments: (a) Tax Withheld (Attach 1099s, I-290s, and/or W-2s; see instructions) 0		
(b) Paid by Declaration ▶ _____ (c) Paid with Tentative Return ▶ _____		
(d) Credit from Line 23b ▶ _____		
Refundable Credits: (e) Ammonia Additive ▶ _____ (f) Milk Credit ▶ _____		
9. Total Payments and Refundable Credits: (add lines 8a through 8f)	9.	0
10. Balance of Tax Due (line 7 less line 9)	10.	0
11. Interest Due ▶ 0 Penalty Due ▶ 0 (See penalty and interest instructions.) Enter Total	11.	0
12. TOTAL INCOME TAX, Interest and Penalty Due (add lines 10 and 11) BALANCE DUE	12.	0
13. OVERPAYMENT (line 9 less line 7) _____ To be applied as follows:		
(a) Est. Tax ▶ _____ (b) License Fee ▶ _____ (c) REFUNDED ▶ _____		
(d) Transferred to SC1120S-WH ▶ _____		

PART II COMPUTATION OF LICENSE FEE

14. Total Capital And Paid In Surplus (Multi-State Corporations See Schedule E)	14.	0
15. FEE DUE - Line 14 x .001, plus $25.00 (Fee cannot be less than $25.00)	15.	25
16. LESS: Credits taken this year against license fee from SC1120TC, Part II, Column C (attach SC1120-TC)	16.	< >
17. Balance (line 15 less line 16)	17.	25
18. Payments: (18a) Paid with Tentative Return ▶ _____ (18b) Credit from line 13b ▶ _____		
19. Total Payments (add line 18a and 18b)	19.	0
20. Balance of Fee Due (line 17 less line 19)	20.	25
21. Interest Due ▶ _____ Penalty Due ▶ _____ (See penalty and interest instructions.) Enter Total	21.	
22. TOTAL LICENSE FEE, Interest and Penalty Due (add lines 20 and 21) BALANCE DUE	22.	25
23. OVERPAYMENT (line 19 less line 17) _____ To be applied as follows:		
(a) Est. Tax ▶ _____ (b) Income Tax ▶ _____ (c) REFUNDED ▶ _____		
24. GRAND TOTAL: INCOME TAX and LICENSE FEE DUE (add lines 12 and 22) EFT ☐	24.	25

For Office Use Only

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56-2319440

SC1120S Page 2

SCHEDULE A AND B ADDITIONS TO FEDERAL TAXABLE INCOME

1. Taxes on or Measured By Income	1.	0	
2. Excess net passive income subject to federal tax	2.	0	
3. Taxable portion of certain built-in gains subject to federal tax	3.		
4.	4.		
5.	5.		
6. Other Additions (attach schedule) FD/ST Depr Diff	6.	89,027	
7. Total Additions (add lines 1 through 6)			7. 89,027

DEDUCTIONS FROM FEDERAL TAXABLE INCOME

8.	8.		
9.	9.		
10.	10.		
11.	11.		
12.	12.		
13. Other Deductions (attach schedule)	13.		
14. Total Deductions (add lines 8 through 13)			14. 0
15. Net Adjustment (line 7 less line 14) Also enter on line 2, Part 1, SC1120S			15. 89,027

SCHEDULE C RESERVED

Please Sign Here

I, the undersigned, a principal officer of the corporation for which this return is made declare that this return, including accompanying Annual Report, statements and schedules, has been examined by me and is to the best of my knowledge and belief, a true and complete return.

Scott Ledford — Signature of officer

Member — Officer's title

Officer's printed name

03-15-2014 — Date

Telephone Number

I authorize the Director of the Department of Revenue or delegate to discuss this return, attachments and related tax matters with the preparer. Yes ☒ No ☐

Preparer's Printed Name: Robert Jayroe

Paid Preparer's Use Only

Preparer's signature	Date: 03-15-2014	Check if self-employed ☐	Preparer's Telephone Number: 843-902-1040
Firm's name (or yours if self-employed) and address: Jayroe Lordo & Catalano PA, PO Box 1075 Murrells Inl SC		PTIN or FEIN: 58-2314230	ZIP Code: 29576

If this is a corporation's final return, signing here authorizes the Department of Revenue to disclose that information with the Secretary of State. You must close with the Secretary of State as well as the Department of Revenue and complete I-349.

Taxpayer's Signature — Date

ATTACH COMPLETE COPY OF FEDERAL RETURN

Make check payable to: SC Department of Revenue. Include Business Name, FEIN and SC File Number.
Go to www.sctax.org and look for the DOR epay logo for other payment options.

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1024 56-2319440

SC1120S Page 3

SCHEDULE D ANNUAL REPORT TO BE COMPLETED BY ALL CORPORATIONS

1. Name Pro-Cutters Lawn & Landscaping LLC
2. Incorporated under the laws of the State of SC
3. Location of the Registered Office of the Corporation in the State of South Carolina is 4338 Bradford Circle
   In the City of Myrtle Beach Registered Agent at such address is Scott Ledford
4. Location of principal office (street address) 4338 Bradford Circle Myrtle Beach, SC 29588
   Nature of principal business in SC Landscaping
5. The total number of authorized shares of capital stock, itemized by class and series, if any, within each class is as follows:
   NUMBER OF SHARES: _____ CLASS: _____ SERIES: _____
6. The total number of issued and outstanding shares of capital stock itemized by class and series, if any, within each class is as follows:
   NUMBER OF SHARES: _____ CLASS: _____ SERIES: _____
7. The names and business addresses of the directors (or individuals functioning as directors) and principal officers in the Corporation are:
   (If additional space is necessary, attach separate schedule).

NAME	TITLE	BUSINESS ADDRESS
Scott Ledford	Member	4338 Bradford Circ Myrtle Beac, SC 29588

8. Date Incorporated 02-18-2003 Date commenced business in the State of South Carolina was 02-18-2003
9. Date of this report 03-15-2014 FEIN 56-2319440
10. If Foreign Corporation, the date qualified to do business in the State of South Carolina is _____
11. Was the name of the Corporation changed during the year? NO Give old name _____
12. The Corporation's books are in the care of % Pro-Cutters Lawn & Landscaping LL
    Located at (street address) 4338 Bradford Circle Myrtle Beach, SC 29588
13. The total amount of stated capital per balance sheet is:
    A. Total paid in Capital Stock (cannot be a negative amount) $ _____
    B. Total paid in Capital Surplus (cannot be a negative amount) $ _____
    C Total amount of stated Capital (cannot be a negative amount) $ _____

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SC1120S Page 4

ONLY MULTI-STATE CORPORATIONS MUST COMPLETE SCHEDULES E, F, G, AND H

SCHEDULE E COMPUTATION OF LICENSE FEE OF MULTI-STATE CORPORATIONS

1. Total Capital and Paid-In-Surplus at end of Year . . . . . $ 0
2. SC PROPORTION: (line 1 X ratio from Schedule H-1, H-2 or H-3, as appropriate). Also enter on line 14, Part II . . $ 0

SCHEDULE F INCOME SUBJECT TO DIRECT ALLOCATION

(A) Allocated Income	(B) Gross Amounts	(C) Related Expenses	(D) Net Amounts (Column B minus Column C)	(E) Net Amounts Allocated Directly to SC
1. Total Allocated Income (Enter the total of Column D here)				
2. Total Income Allocated to SC (Enter the total of Column E)				

Attach an explanation of each type of income listed above that is not allocated to South Carolina.

SCHEDULE G COMPUTATION OF TAXABLE INCOME OF MULTI-STATE CORPORATIONS

1. Total net income as reconciled. Enter amount from line 3, Page 1 . . . . . 1.
2. Less: Income subject to direct allocation to SC and other states from Schedule F, line 1 . . . . . 2.
3. Total net income subject to apportionment (line 1 less line 2) . . . . . 3.
4. Multiply amount on line 3 by appropriate ratio from Schedule H-1, H-2, or H-3 and enter result here . . . . . 4.
5. Add: Income subject to direct allocation to SC from Schedule F, line 2 . . . . . 5.
6. Total SC Net Income (sum of lines 4 and 5 above) also enter on line 4, Part I of Page 1 . . . . . 6.

SCHEDULE H-1 COMPUTATION OF SALES RATIO

	Amount	Ratio
1. Total Sales Within South Carolina (see instructions)		
2. Total Sales Everywhere (see instructions)		
3. Sales Ratio (line 1 ÷ line 2)		%

Note: If there are no sales anywhere: Enter 100% on Line 3, if South Carolina is the principal place of business OR
Enter 0% on Line 3 if principal place of business is outside South Carolina.

SCHEDULE H-2 COMPUTATION OF GROSS RECEIPTS RATIO

	Amount	Ratio
1. South Carolina Gross Receipts		
2. Amounts Allocated to South Carolina on Schedule F	< >	
3. South Carolina Adjusted Gross Receipts (line 1 - line 2)		
4. Total Gross Receipts		
5. Total Amounts Allocated on Schedule F	< >	
6. Total Adjusted Gross Receipts (line 4 - line 5)		
7. Gross Receipts Ratio (line 3 ÷ line 6)		%

SCHEDULE H-3 COMPUTATION OF RATIO FOR SECTION 12-6-2310 COMPANIES

	Amount	Ratio
1. Total Within South Carolina (see instructions)		
2. Total Everywhere		
3. Taxable Ratio (line 1 ÷ line 2)		%

SC1120S Page 5

SCHEDULE SC-K WORKSHEET

* Enter amounts from corresponding lines on your federal Schedule K in Column B.

	(A) Description	(B) * Amounts From Federal Schedule K	(C) Plus or Minus South Carolina Adjustments	(D) Federal Schedule K Amounts After SC Adjustments	(E) Col. (D) Amounts Not Apportioned or Allocated to SC	(F) Col. (D) Amounts Apportioned or Allocated to SC
1	Ordinary business income (loss)	3,442	89,027	92,469		92,469
2	Net rental real estate income (loss)					
3	Other net rental income (loss)					
4	Interest income					
5	Dividends –					
6	Royalties					
7	Net short-term capital gain (loss)					
8	Net long-term capital gain (loss)					
9	Net section 1231 gain (loss)					
10	Other income (loss)					
11	Section 179 deduction					
12a	Contributions	93		93		93
12b	Investment interest expense					
12c	Section 59(e)(2) expenditures					
12d	Other deductions		—			— — —

Non-Refundable Tax Credits: Enter total Credits from SC1120-TC . . . . . _____
SC1120-TC must be attached to return.

ATTACH COMPLETE COPY OF FEDERAL RETURN

Make check payable to: SC Department of Revenue. Include Business Name, FEIN and SC File Number.
Go to www.sctax.org and look for the DOR ePay logo for other payment options.

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SC1120S

SCHEDULE L QSSSs AND DISREGARDED LLCs INCLUDED IN RETURN

A. List each Qualified Subchapter S Subsidiary (QSSS) doing business in South Carolina or registered with the Secretary of State.

Name	FEIN	SC File No. (if applicable)

B. List each disregarded Limited Liability Company (LLC) doing business in South Carolina or registered with the Secretary of State.

Name	FEIN	SC File No. (if applicable)

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SCHEDULE N PROPERTY INFORMATION

Property Within South Carolina

	(a) Beginning Period	(b) Ending Period
1. Land		
2. Buildings		
3. Machinery and Equipment	149,516	
4. Construction In Progress		
5. Other Property*	149,018	
TOTAL	298,534	

*Please provide an explanation or listing of property from line 5 above.

Description of Property	(a) Beginning Period	(b) Ending period
TOTAL		

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STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

SHAREHOLDER'S SHARE OF SOUTH CAROLINA INCOME, DEDUCTIONS, CREDITS, ETC.

SC1120S K-1 (Rev. 8/11/10)

3517

For calendar year 12-31-2013 or tax year beginning _____ and ending _____

Shareholder's identifying number ▶ [redacted]	S Corporation's FEIN ▶ [redacted]
Shareholder's name, address and ZIP code Scott A. Ledford 4338 Bradford Circle Myrtle Beach, SC 29588	S Corporation's name, address and ZIP code Pro-Cutters Lawn & Landscaping LLC 4338 Bradford Circle Myrtle Beach, SC 29588

Shareholder's percentage of stock ownership for tax year ▶ 20.0000 %

Check if applicable: (1) ☐ Final K-1 (2) ☐ Amended K-1 (3) ☐ Nonresident

	Shareholder's Pro Rata Share of Current Year Income, Deductions, Credits, etc.		(A) Federal K-1 Amounts		(B) Plus or Minus SC Adjustments		(C) Amounts Not Allocated or Apportioned to SC		(D) Amounts Allocated or Apportioned to SC
Income (Loss)	1 Ordinary business income (loss)	1	688	1	17,805	1		1	18,494
	2 Net rental real estate income (loss)	2		2		2		2	
	3 Other net rental income (loss)	3		3		3		3	
	4 Interest income	4		4		4		4	
	5 Dividends	5		5		5		5	
	6 Royalties	6		6		6		6	
	7 Net short-term capital gain (loss)	7		7		7		7	
	8 Net long-term capital gain (loss)	8		8		8		8	
	9 Net Section 1231 gain (loss)	9		9		9		9	
	10 Other income (loss)	10		10		10		10	
Deductions	11 Section 179 deduction	11		11		11		11	
	12 Other deductions CONTRIBS	12	19	12		12		12	19
	13 Withholding tax for nonresident shareholder							13	
Credits	List applicable South Carolina tax credits. (Attach an additional sheet if needed.)								
	14							14	
	15							15	
	16							16	
	17							17	
	18 Total South Carolina tax credits							18	

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STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

SHAREHOLDER'S SHARE OF SOUTH CAROLINA INCOME, DEDUCTIONS, CREDITS, ETC.

SC1120S K-1
(Rev. 8/11/10)
3517

For calendar year 12-31-2013 or tax year beginning _____ and ending _____

Shareholder's Identifying Number ▶ [redacted]

S Corporation's FEIN ▶ [redacted]

Shareholder's name, address and ZIP code
Carrie Ledford
4338 Bradford Circle
Myrtle Beach, SC 29588

S Corporation's name, address and ZIP code
Pro-Cutters Lawn & Landscaping LLC
4338 Bradford Circle
Myrtle Beach, SC 29588

Shareholder's percentage of stock ownership for tax year ▶ 80.0000 %

Check if applicable: (1) ☐ Final K-1 (2) ☐ Amended K-1 (3) ☐ Nonresident

Shareholder's Pro Rata Share of Current Year Income, Deductions, Credits, etc.		(A) Federal K-1 Amounts	(B) Plus or Minus SC Adjustments	(C) Amounts Not Allocated or Apportioned to SC	(D) Amounts Allocated or Apportioned to SC
Income (Loss)	1 Ordinary business income (loss)	1 2,754	1 71,222	1	1 73,975
	2 Net rental real estate income (loss)	2	2	2	2
	3 Other net rental income (loss)	3	3	3	3
	4 Interest income	4	4	4	4
	5 Dividends	5	5	5	5
	6 Royalties	6	6	6	6
	7 Net short-term capital gain (loss)	7	7	7	7
	8 Net long-term capital gain (loss)	8	8	8	8
	9 Net Section 1231 gain (loss)	9	9	9	9
	10 Other income (loss)	10	10	10	10
Deductions	11 Section 179 deduction	11	11	11	11
	12 Other deductions CONTRIBS	12 74	12	12	12 74
13 Withholding tax for nonresident shareholder					13
List applicable South Carolina tax credits. (Attach an additional sheet if needed.)					
Credits	14				14
	15				15
	16				16
	17				17
18 Total South Carolina tax credits					18

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STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
Corporate Income Tax Payment Voucher

SC1120-V
(Rev.7/29/13)
3416

INSTRUCTIONS FOR FORM SC1120-V

THIS DOCUMENT IS USED TO PAY WHEN YOU FILE YOUR SC1120/SC1120S ELECTRONICALLY.

1. File SC1120-V electronically at www.sctax.org. Click on DORePay and pay with VISA or MasterCard or by Electronic Funds Withdrawal (EFW). Do not mail this form when paying online.
2. Print the SC Corporate File number.
3. Print the Federal Employer Identification Number (FEIN).
4. Print Income Tax and License Period Ending in the MM-YY format.
5. Print Corporate name and address.
6. Print on lines 1, 2 and 3 the amount of Income Tax Due, License Fee Due, and the Total Balance remitted.

Mail SC1120-V with payment of taxes due to the following address:

SC Department of Revenue
Corporate Income Tax Payment
Columbia, SC 29214-0007

Payment is due on the due date of the return.

USE BLACK INK ONLY

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detach here

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SC DEPARTMENT OF REVENUE
Corporate Income Tax
Payment Voucher

SC1120-V
(Rev.7/29/13)
3416

SC CORPORATE FILE #	INCOME ACCT PERIOD ENDING (MM-YY)		
203270352	12-13	1. Income Tax Due 14-0804	0.00
56-2319440	12-14	2. License Fee Due 14-0401	25.00
FEIN	LICENSE FEE PERIOD ENDING (MM-YY)	3. Balance Remitted	25.00

Corporate Name and Address

Pro-Cutters Lawn & Landscaping LLC

4338 Bradford Circle
Myrtle Beach SC 29588

34161026 203270352 562319440 1213 00000000000 00000002500 2

State Depreciation Difference	State Income Adjustment due to differences in depreciation between the Federal and State (Keep for your records)	2013
Name(s) as shown on return		Identification number
Pro-Cutters Lawn & Landscaping LLC		[redacted]

Taxpayer/Business	Federal	State Portion	Difference
Bonus Depreciation	103,858	0	103,858
Section 179 Expense	0	0	0
Regular Depreciation not associated with Section 179	27,950	42,781	(14,831)
Regular Depreciation on Section 179 Difference	0	0	0
Total:	131,808	42,781	89,027

Spouse	Federal	State Portion	Difference
Bonus Depreciation	0	0	0
Section 179 Expense	0	0	0
Regular Depreciation not associated with Section 179	0	0	0
Regular Depreciation on Section 179 Difference	0	0	0
Total:	0	0	0

Combined Totals	Federal	State Portion	Difference
Bonus Depreciation	103,858	0	103,858
Section 179 Expense	0	0	0
Regular Depreciation not associated with Section 179	27,950	42,781	(14,831)
Regular Depreciation on Section 179 Difference	0	0	0
Total:	131,808	42,781	89,027

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STDEPDIFLD

Form 4562

South Carolina

Depreciation and Amortization

(Including Information on Listed Property)

Note. SC does not allow any additional depreciation benefits provided by I.R.C. Section 168(k) and 1400L.

▶ See separate instructions. ▶ Attach to your return.

2013

Name(s) shown on return: Pro-Cutters Lawn & Landscaping L

Business or activity to which this form relates: FORM 1120S

Identifying number: [redacted]

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	207,710
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	500,000

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2012 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) on line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2013	17	16,567
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property	Statement #50		5			18,378
c	7-year property	Statement #51		7			3,237
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property			27.5 yrs.	MM	S/L	
				27.5 yrs.	MM	S/L	
i	Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	

Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	4,599
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	42,781
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2013)

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No | 24b If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use:								
08 GMC Yuk	20080528	100 %	50,305	50,305	5	200DBHY	1,449	
11 Chevy S	20110621	100 %	48,713	48,713	5	200DBHY	3,150	
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L-		
		%				S/L-		
		%				S/L-		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28	4,599	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2013 tax year (see instructions):					
43 Amortization of costs that began before your 2013 tax year				43	
44 Total. Add amounts in column (f). See the instructions for where to report				44	

Form 4562 (2013)

Section 179 Disposition Statement

(Keep for your records)

2013

S CORPORATION/PARTNERSHIP NAME

Pro-Cutters Lawn & Landscaping LLC

EIN

56-2319440

Description	Date acquired / Date sold	Gross sales price	Cost or basis plus improvements and expense of sale	Depreciation Actually Taken	Depreciation allowed or allowable / AMT Depreciation	Amount of section 179 expense deduction / Tax year section 179 expense taken
Yamaha Rhino	07-01-2006 01-01-2013	1,500	10,000			10,000 2006
TOTALS		1,500	10,000			10,000
NET GAIN(LOSS)		1,500				

WK_179.LO

FOR TAX YEAR 2012

PRO-CUTTERS LAWN & LANDSCAPING LLC

Jayroe Lordo and Associates PA

PO Box 1075

Murrells Inlet, SC 29576

(843)902-1040

Form **1120S** | Department of the Treasury, Internal Revenue Service

U.S. Income Tax Return for an S Corporation

▶ Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.

▶ Information about Form 1120S and its separate instructions is at www.irs.gov/form1120s.

OMB No. 1545-0130

2012

For calendar year 2012 or tax year beginning , 2012, ending , 20

A S election effective date: 02-18-2003	TYPE OR PRINT	Name: Pro-Cutters Lawn & Landscaping LLC	D Employer identification number: [redacted]
B Business activity code number (see instructions): 238900		Number, street, and room or suite no. If a P.O. box, see instructions: 4338 Bradford Circle	E Date incorporated: 02-18-2003
C Check if Sch. M-3 attached ☐		City or town, state, and ZIP code: Myrtle Beach SC 29588	F Total assets (see instructions): $ 126,240

G Is the corporation electing to be an S corporation beginning with this tax year? ☐ Yes ☒ No If "Yes," attach Form 2553 if not already filed

H Check if: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change (4) ☐ Amended return (5) ☐ S election termination or revocation

I Enter the number of shareholders who were shareholders during any part of the tax year . . . . . ▶ 2

Caution. Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Income	1a	Gross receipts or sales	1a	243,658	
	b	Returns and allowances	1b		
	c	Balance. Subtract line 1b from line 1a			1c 243,658
	2	Cost of goods sold (attach Form 1125-A)			2
	3	Gross profit. Subtract line 2 from line 1c			3 243,658
	4	Net gain (loss) from Form 4797, line 17 (attach Form 4797)			4 950
	5	Other income (loss) (see instructions - attach statement)			5
	6	Total income (loss). Add lines 3 through 5			6 244,608
Deductions (see instructions for limitations)	7	Compensation of officers			7
	8	Salaries and wages (less employment credits)			8 74,629
	9	Repairs and maintenance			9 599
	10	Bad debts			10
	11	Rents			11 1,807
	12	Taxes and licenses ATT_STL			12 9,982
	13	Interest			13 6,651
	14	Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562)			14 35,521
	15	Depletion (Do not deduct oil and gas depletion.)			15
	16	Advertising			16
	17	Pension, profit-sharing, etc., plans			17
	18	Employee benefit programs			18
	19	Other deductions (attach statement) Statement #2			19 114,675
	20	Total deductions. Add lines 7 through 19			20 243,864
	21	Ordinary business income (loss). Subtract line 20 from line 6			21 744
Tax and Payments	22a	Excess net passive income or LIFO recapture tax (see instructions)	22a		
	b	Tax from Schedule D (Form 1120S)	22b		
	c	Add lines 22a and 22b (see instructions for additional taxes)			22c
	23a	2012 estimated tax payments and 2011 overpayment credited to 2012	23a		
	b	Tax deposited with Form 7004	23b		
	c	Credit for federal tax paid on fuels (attach Form 4136)	23c		
	d	Add lines 23a through 23c			23d
	24	Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ ☐			24
	25	Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed			25
	26	Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid			26
	27	Enter amount from line 26 Credited to 2013 estimated tax ▶		Refunded ▶	27

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

Sign Here: Scott Ledford — Signature of officer — Date — Member — Title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Robert Jayroe	Robert Jayroe	03-12-2013		P00907897
	Firm's name ▶ Jayroe Lordo and Associates PA			Firm's EIN ▶	58-2314230
	Firm's address ▶ PO Box 1075 Murrells Inlet SC 29576			Phone no.	(843) 902-1040

For Paperwork Reduction Act Notice, see separate instructions. Form 1120S (2012)

EEA

Schedule B Other Information (see instructions)

		Yes	No
1	Check accounting method: a ☒ Cash b ☐ Accrual c ☐ Other (specify) ▶		
2	See the instructions and enter the: a Business activity ▶ Landscaping b Product or service ▶ Service		
3	At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person?		X
4	At the end of the tax year, did the corporation:		
a	Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		X

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) Is 100%, Enter the Date (if any) a Qualified Subchapter S Subsidiary Election Was Made

b	Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		X

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

5 a	At the end of the tax year, did the corporation have any outstanding shares of restricted stock? If "Yes," complete lines (i) and (ii) below.		X
	(i) Total shares of restricted stock ▶		
	(ii) Total shares of non-restricted stock ▶		
b	At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments? If "Yes," complete lines (i) and (ii) below.		X
	(i) Total shares of stock outstanding at the end of the tax year ▶		
	(ii) Total shares of stock outstanding if all instruments were executed ▶		
6	Has this corporation filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?		X
7	Check this box if the corporation issued publicly offered debt instruments with original issue discount ▶ ☐ If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.		
8	If the corporation: (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years (see instructions) ▶ $		
9	Enter the accumulated earnings and profits of the corporation at the end of the tax year. $		
10	Does the corporation satisfy both of the following conditions?		
a	The corporation's total receipts (see instructions) for the tax year were less than $250,000	X	
b	The corporation's total assets at the end of the tax year were less than $250,000 If "Yes," the corporation is not required to complete Schedules L and M-1	X	
11	During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? If "Yes," enter the amount of principal reduction $		X
12	During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions		X
13 a	Did the corporation make any payments in 2012 that would require it to file Form(s) 1099?		X
b	If "Yes," did the corporation file or will it file all required Forms 1099?		

Schedule K Shareholders' Pro Rata Share Items

				Total amount
Income (Loss)	1	Ordinary business income (loss) (page 1, line 21)	1	744
	2	Net rental real estate income (loss) (attach Form 8825)	2	
	3a	Other gross rental income (loss) 3a		
	b	Expenses from other rental activities (attach statement) 3b		
	c	Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4	Interest income	4	
	5	Dividends: a Ordinary dividends	5a	
		b Qualified dividends 5b		
	6	Royalties	6	
	7	Net short-term capital gain (loss) (attach Schedule D (Form 1120S))	7	
	8a	Net long-term capital gain (loss) (attach Schedule D (Form 1120S))	8a	
	b	Collectibles (28%) gain (loss) 8b		
	c	Unrecaptured section 1250 gain (attach statement) 8c		
	9	Net section 1231 gain (loss) (attach Form 4797)	9	
	10	Other income (loss) (see instructions) Type ▶	10	
Deductions	11	Section 179 deduction (attach Form 4562)	11	
	12a	Charitable contributions Statement #5	12a	60
	b	Investment interest expense	12b	
	c	Section 59(e)(2) expenditures (1) Type ▶ (2) Amount ▶	12c(2)	
	d	Other deductions (see instructions) Type ▶	12d	
Credits	13a	Low-income housing credit (section 42(j)(5))	13a	
	b	Low-income housing credit (other)	13b	
	c	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	13c	
	d	Other rental real estate credits (see instructions) Type ▶	13d	
	e	Other rental credits (see instructions) Type ▶	13e	
	f	Alcohol and cellulosic biofuel fuels credit (attach Form 6478)	13f	
	g	Other credits (see instructions) Type ▶	13g	
Foreign Transaction	14a	Name of country or U.S. possession ▶		
	b	Gross income from all sources	14b	
	c	Gross income sourced at shareholder level	14c	
		Foreign gross income sourced at corporate level		
	d	Passive category	14d	
	e	General category	14e	
	f	Other (attach statement)	14f	
		Deductions allocated and apportioned at shareholder level		
	g	Interest expense	14g	
	h	Other	14h	
		Deductions allocated and apportioned at corporate level to foreign source income		
	i	Passive category	14i	
	j	General category	14j	
	k	Other (attach statement)	14k	
		Other information		
	l	Total foreign taxes (check one): ▶ ☐ Paid ☐ Accrued	14l	
	m	Reduction in taxes available for credit (attach statement)	14m	
	n	Other foreign tax information (attach statement)		
Alternative Minimum Tax (AMT) Items	15a	Post-1986 depreciation adjustment	15a	(4,727)
	b	Adjusted gain or loss	15b	
	c	Depletion (other than oil and gas)	15c	
	d	Oil, gas, and geothermal properties-gross income	15d	
	e	Oil, gas, and geothermal properties-deductions	15e	
	f	Other AMT items (attach statement)	15f	
Items Affecting Shareholder Basis	16a	Tax-exempt interest income	16a	
	b	Other tax-exempt income	16b	
	c	Nondeductible expenses	16c	2,226
	d	Distributions (attach statement if required) (see instructions)	16d	
	e	Repayment of loans from shareholders	16e	

Statement

Schedule K	Shareholders' Pro Rata Share Items (continued)		Total amount
Other Information	17 a Investment income	17a	
	b Investment expenses	17b	
	c Dividend distributions paid from accumulated earnings and profits	17c	
	d Other items and amounts (attach statement)		
Reconciliation	18 Income/loss reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 14l	18	684

Schedule L	Balance Sheets per Books	Beginning of tax year		End of tax year	
	Assets	(a)	(b)	(c)	(d)
1	Cash		12,039		9,921
2 a	Trade notes and accounts receivable				
b	Less allowance for bad debts	( )		( )	
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach statement)				
7	Loans to shareholders		8,742		14,333
8	Mortgage and real estate loans				
9	Other investments (attach statement)				
10 a	Buildings and other depreciable assets	289,920		298,534	
b	Less accumulated depreciation	(167,877)	122,043	(196,548)	101,986
11 a	Depletable assets				
b	Less accumulated depletion	( )		( )	
12	Land (net of any amortization)				
13 a	Intangible assets (amortizable only)				
b	Less accumulated amortization	( )		( )	
14	Other assets (attach statement)				
15	Total assets		142,824		126,240
	Liabilities and Shareholders' Equity				
16	Accounts payable				
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (attach statement)		2,475		2,002
19	Loans from shareholders				
20	Mortgages, notes, bonds payable in 1 year or more		140,349		125,780
21	Other liabilities (attach statement)				
22	Capital stock				
23	Additional paid-in capital				
24	Retained earnings		0		(1,542)
25	Adjustments to shareholders' equity (attach statement)				
26	Less cost of treasury stock		( )		( )
27	Total liabilities and shareholders' equity		142,824		126,240

Copy

671112

Schedule K-1 (Form 1120S)
Department of the Treasury
Internal Revenue Service

For calendar year 2012, or tax year beginning _____, 2012
ending _____, 20__

2012

Shareholder's Share of Income, Deductions, Credits, etc.

▶ See page 2 of form and separate instructions.

☐ Final K-1 ☐ Amended K-1 OMB No. 1545-0130

Part I Information About the Corporation

A Corporation's employer identification number
56-2319440

B Corporation's name, address, city, state, and ZIP code
Pro-Cutters Lawn & Landscaping LLC
4338 Bradford Circle
Myrtle Beach SC 29588

C IRS Center where corporation filed return
E-FILE

Part II Information About the Shareholder

D Shareholder's identifying number
[redacted]

E Shareholder's name, address, city, state, and ZIP code
Scott A. Ledford
4338 Bradford Circle
Myrtle Beach SC 29588

F Shareholder's percentage of stock ownership for tax year ..... 96.26000 %

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss)	716	13	Credits	
2	Net rental real estate income (loss)				
3	Other net rental income (loss)				
4	Interest income				
5a	Ordinary dividends				
5b	Qualified dividends		14	Foreign transactions	
6	Royalties				
7	Net short-term capital gain (loss)				
8a	Net long-term capital gain (loss)				
8b	Collectibles (28%) gain (loss)				
8c	Unrecaptured section 1250 gain				
9	Net section 1231 gain (loss)				
10	Other income (loss)		15	Alternative minimum tax (AMT) items	
			A		(4,551)
11	Section 179 deduction		16	Items affecting shareholder basis	
			C		2,143
12	Other deductions				
A		58			
			17	Other information	

* See attached statement for additional information.

For IRS Use Only

Client Copy

671112

Schedule K-1 (Form 1120S)
Department of the Treasury
Internal Revenue Service

For calendar year 2012, or tax year beginning _____, 2012
ending _____, 20__

2012

Final K-1 ☐ Amended K-1 ☐ OMB No. 1545-0130

Shareholder's Share of Income, Deductions, Credits, etc.

▶ See page 2 of form and separate instructions.

Part I Information About the Corporation

A Corporation's employer identification number
56-2319440

B Corporation's name, address, city, state, and ZIP code
Pro-Cutters Lawn & Landscaping LLC
4338 Bradford Circle
Myrtle Beach SC 29588

C IRS Center where corporation filed return
E-FILE

Part II Information About the Shareholder

D Shareholder's identifying number
[redacted]

E Shareholder's name, address, city, state, and ZIP code
Carrie Ledford
4338 Bradford Circle
Myrtle Beach SC 29588

F Shareholder's percentage of stock ownership for tax year . . . . . 3.7500 %

For IRS Use Only

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss) 28	13	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15 A	Alternative minimum tax (AMT) items (176)
11	Section 179 deduction	16 C	Items affecting shareholder basis 83
12 A	Other deductions 2		
		17	Other information

* See attached statement for additional information.

Form 4562 — Depreciation and Amortization (Including Information on Listed Property) — OMB No. 1545-0172 — 2012 — Attachment Sequence No. 179

Department of the Treasury, Internal Revenue Service (99) — ▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return: Pro-Cutters Lawn & Landscaping L — Business or activity to which this form relates: FORM 1120S — Identifying number: [redacted]

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	2,257
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2012	17	21,818
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property		2,257	5	HY	200 DB	451
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property			27.5 yrs.	MM	S/L	
i	Nonresidential real property			27.5 yrs.	MM	S/L	
				39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	10,995
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	35,521
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions. — Form 4562 (2012)

SEA

Part V **Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No | 24b If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 60% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use:								
08 GMC Yukon	20080528	100 %	50,305	50,305	5	200 DB-HY	5,795	
11 Chevy Silve	20110621	100 %	48,713	37,453	5	200 DB-HY	5,200	
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L-		
		%				S/L-		
		%				S/L-		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28	10,995	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (do not include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2012 tax year (see instructions):					
43 Amortization of costs that began before your 2012 tax year				43	
44 Total. Add amounts in column (f). See the instructions for where to report				44	

Form 4797

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return.
▶ Information about Form 4797 and its separate instructions is at www.irs.gov/form4797.

OMB No. 1545-0184

2012

Attachment Sequence No. 27

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return: Pro-Cutters Lawn & Landscaping LLC

Identifying number: [redacted]

1 Enter the gross proceeds from sales or exchanges reported to you for 2012 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions) 1

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions)

2 (a) Description of property	(b) Date acquired (yr., mo., day)	(c) Date sold (yr., mo., day)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)

3	Gain, if any, from Form 4684, line 39	3	
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37	4	
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	5	
6	Gain, if any, from line 32, from other than casualty or theft	6	
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows:	7	
	Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.		
	Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.		
8	Nonrecaptured net section 1231 losses from prior years (see instructions)	8	
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions)	9	

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 18 (include property held 1 year or less):

11	Loss, if any, from line 7	11	( )
12	Gain, if any, from line 7 or amount from line 8, if applicable	12	
13	Gain, if any, from line 31	13	950
14	Net gain or (loss) from Form 4684, lines 31 and 38a	14	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	15	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	16	
17	Combine lines 10 through 16	17	950
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:		
a	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions	18a	
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14	18b	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2012)

EEA

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:	(b) Date acquired (yr., mo., day)	(c) Date sold (yr., mo., day)
A Skiff	2009-07-29	2012-07-18
B		
C		
D		

These columns relate to the properties on lines 19A through 19D. ▶		Property A	Property B	Property C	Property D
20 Gross sales price (Note: See line 1 before completing.)	20	3,000			
21 Cost or other basis plus expense of sale	21	8,900			
22 Depreciation (or depletion) allowed or allowable	22	6,850			
23 Adjusted basis. Subtract line 22 from line 21	23	2,050			
24 Total gain. Subtract line 23 from line 20	24	950			
25 If section 1245 property:					
a Depreciation allowed or allowable from line 22	25a	6,850			
b Enter the smaller of line 24 or 25a	25b	950			
26 If section 1250 property. If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a Additional depreciation after 1975 (see instructions)	26a				
b Applicable percentage multiplied by the smaller of line 24 or line 26a (see instructions)	26b				
c Subtract line 26a from line 24. If residential rental property or line 24 is not more than line 26a, skip lines 26d and 26e	26c				
d Additional depreciation after 1969 and before 1976	26d				
e Enter the smaller of line 26c or 26d	26e				
f Section 291 amount (corporations only)	26f				
g Add lines 26b, 26e, and 26f	26g				
27 If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership).					
a Soil, water, and land clearing expenses	27a				
b Line 27a multiplied by applicable percentage (see instr.)	27b				
c Enter the smaller of line 24 or 27b	27c				
28 If section 1254 property:					
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion (see instructions)	28a				
b Enter the smaller of line 24 or 28a	28b				
29 If section 1255 property:					
a Applicable percentage of payments excluded from income under section 126 (see instructions)	29a				
b Enter the smaller of line 24 or 29a (see instructions)	29b				

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30 Total gains for all properties. Add property columns A through D, line 24	30	950
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	950
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	0

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	33		
34 Recomputed depreciation (see instructions)	34		
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35		

Form **8879-S**

IRS e-file Signature Authorization for Form 1120S

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-S and its instructions is at www.irs.gov/form1120S.

OMB No. 1545-1863

2012

Department of the Treasury
Internal Revenue Service

For calendar year 2012, or tax year beginning , 2012, ending , 20

Name of corporation

Pro-Cutters Lawn & Landscaping LLC

Employer identification number

[redacted]

Part I Tax Return Information (Whole dollars only)

1	Gross receipts or sales less returns and allowances (Form 1120S, line 1c)	1	243,658
2	Gross profit (Form 1120S, line 3)	2	243,658
3	Ordinary business income (loss) (Form 1120S, line 21)	3	744
4	Net rental real estate income (loss) (Form 1120S, Schedule K, line 2)	4	
5	Income (loss) reconciliation (Form 1120S, Schedule K, line 18)	5	684

Part II Declaration and Signature Authorization of Officer (Be sure to get a copy of the corporation's return)

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2012 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize Jayroe Lordo and Associates (ERO firm name) to enter my PIN 19440 (do not enter all zeros) as my signature on the corporation's 2012 electronically filed income tax return.

☐ As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2012 electronically filed income tax return.

Officer's signature ▶ _____ Date ▶ 03-11-2013 Title ▶ Member

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 574609 10400 (do not enter all zeros)

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 3112, IRS e-file Application and Participation, and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ Robert Jayroe Date ▶ 03-12-2013

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see instructions. Form 8879-S (2012)

EEA

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note. Schedule M-3 required instead of Schedule M-1 if total assets are $10 million or more-see instructions

1 Net income (loss) per books	(1,542)	5 Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize): a Tax-exempt interest $	
2 Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize):			
3 Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14l (itemize): a Depreciation $ b Travel and entertainment $ 2,226	2,226	6 Deductions included on Schedule K, lines 1 through 12 and 14l, not charged against book income this year (itemize): a Depreciation $	
4 Add lines 1 through 3	684	7 Add lines 5 and 6	
		8 Income (loss) (Schedule K, line 18). Line 4 less line 7	684

Schedule M-2 Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders' Undistributed Taxable Income Previously Taxed (see instructions)

	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
1 Balance at beginning of tax year			
2 Ordinary income from page 1, line 21	744		
3 Other additions			
4 Loss from page 1, line 21	( )		
5 Other reductions .... Statement #3.0	(2,286)	( )	
6 Combine lines 1 through 5	(1,542)		
7 Distributions other than dividend distributions			
8 Balance at end of tax year. Subtract line 7 from line 6	(1,542)		

EEA

Form 1120S (2012)

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Summary of Stock Ownership

2012

CORPORATION NAME
Pro-Cutters Lawn & Landscaping LLC

EIN
[redacted]

Shareholder Information			Shares		% Ownership	
Name	EIN/SSN	Type	Beginning	Ending	Beginning	Ending
Scott A. Ledford	[redacted]		100	20	100.00000	20.00000
Carrie Ledford				80	0.00000	80.00000
Total			100	100		

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Federal Supporting Statements	2012	PG01
Name(s) as shown on return	FEIN	
Pro-Cutters Lawn & Landscaping LLC	[redacted]	

Form 1120S Line 19

Statement #2

Description	Amount
Bank Charges	127
Dues and Subscriptions	359
Insurance	8,476
Legal and Professional	3,285
50% Meals and Entertainment	2,226
Miscellaneous	85
Office Expense	1,846
Outside Services/Sub Contractors	1,195
Supplies	53,844
Telephone	2,444
Travel	1,913
Uniforms	4,438
Utilities	8,644
Fuel	25,793
Total	114,675

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Form 1120S, Schedule K, Line 12a

Statement #9

Description	Amount
Cash Contributions (50%)	60
Total	60

PG01
STM22

Form 1120S, Schedule L, Line 18

Other Current Liabilities

Description	Beg Of Year	End Of Year
Payroll Taxes	2,475	2,002
Total	2,475	2,002

STATMENT LD

Federal Supporting Statements	2012	PG01
Name(s) as shown on return: Pro-Cutters Lawn & Landscaping LLC	FEIN: [redacted]	

Schedule M-2 Line 5

Statement #30

Description	Amount
Contributions	60
Nondeductible Expenses	2,226
Total	2,286

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STATMENT2.D

Taxes and Licenses Attachment

Note: This information does not transmit to the IRS with e-filed returns. Including with a paper filed return is optional.

2012

S CORPORATION NAME

Pro-Cutters Lawn & Landscaping LLC

EIN [redacted]

Taxes and Licenses — Form 1120S — Page 1, Line 12

1	State income taxes	1	
2	State franchise taxes	2	
3	City income taxes	3	
4	City franchise taxes	4	
5	Local property taxes	5	3,350
6	Intangible property taxes	6	
7	Payroll taxes	7	5,919
8	Less: credit from Form 8846	8	
9	Foreign taxes paid [illegible]	9	
10	Occupancy taxes	10	
11	Other miscellaneous taxes	11	
12	Built in gains tax allocated to ordinary income	12	
13	Licenses	13	713
14	Total to Form 1120S, Page 1, Line 12	14	9,982

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STATE OF SOUTH CAROLINA
'S' CORPORATION INCOME TAX RETURN

Return is due on or before the 15th day of the 3rd month following the close of the taxable year.
If a refund or zero return, mail to: SC DOR, Corporate Refund, Columbia SC 29214-0032
If a balance due return, mail to: SC DOR, Corporate Taxable, Columbia SC 29214-0033

SC1120S
(Rev. 7/31/12)
3095

SC FILE # 20327035-2

INCOME TAX PERIOD ENDING 12-31-2012
LICENSE FEE PERIOD ENDING 12-31-2013
FEIN 56-2319440
NAME Pro-Cutters Lawn & Landscaping LL
MAILING ADDRESS 4338 Bradford Circle
CITY Myrtle Beach STATE SC ZIP CODE 29588
Change of ☐ Address ☐ Accounting Period ☐ Officers

Attach complete copy of Federal Return

County or Counties in SC Where Property is Located: Horry

City: Myrtle Beach | Audit Location | State: SC

Audit Contact: Scott Ledford | Telephone Number

Check if ☐ Amended Return

▶ ☐ Includes QSSS(s) and/or Disregarded LLC(s) (See Sch. L)

Total Gross Receipts. ▶ 243,658 | Total cost of depreciable personal property in SC ▶ 149,516

If Filing a Final Return, see General Instructions, page 6.
You MUST close your account with the SECRETARY OF STATE and complete I-349.

▶ ☐ Merged ☒ Reorganized ☐ Dissolved ☐ Withdrawn

Does the Corporation have any Shareholders who are nonresidents of South Carolina? ☐ Yes ☒ No

PART I COMPUTATION OF INCOME TAX LIABILITY

1. Total of line 1 through 10, Schedule K of Federal Form 1120S	1.	744
2. Net Adjustment from line 15, Schedule A and B	2.	(3,699)
3. Total Net Income as Reconciled (line 1 plus or minus line 2)	3.	(2,955)
4. If Multi-state Corporation, enter amount from line 6, Schedule G; otherwise, enter amount from line 3	4.	(2,955)
5. LESS: Income on line 4 taxed to shareholders of S Corporation	5.	< 2,955 >
6. South Carolina Net Income subject to tax (line 4 less line 5)	6.	0
7. TAX: Multiply amount on line 6 by .05 (5.0%)	7.	0
8. Payments: (a) Tax Withheld (Attach 1099s, I-290s, and/or W-2s; see instructions) ▶ 0		
(b) Paid by Declaration ▶	(c) Paid with Tentative Return ▶	
(d) Credit from Line 23b ▶		
Refundable Credits: (e) Ammonia Additive ▶	(f) Milk Credit ▶	
9. Total Payments and Refundable Credits: (add lines 8a through 8f)	9.	0
10. Balance of Tax Due (line 7 less line 9)	10.	0
11. Interest Due ▶ 0 Penalty Due ▶ 0 (See penalty and interest instructions.) Enter Total	11.	0
12. TOTAL INCOME TAX, Interest and Penalty Due (add lines 10 and 11) BALANCE DUE	12.	0
13. OVERPAYMENT (line 9 less line 7) To be applied as follows:		
(a) Est. Tax ▶ (b) License Fee ▶ (c) REFUNDED ▶		

PART II LICENSE FEE COMPUTATION

14. Total Capital And Paid In Surplus (Multi-State Corporations See Schedule E)	14.	0
15. FEE DUE - Line 14 x .001, plus $1500 (Fee cannot be less than $25.00)	15.	25
16. LESS: Credits taken this year against license fee from SC1120TC, Part II, Column C (attach SC1120-TC)	16.	< >
17. Balance (line 15 less line 16)	17.	25
18. Payments: (18a) Paid with Tentative Return ▶ (18b) Credit from line 13b ▶		
19. Total Payments (add line 18a and 18b)	19.	0
20. Balance of Fee Due (line 17 less line 19)	20.	25
21. Interest Due ▶ Penalty Due ▶ (See penalty and interest instructions.) Enter Total	21.	
22. TOTAL LICENSE FEE, Interest and Penalty Due (add lines 20 and 21) BALANCE DUE	22.	25
23. OVERPAYMENT (line 19 less line 17) To be applied as follows:		
(a) Est. Tax ▶ (b) Income Tax ▶ (c) REFUNDED ▶		
24. GRAND TOTAL: INCOME TAX and LICENSE FEE DUE (add lines 12 and 22) EFT ☐	24.	25

For Office Use Only

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SC1120S Page2

SCHEDULE A AND B ADDITIONS TO FEDERAL TAXABLE INCOME

1. Taxes on or Measured By Income	1.	0
2. Excess net passive income subject to federal tax	2.	0
3. Taxable portion of certain built-in gains subject to federal tax	3.	
4.	4.	
5.	5.	
6. Other Additions (attach schedule)	6.	
7. Total Additions (add lines 1 through 6)	7.	0

DEDUCTIONS FROM FEDERAL TAXABLE INCOME

8.	8.	
9.	9.	
10.	10.	
11.	11.	
12.	12.	
13. Other Deductions (attach schedule) FD/ST. Depr. Diff.	13.	3,699
14. Total Deductions (add lines 8 through 13)	14.	3,699
15 Net Adjustment (line 7 less line 14) Also enter on line 2, Part 1, SC1120S	15	(3,699)

SCHEDULE C RESERVED

Please Sign Here

I, the undersigned, a principal officer of the corporation for which this return is made declare that this return, including accompanying Annual Report, statements and schedules, has been examined by me and is to the best of my knowledge and belief, a true and complete return.

Signature of officer

Officer's title: Member

Officer's printed name: Scott Ledford

Date: 03-11-2013

Telephone Number

I authorize the Director of the Department of Revenue or delegate to discuss this return, attachments and related tax matters with the preparer. Yes ☒ No ☐

Preparer's Printed Name: Robert Jayroe

Paid Preparer's Use Only

Preparer's signature	Date 03-12-2013	Check if self-employed ☐	Preparer's Telephone Number 843-902-1040
Firm's name (or yours if self-employed) and address: Jayroe Lordo and Associates PA, PO Box 1075 Murrells Inl SC		PTIN or FEIN 58-2314230	ZIP Code 29576

If this is a corporation's final return, signing here authorizes the Department of Revenue to disclose that information with the Secretary of State. You must close with the Secretary of State as well as the Department of Revenue and complete I-349.

Taxpayer's Signature

Date

ATTACH COMPLETE COPY OF FEDERAL RETURN

Make check payable to: SC Department of Revenue. Include Business Name, FEIN and SC File Number.
Go to www.sctax.org and look for the DOR epay logo for other payment options.

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56-2319440

SC1120S

Page 3

SCHEDULE D **ANNUAL REPORT TO BE COMPLETED BY ALL CORPORATIONS**

1. Name Pro-Cutters Lawn & Landscaping LLC
2. Incorporated under the laws of the State of SC
3. Location of the Registered Office of the Corporation in the State of South Carolina is 4338 Bradford Circle
   In the City of Myrtle Beach Registered Agent at such address is Scott Ledford
4. Location of principal office (street address) 4338 Bradford Circle Myrtle Beach, SC 29588
   Nature of principal business in SC Landscaping
5. The total number of authorized shares of capital stock, itemized by class and series, if any, within each class is as follows:
   NUMBER OF SHARES: _____ CLASS: _____ SERIES: _____
6. The total number of issued and outstanding shares of capital stock itemized by class and series, if any, within each class is as follows:
   NUMBER OF SHARES: _____ CLASS: _____ SERIES: _____
7. The names and business addresses of the directors (or individuals functioning as directors) and principal officers in the Corporation are:
   (If additional space is necessary, attach separate schedule).

NAME	TITLE	BUSINESS ADDRESS
Scott Ledford	Member	4338 Bradford Circ Myrtle Beac, SC 29588

8. Date Incorporated 02-18-2003 Date commenced business in the State of South Carolina was 02-18-2003
9. Date of this report 03-12-2013 FEIN [redacted]
10. If Foreign Corporation, the date qualified to do business in the State of South Carolina is _____
11. Was the name of the Corporation changed during the year NO Give old name _____
12. The Corporation's books are in the care of % Pro-Cutters Lawn & Landscaping LL
    Located at (street address) 4338 Bradford Circle Myrtle Beach, SC 29588

The total amount of stated capital per balance sheet is:

A. Total paid in Capital Stock (cannot be a negative amount) . . $ _____
B. Total paid in Capital Surplus (cannot be a negative amount) . $ _____
C. Total amount of stated Capital (cannot be a negative amount) $ _____

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SC1120S Page 5

SCHEDULE SC-K WORKSHEET

* Enter amounts from corresponding lines on your federal Schedule K in Column B.

	(A) Description	(B)* Amounts From Federal Schedule K	(C) Plus or Minus South Carolina Adjustments	(D) Federal Schedule K Amounts After SC Adjustments	(E) Col. (D) Amounts Not Apportioned or Allocated to SC	(F) Col. (D) Amounts Apportioned or Allocated to SC
1	Ordinary business income (loss)	744	(3,699)	(2,955)		(2,955)
2	Net rental real estate income (loss)					
3	Other net rental income (loss)					
4	Interest income					
5	Dividends					
6	Royalties					
7	Net short-term capital gain (loss)					
8	Net long-term capital gain (loss)					
9	Net section 1231 gain (loss)					
10	Other income (loss)					
11	Section 179 Deduction					
12a	Contributions			60		60
12b	Investment interest expense					
12c	Section 59(e)(2) expenditures					
12d	Other deductions					

Non-Refundable Tax Credits: Enter total Credits from SC1120-TC . . . . . _____
SC1120-TC must be attached to return.

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ATTACH COMPLETE COPY OF FEDERAL RETURN

Make check payable to: SC Department of Revenue. Include Business Name, FEIN and SC File Number.
Go to www.sctax.org and look for the DOR ePay logo for other payment options.

SCHEDULE L QSSs AND DISREGARDED LLCs INCLUDED IN RETURN

A. If one or more Qualified Subchapter S Subsidiaries (QSSSs) are included, list South Carolina QSSSs only.
(Include Limited Liability Companies taxed as QSSSs)

Name	FEIN	SC File No. (if applicable)

B. If one or more Limited Liability Companies (LLCs) are included, list South Carolina LLCs only.

Name	FEIN	SC File No. (if applicable)

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SC1120S

ONLY MULTI-STATE CORPORATIONS MUST COMPLETE SCHEDULES E, F, G, AND H

SCHEDULE E COMPUTATION FOR LICENSE FEE OF MULTI-STATE CORPORATIONS

1. Total Capital and Paid-In-Surplus at end of Year . . . . . $ 0
2. SC PROPORTION: (line 1 X ratio from Schedule H-1, H-2 or H-3, as appropriate). Also enter on line 14, Part II . . $ 0

SCHEDULE F INCOME SUBJECT TO DIRECT ALLOCATION

(A) Allocated Income	(B) Gross Amounts	(C) Related Expenses	(D) Net Amounts (Column B minus Column C)	(E) Net Amounts Allocated Directly to SC
1. Total Allocated Income (Enter the total of Column D here)				
2. Total Income Allocated to SC (Enter the total of Column E)				

Attach an explanation of each type of income listed above that is not allocated to South Carolina.

SCHEDULE G COMPUTATION OF TAXABLE INCOME OF MULTI-STATE CORPORATIONS

1. Total net income as reconciled. Enter amount from line 3, Page 1 . . . . . 1.
2. Less: Income subject to direct allocation to SC and other states from Schedule F, line 1 . . . . . 2.
3. Total net income subject to apportionment (line 1 less line 2) . . . . . 3.
4. Multiply amount on line 3 by appropriate ratio from Schedule H-1, H-2, or H-3 and enter result here . . . . . 4.
5. Add: Income subject to direct allocation to SC from Schedule F, line 2 . . . . . 5.
6. Total SC Net Income (sum of lines 4 and 5 above) also enter on line 4, Part 1 of Page 1 . . . . . 6.

SCHEDULE H - 1 COMPUTATION OF SALES RATIO

	Amount	Ratio
1. Total Sales Within South Carolina (see instructions)		
2. Total Sales Everywhere (see instructions)		
3. Sales Ratio (line 1 ÷ line 2)		%

Note: If there are no sales anywhere, Enter 100% on Line 3, if South Carolina is the principal place of business OR Enter 0% on Line 3 if principal place of business is outside South Carolina.

SCHEDULE H - 2 COMPUTATION OF GROSS RECEIPTS RATIO

	Amount	Ratio
1. South Carolina Gross Receipts		
2. Amounts Allocated to South Carolina on Schedule F	< >	
3. South Carolina Adjusted Gross Receipts (line 1 - line 2)		
4. Total Gross Receipts		
5. Total Amounts Allocated on Schedule F	< >	
6. Total Adjusted Gross Receipts (line 4 - line 5)		
7. Gross Receipts Ratio (line 3 ÷ line 6)		%

SCHEDULE H-3 COMPUTATION OF RATIO FOR SECTION 12-6-2310 COMPANIES

	Amount	Ratio
1. Total Within South Carolina (see instructions)		
2. Total Everywhere		
3. Taxable Ratio (line 1 ÷ line 2)		%

SC1120

SCHEDULE N — PROPERTY INFORMATION

Property Within South Carolina

	(a) Beginning Period	(b) Ending Period
1. Land		
2. Buildings		
3. Machinery and Equipment	140,902	149,516
4. Other Property*	149,018	149,018
TOTAL	289,920	298,534

*Please provide an explanation or listing of property from line 4 above.

Description of Property	(a) Beginning Period	(b) Ending period
Autos	149,018	149,018
TOTAL	149,018	149,018

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STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

SHAREHOLDER'S SHARE OF SOUTH CAROLINA INCOME, DEDUCTIONS, CREDITS, ETC.

SC1120S K-1
(Rev. 6/11/10)
3517

For calendar year 12-31-2012 or tax year beginning _____ and ending _____

Shareholder's identifying number ▸ [redacted]

S Corporation's FEIN ▸ 56-2319440

Shareholder's name, address and ZIP code
Scott A. Ledford
4338 Bradford Circle
Myrtle Beach, SC 29588

S Corporation's name, address and ZIP code
Pro-Cutters Lawn & Landscaping LLC
4338 Bradford Circle
Myrtle Beach, SC 29588

Shareholder's percentage of stock ownership for tax year ▸ 96.2842 %

Check if applicable: (1) ☐ Final K-1 (2) ☐ Amended K-1 (3) ☐ Nonresident

Shareholder's Pro Rata Share of Current Year Income, Deductions, Credits, etc.		(A) Federal K-1 Amounts	(B) Plus or Minus SC Adjustments	(C) Amounts Not Allocated or Apportioned to SC	(D) Amounts Allocated or Apportioned to SC
Income (Loss)	1 Ordinary business income (loss)	1 716	1 (3,562)	1	1 (2,845)
	2 Net rental real estate income (loss)	2	2	2	2
	3. Other net rental income (loss)	3	3	3	3
	4 Interest income	4	4	4	4
	5 Dividends	5	5	5	5
	6 Royalties	6	6	6	6
	7 Net short-term capital gain (loss)	7	7	7	7
	8 Net long-term capital gain (loss)	8	8	8	8
	9 Net Section 1231 gain (loss)	9	9	9	9
	10 Other income (loss)	10	10	10	10
Deductions	11 Section 179 deduction	11	11	11	11
	12 Other deductions CONTRIB	58	12	12	12 58
	13 Withholding tax for nonresident shareholder				13
Credits	List applicable South Carolina tax credits. (Attach an additional sheet if needed.)				
	14				14
	15				15
	16				16
	17				17
	18 Total South Carolina tax credits				18

Exempt Copy

35171016

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STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

SHAREHOLDER'S SHARE OF SOUTH CAROLINA INCOME, DEDUCTIONS, CREDITS, ETC.

SC1120S K-1
(Rev. 8/11/10)
3517

For calendar year 12-31-2012 or tax year beginning _____ and ending _____

Shareholder's Identifying number ▶ [redacted]

S Corporation's FEIN ▶ 56-2319440

Shareholder's name, address and ZIP code
Carrie Ledford
4338 Bradford Circle
Myrtle Beach, SC 29588

S Corporation's name, address and ZIP code
Pro-Cutters Lawn & Landscaping LLC
4338 Bradford Circle
Myrtle Beach, SC 29588

Shareholder's percentage of stock ownership for tax year ▶ 3.7158 %

Check if applicable: (1) ☐ Final K-1 (2) ☐ Amended K-1 (3) ☐ Nonresident

Shareholder's Pro Rata Share of Current Year Income, Deductions, Credits, etc.		(A) Federal K-1 Amounts	(B) Plus or Minus SC Adjustments	(C) Amounts Not Allocated or Apportioned to SC	(D) Amounts Allocated or Apportioned to SC
Income (Loss)	1 Ordinary business income (loss)	1 25	1 (137)	1	1 (110)
	2 Net rental real estate income (loss)	2	2	2	2
	3 Other net rental income (loss)	3	3	3	3
	4 Interest income	4	4	4	4
	5 Dividends	5	5	5	5
	6 Royalties	6	6	6	6
	7 Net short-term capital gain (loss)	7	7	7	7
	8 Net long-term capital gain (loss)	8	8	8	8
	9 Net Section 1231 gain (loss)	9	9	9	9
	10 Other income (loss)	10	10	10	10
Deductions	11 Section 179 deduction	11	11	11	11
	12 Other deductions CONTRIB	12 2	12	12	12 2
	13 Withholding tax for nonresident shareholder				13
	List applicable South Carolina tax credits. (Attach an additional sheet if needed.)				
Credits	14				14
	15				15
	16				16
	17				17
	18 Total South Carolina tax credits				18

35171016

Original Copy

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STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
BUSINESS PERSONAL PROPERTY RETURN

PT-100
(Rev. 6/14/12)
7002

IMPORTANT - A separate return must be filed for each location on forms approved by the Department of Revenue. This is a scannable form, which must be completed with black ink only.

Tax Year 2013 (See instructions on page 2)

Owner Name and Mailing Address:

Pro-Cutters Lawn & Landsc
4338 Bradford Circle
Myrtle Beach, SC 29588

Business Name and Location:

Pro-Cutters Lawn & Landsc
4338 Bradford Circle
Myrtle Beach, SC 29588

☐ New Account ☐ Amended ☐ Final; Closing Acct. ☐ Return Due to Change in Accounting Closing Period
☐ Individual ☐ Corporation ☐ Partnership * ☒ LLC/LLP ☐ Leasing Company
* (A listing of partners and social security number is required)

Property File No. -0 Accounting Closing Period (mo/da/yr) 12-31-12

Sales Tax No. Date Business Open (mo/da/yr)

*Federal EI/SS No. [redacted] Telephone No.

County Horry NAICS Code

Tax Dist Date Business Closed

*If you have a new account, your FEI/SSN must be provided in the space above. **If you have a retail license and are making changes, please contact (803) 896-1850.

**CHANGES ONLY

Owner Name	Business Name
Mailing Address	Business Location
City/State - Mail Zip	City/State/Zip

1. Total Acquisition Cost (Excluding Licensed Vehicles and Leasehold Improvements)	1.	149,516-00
2. Less: Income Tax Depreciation (Accumulated Depreciation Not To Exceed 90% For Each Item)	2.	96,127-00
3 Net Depreciated Value (The Net Depreciated Value Must Include At Least 10% Of Each Item)	3.	53,389-00

Lines 1, 2, and 3 must be completed. The preprinted zeros will not be considered as a completed return.

Office Use Only

I declare that this return has been examined by me, and to the best of my knowledge and belief, is a true and complete return, made in good faith, pursuant to the provisions, of the Code of Laws, 1976 and amendments.

Taxpayers Signature Title Member Date 03-11-2013

Accountant Signature Date 03-12-2013

Mail to SC Department of Revenue, Property Division, Columbia, SC 29214-0301 or contact by phone (803) 898-5222.
This return cannot be processed without taxpayer signature.

70021035 0 2013 1

Copy
Sign

56-2319440

INSTRUCTIONS

Complete your social security number or federal employer's identification number and county in which the property is located. If you are producing your own form it MUST be PRE-APPROVED by the Department of Revenue.

If there is a change of Ownership/Mailing Address or Business Name/Location, please make those changes in the area blocked off and marked For Changes Only.

A file number will be assigned to you by the Department and appear as the property tax file number on the front of a preprinted return. Always refer to this number when writing the Property Division.

Zeroes have been preprinted in the cents column of this form, therefore you must round off cents to the nearest whole dollar.

Line 1: All costs associated with the acquisition of furniture, fixtures and equipment that are used in the business, EXCLUDING licensed vehicles.
Line 2: Deduct the adjusted depreciation. The depreciation allowed is the same as used for income tax purposes, except the depreciation may not exceed 90% of the total acquisition cost for EACH item.
Line 3: Total acquisition cost less the adjusted depreciation.

FILING REQUIREMENTS

Any business which opens after the end of the accounting period must file an initial return as of December 31 of that year, this return being due the last day of April. After the initial return, businesses are required to file on or before the last day of the fourth month after the close of the accounting period regularly employed by the taxpayer, for income tax purposes.

THERE ARE NO PROVISIONS FOR EXTENSIONS FOR FILING BUSINESS PERSONAL PROPERTY RETURNS.

Failure to File or List Property - Section 12-54-44 provides: A person who willfully attempts to evade or defeat any tax or property assessment, in addition to other penalties provided by law, is guilty of a FELONY and upon conviction must be fined not more than ten thousand dollars or imprisoned not more than five years, or both, together with the cost of prosecution. The assessment may be estimated from the best available information.

Revocation of License for Failure to Comply - Section 12-54-90 provides: Failure to comply with the law may result in revocation of licenses within 10 days after notification.

Number of locations in SC 1

Location of records 4338 Bradford Circle
Street

Myrtle Beach, SC, 29588
City State

Do you lease equipment from another company? Yes ☐ No ☒ (Attach List if needed)

If yes, from whom? _____
Lessor

_____
Address

_____
City State

Do you own equipment which is leased to other businesses? Yes ☐ No ☒

The net depreciate value from line 3 (page 2 of form) will be assessed by the Property Division at the rate of 10.5%. The assessment will be certified to the county in which the property is located, and the district millage applied to determine your tax bill for the coming year. No further notice will be sent prior to the mailing of a tax bill by the county and/or district.

Signature - If someone other than the taxpayer prepares the return, then the property tax return must also contain the signature of the return preparer.

Social Security Privacy Act Disclosure

It is mandatory that you provide your social security number on this tax form if you are an individual taking this credit. 42 U.S.C 405(c)(2)(C)(i) permits a state to use an individual's social security number as means of identification in administration of any tax. SC Regulation 117-201 mandates that any person required to make a return to the SC Department of Revenue shall provide identifying numbers, as prescribed, for securing proper identification. Your social security number is used for identification purposes.

The Family Privacy Protection Act

Under the Family Privacy Protection Act, the collection of personal information from citizens by the Department of Revenue is limited to the information necessary for the Department to fulfill its statutory duties. In most instances, once this information is collected by the Department, it is protected by law from public disclosure. In those situations where public disclosure is not prohibited, the Family Privacy Protection Act prevents such information from being used by third parties for commercial solicitation purposes.

70022033

Sample

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STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
Corporate Income Tax Payment Voucher

SC1120-V
(Rev. 6/12/12)
3416

INSTRUCTIONS FOR FORM SC1120-V

THIS DOCUMENT IS USED TO PAY WHEN YOU FILE YOUR SC1120/SC1120S ELECTRONICALLY.

1 File SC1120-V electronically at www.sctax.org. Click on DORePay and pay with VISA or MasterCard or by Electronic Funds Withdrawal (EFW). Do not mail this form when paying online.

2. Print the SC Corporate File number.

3. Print the Federal Employer Identification Number (FEIN).

4 Print Income Tax and License Period Ending in the MM-YY format.

5 Print Corporate name and address.

6. Print on lines 1, 2 and 3 the amount of Income Tax Due, License Fee Due, and the Total Balance remitted.

Mail SC1120-V with payment of taxes due to the following address:

SC Department of Revenue
Electronic Filing
Columbia, SC 29214-0007

Client Copy

Payment is due on the due date of the return.

USE BLACK INK ONLY

detach here

1024

SC DEPARTMENT OF REVENUE
Corporate Income Tax Payment Voucher

SC1120-V
(Rev. 6/12/12)
3416

SC CORPORATE FILE #	INCOME ACCT PERIOD ENDING (MM-YY)		
20327035-2	12-12	1. Income Tax Due 14-0804	0.00
[redacted]	12-13	2. License Fee Due 14-0401	25.00
FEIN	LICENSE FEE PERIOD ENDING (MM-YY)	3. Balance Remitted	25.00

Corporate Name and Address
Pro-Cutters Lawn & Landscaping LLC
4338 Bradford Circle
Myrtle Beach SC 29588

34161026 203270352 562319440 12 2 00000000000 00000002500 3

State Depreciation Difference	State Income Adjustment due to differences in depreciation between the Federal and State (Keep for your records)	2012
Name(s) as shown on return		Identification number
[redacted] Lawn & Landscaping LLC		[redacted]

Taxpayer/Business

	Federal	State Portion	Difference
Bonus Depreciation	2,257	0	2,257
Section 179 Expense	0	0	0
Regular Depreciation not associated with Section 179	33,264	39,220	(5,956)
Regular Depreciation on Section 179 Difference	0	0	0
Total:	35,521	39,220	(3,699)

Spouse

	Federal	State Portion	Difference
Bonus Depreciation	0	0	0
Section 179 Expense	0	0	0
Regular Depreciation not associated with Section 179	0	0	0
Regular Depreciation on Section 179 Difference	0	0	0
Total:	0	0	0

Combined Totals

	Federal	State Portion	Difference
Bonus Depreciation	2,257	0	2,257
Section 179 Expense	0	0	0
Regular Depreciation not associated with Section 179	33,264	39,220	(5,956)
Regular Depreciation on Section 179 Difference	0	0	0
Total:	35,521	39,220	(3,699)

Client Copy

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Form 4562 (Rev. 12/11)

South Carolina

Depreciation and Amortization
(Including Information on Listed Property)

Note: SC does not allow any additional depreciation benefits provided by I.R.C. Section 168(k) and 1400L.

▶ See separate instructions. ▶ Attach to your return.

2012

Name(s) shown on return: Pro-Cutters Lawn & Landscaping L

Business or activity to which this form relates: FORM 1120S

Identification number: [redacted]

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	4,514
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	500,000

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2012	17	27,322
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property		4,514	5	HY	200 DB	903
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property			27.5 yrs.	MM	S/L	
				27.5 yrs.	MM	S/L	
i	Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	

Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L
b	12-year			12 yrs.		S/L
c	40-year			40 yrs.	MM	S/L

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	10,995
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	39,220
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Form 4562 (2012)

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No — 24b If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use:								
08 GMC Yuk	20080528	100 %	50,305	50,305	5	200DBHY	5,795	
11 Chevy S	20110621	100 %	48,713	48,713	5	200DBHY	5,200	
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L		
		%				S/L		
		%				S/L		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28	10,995	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2012 tax year (see instructions):					
43 Amortization of costs that began before your 2012 tax year				43	
44 Total. Add amounts in column (f). See the instructions for where to report				44	

EEA

Form 4562 (2012)

GRAND STRAND SPECIALTY ASSOCIATES

Orthopedic Surgery/Traumatology:
Christopher Baldwin, DO

Neurosurgery:
Thomas Anderson, MD
Eugene Giddens, MD

Neurology:
Jeff Benjamin, DO
Barbara Sarb, DO
Michael McCaffrey, MD

Neurology & Ophthalmology:
George Sandor, MD

August 26, 2011

To Whom It May Concern:

RE: Scott Ledford
[redacted]
Chart: 121838

Dear Sir or Madam:

A letter from attorney Temple in regards to Scott Ledford's impairment regarding cervical spine. The patient's chart was reviewed. Initial examinations and most recent examination, the patient fits the 5% whole-person impairment for cervical degenerative changes with stenosis and resolved radicular/paresthesia symptoms using the AMA Guides to the Evaluation of Permanent Impairment Sixth Edition. If you have any further questions or concerns, please do not hesitate to contact me.

Sincerely,

Barbara L. Sarb, DO

Barbara L. Sarb, DO

BS/ss

Electronically Signed on 10/11/2011 5:15 PM

8170 ROURK STREET • MYRTLE BEACH, SOUTH CAROLINA 29572
TELEPHONE: 843.449.2336 • FACSIMILE: 843.497.2505 • WWW.GRANDSTRANDSURGICAL.COM

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