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THE STATE OF SOUTH CAROLINA  
In The Court of Appeals

APPEAL FROM SOUTH CAROLINA WORKERS'  
COMPENSATION COMMISSION

Appellate Case No. 2013-000414

Tina Mayers,..... Appellant,

v.

OSI Group, LLC/Amick Farms, and  
Federal Insurance Co.,..... Respondents.

**RECEIVED**  
JUN 14 2013

RECORD ON APPEAL

**SC Court of Appeals**

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STATE OF SOUTH CAROLINA )  
 )  
COUNTY OF LEXINGTON )

BEFORE THE SOUTH CAROLINA WORKERS'  
COMPENSATION COMMISSION

Tina Mayers, )  
 )  
Claimant/1<sup>st</sup> Appellant )

**WCC FILE NO. 0922700**

vs. )

**DECISION AND ORDER**

OSI Group, LLC/Amick Farms )  
 )  
Employer, )

and )

Federal Insurance Co., )  
 )  
Carrier, )  
Defendants/2<sup>nd</sup> Appellants )

**Date of Hearing:** Held in Columbia, South Carolina on November 14, 2012, per notices timely and properly served on all parties of interest.

**Appearances:** Claimant, Tina Mayers, was represented by Charles E. Johnson, Esquire. Defendants were represented by Attorney Suzanne Boulware Cole of Collins & Lacy, P.C.

**Purpose of Hearing:** To determine the issues as set forth on Forms 30.

**Panel:** Commissioners Susan S. Barden, Melody L. James, and Avery B. Wilkerson, Jr.

**Filed:** 2-5-13

Having reviewed the record and heard arguments from counsel, the Appellate Panel hereby affirms in part and reverses in part the decision of the Single Commissioner. Pursuant to S.C. Code Ann. § 42-17-50, the Appellate Panel hereby issues its Order as follows.

### **STATEMENT OF THE CASE**

Claimant filed a Form 50, seeking a finding of compensability for repetitive trauma injuries to the bilateral upper extremities, in the form of carpal tunnel, alleging a date of injury of November 1, 2009. Defendants denied the claim on the grounds: (1) Claimant failed to establish a repetitive trauma injury pursuant to §42-1-172 for lack of medical causation; (2) Claimant failed to prove a direct causal relationship between the work and carpal tunnel syndrome; and (3) the claim was barred by the statute of limitations.

Single Commissioner Gene McCaskill heard the claim on April 10, 2012. He issued an Order on July 12, 2012, denying the claim based on the statute of limitations. Both parties appealed. Claimant argued the Single Commissioner erred in denying the claim based on the statute of limitations. Defendants argued the Single Commissioner erred in failing to also deny the claim on the alternative ground that Claimant did not satisfy the compensability requirements of §42-1-172. Defendants also appealed the Single Commissioner's decision to admit Claimant's APA p. 17 over Defendants' objection. A hearing before the Full Commission Appellate Panel was held on November 14, 2012.

### **STIPULATIONS**

Counsel for all parties stipulated at the initial hearing to the following:

1. The purpose of the hearing is to determine the issues set forth in the hearing notice and issues plead in the Forms 50 and 51.
2. Notice of the hearing was timely and properly served upon all parties of interest.

3. The venue as set in Richland County is proper, and was agreed upon by all parties.
4. Claimant's average weekly wage and compensation rates are \$338.39 and \$225.61, respectively.
5. Without objection, the Commission's file is made a part of the record, excluding any unstipulated medical reports and/or self-serving declarations.

**APA SUBMISSIONS**

Pursuant to provisions of the South Carolina Workers' Compensation Act and the South Carolina Code, the following medical reports were submitted as direct evidence:

Claimant's Submissions:

APA NO.	PROVIDER	DATE OF REPORT	PAGES.
1)	Saluda Family Medicine	5/21/2010-8/19/11	2-6
2)	Piedmont Health Group, LLC	4/12/11	8-10
3)	Lakelands Orthopaedic & Sports Medicine	5/12/11-7/25/11	12-16
	Supplemental APA-Dr. Charles Gray	4/2/12	17

Defendants objected to Claimant's Supplemental APA p. 17 from Dr. Charles Gray, which was served on April 3, 2012, just seven days before the hearing. The Single Commissioner overruled Defendants' objection and admitted the report but offered for Defendants to depose Dr. Gray. Defendants elected not to depose Dr. Gray in light of the Single Commissioner's Decision.

Defendants' Submissions:

APA NO.	PROVIDER	DATE OF REPORT	PAGES
4	Self Regional Healthcare	11/18/09-5/2/87	17-37
5	Newberry Co. Memorial Hospital	5/12/08-1/28/08	38-45

## EVIDENCE OF THE CASE

### Testimony of Claimant

Claimant was first hired with Amick Farms on July 9, 2009. (Tr. p. 9, lines 3-5). Prior to her job with Amick Farms, she worked as a certified nursing assistant but had been fired from that job and was out of work for some time. (Tr. p. 9, lines 10-16).

Claimant worked in the tray-pack department, packing trays of chicken breasts, legs, wings and thighs. (Tr. p. 11, lines 1-7). Claimant first began experiencing problems with her hands on November 1, 2009. (Tr. p. 10, lines 8-10). She initially reported her problems to her supervisor, who took her to the plant nurse. The plant nurse gave her cream for her hands and some Ibuprofen. (Tr. p. 13, lines 6-16). Claimant told the nurse she could not work and needed to go to the doctor, so she left work and went to Greenwood Hospital. (Tr. p. 13, lines 19-25).

After she went to the hospital, Claimant continued to work through 2009 and 2010. (Tr. p. 15, lines 7-10). During this time, she was out "every now and then" for a day at the time because of the pain and problems with her hands. (Tr. p. 15, lines 18-23). During 2010, she also went to the doctor "every now and then" about her hands. (Tr. p. 16, lines 1-4). Dr. Sawyer referred her to Dr. Sida, who she saw in 2011. (Tr. p. 16, lines 1-8). She also saw Dr. Gray, who gave her steroid shots in both wrists. (Tr. p. 17, lines 12-16). Dr. Gray recommended surgery. (Tr. p. 17, lines 20-22).

During her treatment with Dr. Gray, Claimant worked light duty. (Tr. p. 18, lines 4-11). Claimant was terminated on August 24, 2011, "because they was harassing me about my hands and they was saying that they didn't have light duty anymore." (Tr. p. 2-5). Claimant denied she was terminated from Amick Farms for aggressive and inappropriate behavior toward her supervisor, Caleb Fulmer. (Tr. p. 23, lines 2-9). However, Claimant conceded she was

disqualified for 11 weeks of unemployment benefits because the agency found she was terminated for cause. (Tr. p. 24, lines 12-19). Claimant admitted she represented to the Employment Security Commission she was ready, willing and able to work after her termination from Amick Farms. (Tr. p. 23, line 17-p. 24, line 10).

At the hearing, Claimant flatly denied reporting a history of carpal tunnel syndrome symptoms "for years off and on" to hospital staff on November 18, 2009. (Tr. p. 21, line 21-p. 22, line 2; and again at p. 24, line 22-p. 25, line 2). She also denied telling the emergency room physician at that visit that she had used splints in the past for carpal tunnel syndrome. (Tr. p. 22, lines 6-8). Claimant also denied having trouble with her right wrist in 1997 when she worked on a manufacturing line, pulling and gripping for eight hours per day; and having been diagnosed with an overuse injury to the right wrist and being prescribed a cock-up splint. (Tr. p. 22, lines 9-25). She further denied being put on light duty for this problem in 1997. (Tr. p. 23, lines 1-2).

#### Medical Evidence

On May 2, 1997, Claimant reported to Self Regional, complaining of right wrist and shoulder problems and nocturnal throbbing. She reported she had started a new job at Greenwood Mop and Broom that required her to a lot of pulling from an overhead position and gripping. (APA p. 37). She was prescribed a wrist splint and put on light duty with no repetitive gripping, pulling activities with the right arm. (APA p. 32).

On January 28, 2008, Claimant presented to Newberry County Memorial Hospital, complaining of pain and swelling in her left arm. (APA pp. 42, 44). She reported working as a CNA and doing lots of lifting. (APA p. 42).

On November 18, 2009, Claimant presented to Self Regional Hospital with right wrist pain, weakness and altered sensation for years off and on and reported splints had helped in the

past. (APA pp. 17-20). Two records from that visit, the initial history completed by a registered nurse and the actual medical record completed by the physician, noted a past history of carpal tunnel syndrome. (APA pp. 20, 23).

On January 6, 2011, Claimant reported to her family doctor she was "having difficulty with her carpal tunnel, missed two days of work thus far." (APA p. 2). On May 20, 2011, Nurse Practitioner John C. Wates noted Claimant had come in for a re-check needing a statement for her lawyer regarding work. (APA p. 4). She reported trouble with carpal tunnel since she had been working for Amick Farms since the middle of 2010. (APA p. 4). Wates prepared a letter dated May 24, 2011, opining Claimant had carpal tunnel syndrome and that, "Repetitive movement may be a contributing factor." (APA p. 5). On August 19, 2011, Claimant reported to Wates with hand swelling. (APA p. 6).

On May 12, 2011, Claimant saw Dr. Charles D. Gray, an orthopaedist. Claimant gave a history of severe bilateral hand pain and numbness since February or March. She reported she had no prior problems with her wrist and hands. (APA p. 12). Dr. Gray gave Claimant injections and ultimately recommended surgery. (APA p. 14). On April 2, 2012, Dr. Gray drafted a letter to Claimant's attorney, opining her carpal tunnel syndrome is a result of working at Amick Farms. (APA p. 17).

#### **SINGLE COMMISSIONER'S FINDINGS OF FACT**

The Single Commissioner made the following findings of fact:

1. Claimant alleged repetitive trauma to both hands and wrists with a date of accident of November 1, 2009.
2. On November 18, 2009, Claimant presented to the emergency room. Two reports completed by different people indicate Claimant reported a prior history of carpal tunnel

syndrome. One record indicates prior problems with carpal tunnel syndrome "for years." Based on these reports, I find Claimant was diagnosed with carpal tunnel syndrome prior to November 1, 2009.

3. Claimant adamantly denied making statements about prior carpal tunnel syndrome and repetitive arm injuries as documented in her medical records from November 18, 2009, and May 2, 1997, but offered no explanation for why the statements were in the records.
4. The medical evidence shows Claimant was treated for an overuse injury to the right wrist on May 2, 1997. Her wrist was placed in a "cock-up splint". Additionally, she reported at the time that her job "requires her to do ...gripping activities which she does eight hours a day Monday through Friday".
5. The law is clear in §42-15-40 for a repetitive trauma injury to be compensable a claim must be filed with the Commission, "within two years after the employee knew or should have known that his injury is compensable...". "This section applies regardless of whether the employee was aware that his repetitive trauma injury was the result of his employment".
6. Claimant first filed her Form 50 with the Commission on September 7, 2011.
7. Given that the law is unambiguous and that the case law is clear, Claimant's claim is barred by the statute of limitations.
8. Claimant is not entitled to treatment or compensation under the Act.

#### **APPELLATE PANEL'S FINDINGS OF FACT**

Based on the record, we make the following Findings of Fact and Conclusions of Law, each to be construed as the other to the extent necessary:

1. Claimant alleged repetitive trauma to both hands and wrists with a date of accident of November 1, 2009.
2. On November 18, 2009, Claimant presented to the emergency room. Two reports completed by different people indicate Claimant reported a prior history of carpal tunnel syndrome. One record indicates prior problems with carpal tunnel syndrome "for years." We find Claimant was diagnosed with carpal tunnel syndrome prior to November 1, 2009.
3. Claimant adamantly denied making statements about prior carpal tunnel syndrome and repetitive arm injuries as documented in her medical records from November 18, 2009, and May 2, 1997, but offered no explanation for why the statements were in the records.
4. The medical evidence shows Claimant was treated for an overuse injury to the right wrist on May 2, 1997. Her wrist was placed in a "cock-up splint". Additionally, she reported at the time that her job "requires her to do ...gripping activities which she does eight hours a day Monday through Friday".
5. We reverse Finding of Fact Number 7 of the Single Commissioner's Order barring the claim by the statute of limitations. Thus, we also remove Findings of Fact 5 and 6 as irrelevant.
6. The Single Commissioner committed no error in accepting the late causation statement from Dr. Gray.
7. On May 12, 2011, Claimant reported to Dr. Charles Gray that she had no prior problems with her wrist and hands.
8. Dr. Gray's statement of causation is erroneously premised in that it is based upon Claimant's statement to Dr. Gray that she had no prior carpal tunnel syndrome problems.

This incorrect history provided by Claimant to Dr. Gray is fatal and is too significant to overlook. Thus, we find Dr. Gray's opinion does not establish a direct causal relationship between the condition under which the work was performed and the injury.

9. Claimant failed to satisfy her burden to prove a repetitive trauma injury pursuant to the Act. Claimant is not entitled to treatment or compensation under the Act.

#### CONCLUSIONS OF LAW

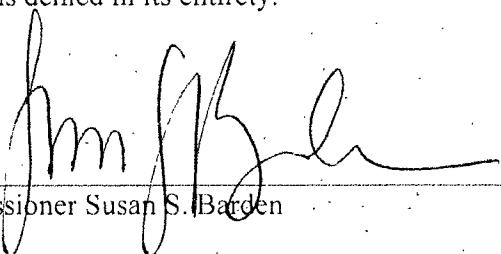
1. A repetitive trauma injury is "an injury which is gradual in onset and caused by the cumulative effects of repetitive traumatic events." S.C. Code Ann. § 42-1-172.
2. "A repetitive trauma injury is considered to arise out of employment only if it is established by medical evidence that there is a direct causal relationship between the condition under which the work is performed and the injury." S.C. Code Ann. § 42-1-172.
3. "[A] claimant has the burden of proving the facts essential to his right to compensation, and an award may not be based upon conjecture or speculation." Shelby v. Algernon Blair, Inc., 250 S.C. 106, 110, 156 S.E.2d 646, 648 (1967).
4. We reverse the Single Commissioner's finding the claim is barred by the statute of limitations.
5. The Single Commissioner committed no error in accepting the late causation statement from Dr. Gray. However, the causation opinion is faulty because it is based on an erroneous history from Claimant that she had no prior problems with her wrist and hands.
6. Claimant failed to meet her burden in this claim to establish a repetitive trauma injury pursuant to Section 42-1-172. Therefore, the claim is denied.

**ORDER**

Upon review of the evidence presented and the applicable statutory sections and case law, the Order of the Single Commissioner is affirmed in part and reversed in part. We affirm the denial on the alternative ground that Claimant failed to satisfy the compensability requirements of Section 42-1-172. We reverse the finding the claim is barred by the statute of limitations.

**IT IS HEREBY ORDERED** that this claim is denied in its entirety.

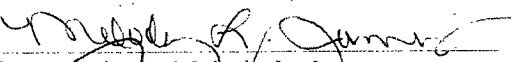
**IT IS SO ORDERED.**

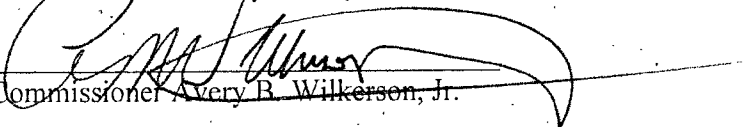
  
\_\_\_\_\_  
Commissioner Susan S. Barden

2-5-13

Columbia, South Carolina

CONCUR:

  
\_\_\_\_\_  
Commissioner Melody L. James

  
\_\_\_\_\_  
Commissioner Avery B. Wilkerson, Jr.

**CERTIFICATE OF SERVICE**

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

**By Valerie Deller on February 5, 2013**

STATE OF SOUTH CAROLINA )  
COUNTY OF LEXINGTON )

BEFORE THE SOUTH CAROLINA WORKERS'  
COMPENSATION COMMISSION

Tina Mayers, )  
Claimant/Appellant, )  
vs. )  
OSI Group, LLC/Amick Farms )  
Employer, )  
and )  
Federal Insurance Co., )  
Carrier/Respondents. )

WCC FILE NO. 0922700

DECISION AND ORDER

**Date of Hearing:** Held in Columbia, South Carolina on April 10, 2012, per notices timely and properly served on all parties of interest.

**Appearances:** Claimant, Tina Mayers, was represented by Charles E. Johnson, Esquire. Defendants were represented by Suzanne Boulware Cole of Collins & Lacy, P.C., Greenville, South Carolina.

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

**Commissioner:** The Honorable Gene McCaskill

**Filed:** July 9, 2012

**STATEMENT OF THE CASE**

Claimant filed a Form 50, seeking compensability for repetitive trauma injuries on November 1, 2009, to the bilateral upper extremities in the form of carpal tunnel syndrome. Defendants denied the claim on the grounds Claimant failed to establish a repetitive trauma injury pursuant to §42-1-172 for lack of medical causation; Claimant failed to prove a direct causal relationship between the work and carpal tunnel syndrome; and the claim was barred by the statute of limitations.

**STIPULATIONS**

Counsel for all parties stipulated at the hearing to the following:

1. The purpose of the hearing is to determine the issues set forth in the hearing notice and issues plead in the Forms 50 and 51.
2. Notice of the hearing was timely and properly served upon all parties of interest.
3. The venue as set in Richland County is proper, and was agreed upon by all parties.
4. Claimant's average weekly wage and compensation rates are \$338.39 and \$225.61, respectively.
5. Without objection, the Commission's file is made a part of the record, excluding any unstipulated medical reports and/or self-serving declarations.

**APA SUBMISSIONS**

Pursuant to provisions of the South Carolina Workers' Compensation Act and the South Carolina Code, the following medical reports were submitted as direct evidence:

Claimant's Submissions:

APA NO.	PROVIDER	DATE OF REPORT	PAGES.
1)	Saluda Family Medicine	5/21/2010-8/19/11	2-6
2)	Piedmont Health Group, LLC	4/12/11	8-10

3)	Lakelands Orthopaedic & Sports Medicine	5/12/11-7/25/11	12-16
	Supplemental APA-Dr. Charles Gray	4/2/12	17

Defendants objected to Claimant's Supplemental APA p. 17 from Dr. Charles Gray, which was served on April 3, 2012, just seven days before the hearing. The undersigned overruled Defendants' objection and admitted the report but offered for Defendants to depose Dr. Gray. Defendants elected not to depose Dr. Gray in light of this Decision.

Defendants' Submissions:

APA NO.	PROVIDER	DATE OF REPORT	PAGES
4	Self Regional Healthcare	11/18/09-5/2/87	17-37
5	Newberry Co. Memorial Hospital	5/12/08-1/28/08	38-45

**EVIDENCE OF THE CASE**

Testimony of Claimant

Claimant was first hired with Amick Farms on July 9, 2009. (Tr. p. 9, lines 3-5). Prior to her job with Amick Farms, she worked as a certified nursing assistant but had been fired from that job and was out of work for some time. (Tr. p. 9, lines 10-16).

Claimant worked in the tray-pack department, packing trays of chicken breasts, legs, wings and thighs. (Tr. p. 11, lines 1-7). Claimant first began experiencing problems with her hands on November 1, 2009. (Tr. p. 10, lines 8-10). She initially reported her problems to her supervisor, who took her to the plant nurse. The plant nurse gave her cream for her hands and some Ibuprofen. (Tr. p. 13, lines 6-16). Claimant told the nurse she could not work and needed to go to the doctor, so she left work and went to Greenwood Hospital. (Tr. p. 13, lines 19-25).

After she went to the hospital, Claimant continued to work through 2009 and 2010. (Tr. p. 15, lines 7-10). During this time, she was out "every now and then" for a day at the time

because of the pain and problems with her hands. (Tr. p. 15, lines 18-23). During 2010, she also went to the doctor "every now and then" about her hands. (Tr. p. 16, lines 1-4). Dr. Sawyer referred her to Dr. Sida, who she saw in 2011. (Tr. p. 16, lines 1-8). She also saw Dr. Gray, who gave her steroid shots in both wrists. (Tr. p. 17, lines 12-16). Dr. Gray recommended surgery. (Tr. p. 17, lines 20-22).

During her treatment with Dr. Gray, Claimant worked light duty. (Tr. p. 18, lines 4-11). Claimant was terminated on August 24, 2011, "because they was harassing me about my hands and they was saying that they didn't have light duty anymore." (Tr. p. 2-5). Claimant denied she was terminated from Amick Farms for aggressive and inappropriate behavior toward her supervisor, Caleb Fulmer. (Tr. p. 23, lines 2-9). However, Claimant conceded she was disqualified for 11 weeks of unemployment benefits because the agency found she was terminated for cause. (Tr. p. 24, lines 12-19). Claimant admitted she represented to the Employment Security Commission she was ready, willing and able to work after her termination from Amick Farms. (Tr. p. 23, line 17-p. 24, line 10).

Claimant flatly denied reporting a history of carpal tunnel syndrome for years off and on at Self Regional on November 18, 2009. (Tr. p. 21, line 21-p. 22, line 2; and again at p. 24, line 22-p. 25, line 2). She also denied telling the emergency room physician she had used splints in the past for carpal tunnel syndrome. (Tr. p. 22, lines 6-8). Claimant also denied having trouble with her right wrist in 1997 when she worked on a manufacturing line, pulling and gripping for eight hours per day. (Tr. p. 22, lines 9-19). She also denied having been diagnosed with an overuse injury to the right wrist and prescribed a cock-up splint. (Tr. p. 22, lines 20-25). She denied being put on light duty for this problem in 1997. (Tr. p. 23, lines 1-2).

#### Medical Evidence

On May 2, 1997, Claimant reported to Self Regional, complaining of right wrist and shoulder problems and nocturnal throbbing. She reported she had started a new job at Greenwood Mop and Broom that required her to a lot of pulling from an overhead position and gripping. (APA p. 37). She was prescribed a wrist splint and put on light duty with no repetitive gripping, pulling activities with the right arm. (APA p. 32).

On January 28, 2008, Claimant presented to Newberry County Memorial Hospital, complaining of pain and swelling in her left arm. (APA pp. 42, 44). She reported working as a CNA and doing lots of lifting. (APA p. 42).

On November 18, 2009, Claimant presented to Self Regional Hospital with right wrist pain, weakness and altered sensation for years off and on and reported splints had helped in the past. (APA pp. 17-20). Two records from that visit, the initial history completed by a registered nurse and the actual medical record completed by the physician, noted a past history of carpal tunnel syndrome. (APA pp. 20, 23).

On January 6, 2011, Claimant reported to her family doctor she was "having difficulty with her carpal tunnel, missed two days of work thus far." (APA p. 2). On May 20, 2011, Nurse Practitioner John C. Wates noted Claimant had come in for a re-check needing a statement for her lawyer regarding work. (APA p. 4). She reported trouble with carpal tunnel since she had been working for Amick Farms since the middle of 2010. (APA p. 4). Wates prepared a letter on May 24, 2011, opining Claimant had carpal tunnel syndrome and that, "Repetitive movement may be a contributing factor." (APA p. 5). On August 19, 2011, Claimant reported to Wates with hand swelling. (APA p. 6).

On May 12, 2011, Claimant saw Dr. Charles D. Gray, an orthopaedist. She reported severe bilateral hand pain and numbness since February or March. She reported she had no prior

problems with her wrist and hands. (APA p. 12). Dr. Gray gave Claimant injections and ultimately recommended surgery. (APA p. 14). On April 2, 2012, Dr. Gray drafted a letter to Claimant's attorney, opining her carpal tunnel syndrome is a result of her working at Amick Farms. (APA p. 17).

#### **FINDINGS OF FACT**

1. Claimant alleged repetitive trauma to both hands and wrists with a date of accident of November 1, 2009.
2. On November 18, 2009, Claimant presented to the emergency room. Two reports completed by different people indicate Claimant reported a prior history of carpal tunnel syndrome. One record indicates prior problems with carpal tunnel syndrome "for years." Based on these reports, I find Claimant was diagnosed with carpal tunnel syndrome prior to November 1, 2009.
3. Claimant adamantly denied making statements about prior carpal tunnel syndrome and repetitive arm injuries as documented in her medical records from November 18, 2009, and May 2, 1997, but offered no explanation for why the statements were in the records.
4. The medical evidence shows Claimant was treated for an overuse injury to the right wrist on May 2, 1997. Her wrist was placed in a "cock-up splint". Additionally, she reported at the time that her job "requires her to do ...gripping activities which she does eight hours a day Monday through Friday".
5. The law is clear in §42-15-40 for a repetitive trauma injury to be compensable a claim must be filed with the Commission, "within two years after the employee knew or should have known that his injury is compensable...". "This section

applies regardless of whether the employee was aware that his repetitive trauma injury was the result of his employment”.

6. Claimant first filed her Form 50 with the Commission on September 7, 2011.
7. Given that the law is unambiguous and that the case law is clear, Claimant’s claim is barred by the statute of limitations.
8. Claimant is not entitled to treatment or compensation under the Act.

**CONCLUSIONS OF LAW**


1. Section 42-15-40 provides: “For a ‘repetitive trauma injury’ as defined in Section 42-1-172, the right to compensation is barred unless a claim is filed with the commission within two years after the employee knew or should have known that his injury is compensable but no more than seven years after the date of last injurious exposure.”

**ORDER**

Upon review of the evidence presented and the applicable statutory sections and case law,

**IT IS HEREBY ORDERED** that this claim is denied in its entirety.

**IT IS SO ORDERED.**

  
Commissioner Gene McCaskill

CERTIFICATE OF SERVICE

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

July 9, 2012

By: Kellie Lindler, Administrative Assistant to Commissioner McCaskill

CERTIFICATE OF SERVICE

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

***By Kellie Lindler on July 18, 2012***



Claimant's Name: Tina Mayers SSN: 248-23-7001 Employer's Name: OSI Group, LLC  
 Address: 303 The Heights, 4th Avenue Address: PO Box 2309  
 City: Saluda State: SC Zip: 29138 City: Batesburg Leesville State: SC Zip: 29006  
 Home Phone: (864) 941 - 7095 Work Phone: ( ) - Insurance Carrier: Federal Insurance Company  
 Preparer's Name: Charles E. Johnson Law Firm: Charles E. Johnson, PA Preparer's Phone #: (803) 256 - 1964

Complete each information blank. To request a hearing, check Box 13b, indicate the kinds of benefits claimed by checking the box(es) at Lines 6, 7, 8, and 9, and file this form in duplicate. **Date of Injury or Illness:** 11/01/2009

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

1a. The claimant sustained an injury to Both Hands & Wrists (Part(s) of Body Injured) on 11/01/2009 (Month/Day/Year) in Saluda county, state of S.C.  
 1b. Body part(s) affected are: Both Hands & Wrists  
 Briefly describe how the accident occurred. Repetitive Trauma to Hands & Wrists  
 2. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.  
 3. The relationship of employer and employee existed at the time of injury.  
 4. At the time of the injury the claimant was performing services arising out of and in the course of employment.  
 5. Notice of the accidental injury was given to the Employer on 11/01/2009 (Month/Day/Year) in the following manner:  
 Claimant Advised immediate Supervisor.

6. Due to injury, the claimant is in need of (check one):  
 (a) medical examination and treatment for: \_\_\_\_\_  
 (b) additional medical examination and treatment for: Carpal Tunnel Syndrome

7. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: August 24, 2011

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

9. Due to the injury, the Claimant has a serious bodily disfigurement consisting of:  
N/A

10a. At the time of the injury, the Claimant was paid weekly wages of \$ 346.40, and demands accounting of days worked and wages earned as provided by law.

10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident:  
Amick Farms, OSI Group, LLC, PO Box 2309, Batesburg Leesville, SC 29006

11a. Further grounds or unusual aspects of claim:  
N/A

11b. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident:  
See attachment One (1)

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

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

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

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

14. Estimated time needed for hearing: 2 hours.

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

Preparer's Signature: Charles E. Johnson Attorney Title: Attorney Email: charles201102@att.net Date: 01/09/2012



Claimant's Name: Tina Mayers SSN: 248-23-7001 Employer's Name: Amick Farms  
Address: 303 The Heights, 4th Avenue Address: P.O. Box 2309  
City: Saluda State: SC Zip: 29138 City: Batesburg-Leesville State: SC Zip: 29070  
Home Phone: 864-941-7095 Work Phone: ( ) Insurance Carrier: Federal Insurance Company  
Date of Injury: 11/01/2009 Preparer's Name: Suzanne B. Cole, Attorney at Law Law Firm: Collins and Lacy, P.C. Preparer's Phone #: (864) 282-9100

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

1. It is **Denied** the employee sustained an injury or illness on or about the date set forth in the Form 50. The reasons for denial are:  
Deny Claimant sustained a repetitive trauma injury pursuant to 42-1-172.
2. It is **Admitted** both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are:  
\_\_\_\_\_
3. It is **Admitted** the relationship of employer and employee existed at the time in question. The reasons for denial are:  
\_\_\_\_\_
4. It is **Denied** at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are:  
See number 1. Deny Claimant's alleged condition is causally-connected to her work with Amick Farms.
5. It is **Denied** notice of injury was given the employer. The reasons for denial are:  
Deny Claimant notified Amick Farms of an injury within the requisite ninety days.
6. It is **Denied** the employee **Needs / Is Entitled to Additional** medical care as a result of injury or illness. The reasons for denial are:  
See numbers 1, 4.
7. It is **Denied** the employee is entitled to temporary total disability for the period(s) of :  
See numbers 1, 4.
8. It is **Denied** the employee is permanently disabled. The reasons for denial are:  
See numbers 1, 4. No proof.
9. It is **Denied** the employee has serious disfigurement.
10. It is contended that an average weekly wage of \$ **TBD** applies, according to attached Form 20 as provided by law.
11. Further contentions, grounds of defense, or unusual aspects are:  
Defendants assert the statute of limitations as a total bar. Defendants reserve the right to amend.
12. Estimated time needed for hearing: 1 hour

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

Name: Charles E. Johnson  
Address: 1332 Main Street, Suite 65, Columbia, SC 29201

On February <sup>21</sup>20, 2012, by  first class mail  personal service  certified mail.  
I verify the contents of this form are accurate and true to the best of my knowledge.

Preparer's Signature: *Suzanne B. Cole* Attorney at Law Title: \_\_\_\_\_ Email: scole@collinsandlacy.com Date: February 20<sup>21</sup>, 2012

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

BEFORE THE  
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 0922700

Tina Mayers,

Claimant,

vs.

Amick Farms/OCI Group, LLC,  
Employer,

and

Federal Insurance Company,  
Carrier,

Defendants.

TRANSCRIPT OF PROCEEDINGS

April 10, 2012

This hearing was held before Commissioner Gene McCaskill, reported by Kimberly T. Power, Court Reporter and Notary Public in and for the State of South Carolina; said proceedings were held at the South Carolina Workers' Compensation Commission, 1333 Main Street, Suite 500, Hearing Room B, Columbia, South Carolina, on Tuesday, April 10, 2012, commencing at the hour of 4:00 p.m.

Kimberly T. Power, Court Reporter  
Garber Reporting Service

00023

## APPEARANCES

## ATTORNEYS FOR THE CLAIMANT

LAW OFFICES OF CHARLES E. JOHNSON, P.A.  
BY: CHARLES E. JOHNSON, ESQUIRE  
1332 Main Street  
Columbia, South Carolina 29201

## ATTORNEYS FOR THE DEFENDANTS

COLLINS & LACY,  
BY: SUZANNE BOULWARE COLE, ESQUIRE  
37 Villa Road, Suite 500  
Greenville, South Carolina 29615

Kimberly T. Power, Court Reporter  
Garber Reporting Service

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Kimberly T. Power, Court Reporter  
Garber Reporting Service

1 THE COURT: Today's date is April 10, 2012.  
2 This is the case of Tina Mayers vs. Amick Farms. This is  
3 a bit confusing to me, Ms. Cole. OSI Group, do they own  
4 Amick?

5 MS. COLE: Yes, sir, they do.

6 THE COURT: Okay. Versus Amick Farms/OSI  
7 Group, LLC. The carrier is Federal Insurance Company.  
8 The Workers' Compensation Commission File Number is  
9 0922700. The claimant in this matter is represented by  
10 Charles E. Johnson, and the defendants are represented by  
11 Suzanne Boulware Cole. The claimant has -- are we on  
12 agreement on average weekly wage?

13 MS. COLE: Yes, sir.

14 THE COURT: All right. The claimant has an  
15 average weekly wage of \$338.39 and a comp rate of  
16 \$225.61. The date of the accident is 11/1/2009. This is  
17 a denied case. Are there any objections to jurisdiction,  
18 venue, or any APA submissions? Mr. Johnson?

19 MR. JOHNSON: Nothing from the claimant, Your  
20 Honor.

21 THE COURT: All right. Ms. Cole?

22 MS. COLE: Commissioner, defendants object to  
23 claimant's APA Page 17 which is a late report from  
24 Dr. Gray that we just discussed off the record, but it  
25 was submitted well after the deadline for timely

1 submission. So we would object and believe it should be  
2 excluded from evidence in this case.

3 THE COURT: All right. What actually I'm  
4 going to do in this case is overrule that objection, but  
5 I am going to allow the defendants two things: One, to  
6 depose Dr. Gray if they so choose; and, two, to allow  
7 them to secure their own opinion. Okay. All right. Any  
8 other objections from either party?

9 MR. JOHNSON: None from the claimant, Your  
10 Honor.

11 MS. COLE: No, sir.

12 THE COURT: All right. The Commission file  
13 becomes a part of the record with the exception of  
14 self-serving declarations and unstipulated medical  
15 reports. At this time, Mr. Johnson, would you please  
16 state the claimant's position for the record?

17 MR. JOHNSON: It's the claimant's position  
18 that she's entitled to compensation based on the fact of  
19 her sustaining a repetitive trauma injury to both hands.  
20 She was diagnosed with carpal tunnel syndrome bilateral.  
21 The first onset was on November 1st of 2009 where she  
22 missed two days of work, but she continued to work from  
23 that period through 2010 all the way up to January of  
24 2011 where the pain was so severe that upon  
25 recommendation from her treating physician, she referred

1 to orthopedic clinic for review. At that time it was  
2 determined that she suffers severe bilateral carpal  
3 tunnel syndrome in both hands and wrists. She was placed  
4 out of work for two weeks at that point in time which was  
5 in roughly around May the 22nd of 2011. Actually, it was  
6 May the 12th of 2011.

7 She went back to work on May 29, 2011  
8 restricted to light duty. She was then reevaluated on  
9 June 27, 2011, also return to work with restriction of  
10 light duty pending surgery at that time. She again went  
11 back on July 25, 2011 whereby a new restriction was  
12 placed upon her in that there was lifting above ten  
13 pounds and to avoid constant repetitive use of the hands.  
14 And the duration of that leave from work was until the  
15 next appointment pending surgery. And roughly a month  
16 after that on August 24, 2011, she was terminated.

17 It's simply our position that she is entitled  
18 to benefits for repetitive trauma as a result of the  
19 carpal tunnel -- carpal tunnel syndrome and that the  
20 onset date for comp should begin on August 24, 2011 since  
21 that was the last date that she was actually employed and  
22 worked at Amick Farms.

23 THE COURT: Thank you. Ms. Cole.

24 MS. COLE: Commissioner, defendants deny this  
25 claim on three grounds. The first is for lack of medical

1 causation under 42-11-72 which, of course, we will flush  
2 out with the deposition and the evaluation you've granted  
3 us. And, of course, also I've objected to their opinion  
4 as being late. We also deny on the ground claimant can't  
5 prove the work is a direct cause of the carpel tunnel  
6 syndrome as required by 42-11-72. We believe the  
7 evidence will show she's had this problem for quite some  
8 time and cannot establish that the work is a direct  
9 cause. We also assert the two year statute of  
10 limitations as a defense. And I've handed up to Your  
11 Honor the King case that deals with repetitive trauma  
12 cases after July of 2007 with regard to the running of  
13 the no statute and the statute of limitations. So we  
14 would request the case be denied in its entirety. Thank  
15 you.

16 THE COURT: All right. Mr. Johnson, are you  
17 ready for me to swear in your witness?

18 MR. JOHNSON: Yes, sir.

19 THE COURT: All right. How are you?

20 THE WITNESS: I'm fine.

21 THE COURT: What we're going to do here is I'm  
22 going to swear you in, and then I've got a couple of  
23 requests for you. The first thing I'm going to ask you  
24 to do is give your full name for the record. And then  
25 once we do that, Mr. Johnson is going to ask you some

Kimberly T. Power, Court Reporter  
Garber Reporting Service

1 questions and then Ms. Cole will have some questions for  
2 you and they may have additional questions. It will go  
3 back and forth until they're questioned out. When you  
4 answer their questions, please speak loudly enough so  
5 that both attorneys can hear you and this young lady here  
6 who is the court reporter, she's making a record of the  
7 proceeding. I think I'm sitting close enough if they can  
8 hear, I know I will be able to.

9 All right. And then if you are asked a yes or  
10 no question, please answer yes or no. Don't say uh-huh  
11 or unh-unh or shake your head because that's confusing  
12 for the court reporter. Okay. And then even if you have  
13 an explanation you want to give about a yes or no  
14 question, please answer the lawyer's question if they've  
15 asked you a yes or no question, yes or no first. Okay.  
16 Anything you want to know about any of that?

17 THE WITNESS: (Witness shakes head.)

18 (TINA MAYERS, being duly sworn to tell the  
19 whole truth and nothing but the truth, testified as  
20 follows:)

21 THE COURT: Please state your full name for  
22 the record.

23 THE WITNESS: Tina Mayers.

24 THE COURT: Mr. Johnson.

25 MR. JOHNSON: Thank you, sir.

Kimberly T. Power, Court Reporter  
Garber Reporting Service

## DIRECT EXAMINATION

1  
2 BY MR. JOHNSON:

3 Q. Ms. Mayers, when were you first hired at Amick  
4 Farms?

5 A. July 9th of '09.

6 Q. And prior to that time, what type of work did  
7 you do?

8 A. I was a tray packer. I packed meat in  
9 different size trays. I worked in tray pack.

10 Q. Before you became employed at Amick Farms,  
11 what kind of work did you do before that?

12 A. I was -- before I worked at Amick Farms, I was  
13 a certified nursing assistant.

14 Q. And what did that involve you doing?

15 A. I was fired at the time. I hadn't worked in a  
16 while.

17 Q. What did that work require you to do?

18 A. Talking about certified nursing assistant?

19 Q. Yes, ma'am.

20 A. I worked with residents. I worked with  
21 different machineries. Uplift them to like put them in  
22 beds and stuff and like shower chairs to take them  
23 showers and stuff. It's like every day living things you  
24 do for a resident.

25 Q. And how long did you work at that job?

1 A. Ten years.

2 Q. And did you have any health issues related to  
3 that job?

4 A. No, never.

5 Q. Now, you say that you began working at Amick  
6 Farms on July 9, 2009?

7 A. Uh-huh.

8 Q. When did you first begin having any problem  
9 with your hands?

10 A. November 1st of '09.

11 Q. And what happened on that date?

12 A. I started having real bad pains in my hands  
13 and swelling and I started feeling cold streaks and the  
14 tips of my fingers was raw.

15 THE COURT: When did you first -- help me  
16 again. When did you first notice that?

17 THE WITNESS: November 1st of '09.

18 THE COURT: Okay. Thank you. I'm sorry,  
19 Mr. Johnson.

20 BY MR. JOHNSON:

21 Q. And what happened on that day to cause you to  
22 have those problems?

23 A. It was the work that I was doing dipping my  
24 hands in that cold meat, packing that meat.

25 Q. Describe your job for the Commissioner.

1           A.     Tray pack is -- it's when you work with  
2 different varieties of meat and you pack them in  
3 different size trays.

4           Q.     And what kind of meat are we talking about  
5 here?

6           A.     Chicken, chicken breasts, chicken legs, wings,  
7 thighs.

8           Q.     And what do you have to do during your work  
9 period? Describe for the Commissioner what you  
10 physically had to do.

11          A.     Oh, we are -- it's like four lines of people  
12 and it's people on both sides of -- of the line and it's  
13 like a table where the meats -- meat come down the table  
14 and everybody is standing side by side and we have trays  
15 where we pack meat.

16          Q.     And what kind of condition is this meat in  
17 that you're packing?

18          A.     It's cold and icy.

19          Q.     Okay. Do you have to wear any kind of  
20 protective clothing?

21          A.     We have to wear like a smock, an apron. We  
22 have to wear like sleeves, two cotton gloves, and a  
23 plastic glove on top of the cotton glove.

24          Q.     And are you standing during your whole time at  
25 work? Are you sitting?

1 A. We're standing.

2 Q. And how long do you have to stand?

3 A. For hours. Like nine hours.

4 Q. Do you get a break in between that nine hours?

5 A. Fifteen and a 30 break -- 30 minute break.

6 Q. The area you work in, is this a warehouse?

7 Describe the area that you work in.

8 A. It's a plant.

9 Q. I mean, where you -- where you work at, the  
10 area that you work at?

11 A. It was like different areas. I mean, it's  
12 debone on the other side and it's tray pack on the other  
13 side.

14 Q. And you work --

15 A. I work in a cold -- real cold area.

16 Q. How do you dress to go to work?

17 A. Jeans, rubber boots. I wear like a T-shirt, a  
18 sweater, and a hoodie.

19 Q. And the reason for that is what?

20 A. That's just what we have to wear when we come  
21 to work.

22 Q. Is the place you work at real cold?

23 A. Yes, it's real cold. You have to really dress  
24 for it.

25 Q. And on this particular -- oh, what shift do

1 you work?

2 A. I work third shift.

3 Q. And what time is that from and to?

4 A. From 11:30 to 8:30. 11:30 p.m. until 8:30 in  
5 the morning.

6 Q. And who did you talk to initially concerning  
7 the problem with your hands?

8 A. Supervisor.

9 Q. Okay. And who was that?

10 A. It was Edwin at the time.

11 Q. And after talking to the supervisor, what did  
12 you do then?

13 A. He took me to the nurse, to the plant nurse.

14 Q. And what did the plant nurse do for you?

15 A. She gave me cream to rub on my hand, and she  
16 gave me some Ibuprofen to take every four hours.

17 Q. And after you spoke with the plant nurse, what  
18 did you do then?

19 A. I told them that I couldn't perform my work  
20 and I needed to go to the doctor, I needed to leave and  
21 go to the doctor.

22 Q. So did you leave and go to the doctor?

23 A. Yes.

24 Q. Where did you go?

25 A. I went to Greenwood Hospital.

1 Q. And what was the diagnosis at Greenwood  
2 Hospital?

3 A. He checked my hand and he tapped my wrist and  
4 he had told me that --

5 MS. COLE: Objection. Hearsay.

6 THE COURT: Yes. You can't tell me what  
7 someone told you because that doctor or whoever it is is  
8 not here for Ms. Cole to cross-examine. So you can't  
9 tell me what somebody told you.

10 THE WITNESS: Okay. Well, I was told --

11 THE COURT: No, that's the same thing.

12 THE WITNESS: Well...

13 THE COURT: Counsel, can you help your witness?

14 MR. JOHNSON: Yes, sir.

15 BY MR. JOHNSON:

16 Q. What was the diagnosis?

17 A. I have carpal tunnel syndrome, damaged nerves,  
18 and they gave me braces for both my hands and arms.

19 Q. Were you able to go back to work that next  
20 day?

21 A. They gave me like two days off.

22 Q. And was your supervisor at Amick Farms aware  
23 of the diagnosis?

24 A. Yes.

25 MS. COLE: Objection. She can't testify about

1 what someone else was aware of.

2 THE COURT: This is true. Sustained.

3 BY MR. JOHNSON:

4 Q. Did you tell your supervisor about your  
5 diagnosis?

6 A. Yes, I showed him paperwork.

7 Q. After that initial visit to the hospital in  
8 November of '09, did you work continuously through '10,  
9 the whole year, at Amick Farms?

10 A. Yes.

11 Q. Were you still having pains or numbness in  
12 your hands --

13 A. Yes.

14 Q. -- during that time?

15 A. Yes.

16 Q. But you continued to work?

17 A. Yes.

18 Q. Did you at any point in '10 were not able to  
19 work because of the pain and the problem with your hands?

20 A. Yes. I was out every now and then. I was out  
21 every now and then. Yes.

22 Q. Well, was it for a day or two days or...

23 A. Usually they will give me a day.

24 Q. Now, you were able to do this for how long?  
25 For -- you did it all through '10?

1           A.     I went -- I went to the doctor every now and  
2 then about my hands, yeah, in 2010. I can't give you an  
3 exact date or whatnot, but I have been to the doctor in  
4 2010.

5           Q.     Now, we get to 2011. What happened in 2011?

6           A.     Well, I had went to Dr. Sawyers in 2010 about  
7 my hands and he preferred (sic) me to Dr. Sida, to the  
8 specialist, and I went to the specialist like in 2011.

9           Q.     And what was the diagnosis at that point -- at  
10 that time?

11          A.     It was up to like three to four, and that's  
12 the worse you can have carpel tunnel syndrome damaged  
13 nerves.

14          Q.     And were you getting an excuse for work at  
15 that time?

16          A.     He didn't give me any days off.

17          Q.     And what time are we talking about, in 2011?

18          A.     '11. Uh-huh.

19          Q.     Okay. Now, who were the doctors that you --  
20 that you are speaking about?

21          A.     Talking about the family doctor?

22          Q.     You saying that doctor didn't give you any  
23 days off?

24          A.     Dr. Sida, yeah. Dr. Sida, he's a specialist.

25          Q.     Okay. Were you given any time off during

1 2011?

2 A. Yes, through my orthopedics.

3 Q. Who is that?

4 A. Dr. Gray.

5 Q. And what did Dr. Gray -- how much time did he  
6 give you off?

7 A. He gave me two weeks.

8 Q. Okay. And what was his diagnosis?

9 A. He gave -- he said --

10 MS. COLE: Objection. Again, hearsay.

11 THE COURT: You can't tell me that.

12 THE WITNESS: I was given steroid shots in  
13 both my wrists.

14 BY MR. JOHNSON:

15 Q. Did that help the problem?

16 A. No.

17 Q. After the steroid shots, were there any other  
18 recommendations?

19 A. I had other appointments.

20 Q. And as a result of those appointments, what  
21 was the recommendation of the doctor?

22 A. Pending surgery.

23 MS. COLE: Again, I object as hearsay. We can  
24 look at the records that have been submitted.

25 THE WITNESS: Pending surgery.

1 BY MR. JOHNSON:

2 Q. In 2011, how often after your initial visit  
3 with Dr. Gray were you able to actually go to work?

4 A. Okay. After the two weeks I had my steroid  
5 shots, I went back to work like July 29th of 2011.

6 Q. And how long did you work then?

7 A. I worked -- I worked up till my appointments.

8 Q. And what type of work were you doing at that  
9 time?

10 A. I was doing light duty. Putting cardboards in  
11 boxes.

12 Q. And you were doing that from July up till  
13 when?

14 A. Up till my next visit with my orthopedist.

15 Q. And when was that?

16 A. It was in -- I think it was in May.

17 Q. Now, you're saying you were working in July  
18 and you say July before -- I mean, May is before July.  
19 So when was your next visit after July?

20 A. If I had my book with me with my dates, I  
21 could -- I can tell you, but...

22 Q. All right. So you went back to work in July,  
23 correct, doing light duty?

24 A. (Witness nods head.)

25 Q. Did you work all through July and August?

1 A. I was fired August 24th.

2 Q. Why were you fired?

3 A. Because they was harassing me about my hands,  
4 and they was saying that they didn't have light duty  
5 anymore.

6 MS. COLE: Objection. It's hearsay.

7 THE COURT: You can't tell me what somebody  
8 said.

9 BY MR. JOHNSON:

10 Q. What was the reason given for your  
11 termination?

12 A. Because I had -- I had told him that every  
13 time he brought me to the office to harass me about my  
14 hands, my carpel tunnel syndrome that I had in my hands,  
15 that I recorded him and he fired me.

16 Q. At the time of your termination, you was doing  
17 light duty with the boxes?

18 A. Yes.

19 Q. Since the -- since the termination, what have  
20 you been doing?

21 A. Nothing. I'm going to school taking GED  
22 classes.

23 Q. And you're asking the Commission today to  
24 award you what? What do you want the Commission to do  
25 for you today?



1 Q. And then less than four months later on  
2 November 18th of 2009, you went to the emergency room, is  
3 this right, to Self? Is that correct?

4 A. November 1st.

5 MS. COLE: Well, Commissioner, I'll direct you  
6 to our APA 20.

7 BY MS. COLE:

8 Q. You say it's November 1st, not November 18th?

9 A. (Witness nods head.)

10 Q. Is that a yes?

11 A. Well, they got a different date.

12 Q. Suffice it to say, you went to the emergency  
13 room in November of 2009; is that correct?

14 A. (Witness nods head.)

15 THE COURT: Tell me the APA again so I'll have  
16 it in my notes.

17 MS. COLE: Twenty.

18 BY MS. COLE:

19 Q. Was that a yes, you went in November to the  
20 emergency room?

21 A. Yes, I did, of '09.

22 Q. And you reported at that visit a past history  
23 of carpal tunnel syndrome, didn't you?

24 A. Oh, no, I did not.

25 Q. You didn't report trouble with this for years

1 off and on?

2 A. No.

3 Q. So you think their records are incorrect in  
4 that regard?

5 A. Yes.

6 Q. You didn't report that splints had helped with  
7 this in the past?

8 A. No.

9 Q. Didn't you also have trouble with problems  
10 with your right wrist in 1997 when you worked on a  
11 manufacturing line?

12 A. No.

13 MS. COLE: And, Commissioner, that's our APA.  
14 Page 32 through 37.

15 BY MS. COLE:

16 Q. You didn't go to the emergency room  
17 complaining of problems with your right wrist from  
18 pulling and gripping eight hours a day?

19 A. No.

20 Q. And you weren't diagnosed with an overuse  
21 injury to your right wrist?

22 A. No.

23 Q. And you weren't prescribed a cock-up splint  
24 for your wrist?

25 A. No.

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Garber Reporting Service

1 Q. And you weren't put on light duty in 1997?

2 A. No.

3 Q. Now, you were terminated for insubordination,  
4 weren't you?

5 A. What's that? Could you explain it?

6 Q. Were you not terminated for aggressive and  
7 inappropriate behavior toward your supervisor, Caleb  
8 Fulmer?

9 A. No.

10 Q. That wasn't the reason they gave you?

11 A. No. He -- he harassed me and he was nasty  
12 with me. I wasn't nasty towards him.

13 Q. Well, the reason they gave you was  
14 insubordination against him; isn't that right?

15 A. He -- he wanted me to get nasty with him, but  
16 I didn't.

17 Q. And didn't you file for unemployment benefits  
18 after your termination?

19 A. Yes.

20 Q. And you represented to the employment folks  
21 that you were ready, willing, and able to work, didn't  
22 you? I'm asking you. When you applied for  
23 unemployment --

24 A. I applied for unemployment because I deserve  
25 my unemployment. I didn't have any money to pay my bills

1 and stuff. So I was disqualified for like 11 weeks.

2 Yes, I did.

3 Q. And you were disqualified --

4 A. I applied.

5 Q. I'm sorry?

6 A. I applied for unemployment. Any time you're  
7 fired, you're supposed to apply for unemployment.

8 Q. And you had to -- you had to tell the  
9 unemployment people that you were ready, willing, and  
10 able to work to get those benefits, didn't you?

11 A. Yes.

12 Q. And you were disqualified because they found  
13 you were discharged for cause; is this right?

14 A. Cause of what?

15 Q. That you were discharged from your job for a  
16 reason that the employer gave; is that correct?

17 A. Well, what -- the reason they gave, it was a  
18 lie. That's why I made an appeal, but I couldn't make it  
19 to my appeal.

20 Q. Your appeal was dismissed, correct?

21 A. (Witness nods head.)

22 Q. Just to make sure we're clear, it's your  
23 testimony you did not tell the doctor when you went to  
24 the emergency room in November of 2009 that you had pain  
25 and weakness and altered sensation in your wrists and

1 hands for years off and on? You did not say that?

2 A. Oh, no, I did not say that.

3 Q. Now, you told the Commissioner about several  
4 visits with different doctors you had been to in 2009 and  
5 2010 and 2011; is that correct?

6 A. (Witness nods head.)

7 Q. Is that a yes?

8 A. (Witness nods head.)

9 Q. You have to say out loud. She can't pick up a  
10 head nod.

11 THE COURT: Please say yes or no.

12 THE WITNESS: Repeat yourself one more time.

13 BY MS. COLE:

14 Q. You told the Commissioner that you've been to  
15 the doctor for which you say is carpel tunnel syndrome  
16 for the past couple of years; is that right?

17 A. Not the past couple of years.

18 Q. Okay. 2009 and 2010?

19 A. 2009, I went to the hospital.

20 Q. Okay. In 2010 and 2011, you've been seeing --

21 A. I went -- I went to the family doctor and I  
22 was preferred (sic) to Dr. Sida and Dr. Gray in 2011, a  
23 specialist and an orthopedist.

24 Q. And you obtained all that treatment on your  
25 own, not through workers' compensation; is that correct?

1. A. Through the family doctor, Dr. Sawyers, and I  
2 know that Dr. Sawyers is Amick Farms's doctor.

3 Q. But you didn't -- workers' compensation -- let  
4 me rephrase my question. You didn't submit that  
5 treatment through workers' compensation, did you? You  
6 paid for that out of pocket, correct?

7 A. Through Liberty through Amick Farms's  
8 insurance company.

9 Q. You didn't pay that out of pocket or through  
10 your health insurance?

11 A. I used my insurance card from Amick Farms --

12 Q. Okay. So --

13 A. -- Liberty.

14 Q. I don't meant to talk over you. Was that  
15 through your group health insurance?

16 A. Yes.

17 MS. COLE: I don't have any other questions,  
18 Commissioner.

19 THE COURT: Mr. Johnson?

20 MR. JOHNSON: I don't have any follow-up, Your  
21 Honor.

22 THE COURT: All right. That's it. You can  
23 step down. Anything further, Mr. Johnson?

24 MR. JOHNSON: No, sir.

25 THE COURT: All right. Ms. Cole?

1 MS. COLE: No, Commissioner.

2 THE COURT: Ms. Cole, may I ask you, you've  
3 handed up the King case?

4 MS. COLE: I'm sorry?

5 THE COURT: You handed up the King case?

6 MS. COLE: Oh, yes, sir.

7 THE COURT: How is it applicable in this case?

8 MS. COLE: What the King case states -- and  
9 that case is talking about notice, that both the notice  
10 and the statute of limitations begin to run under our new  
11 Act when the claimant knew or could have known his  
12 condition or her condition was compensable. And what the  
13 court did there is it determined when compensability  
14 attaches or when the statute runs. And the court said  
15 there the statute begins to run when the claimant either  
16 seeks medical treatment or is out of work or is notified  
17 of their diagnosis and it's a repetitive type problem.  
18 So in this case it's our position that happened at the  
19 latest at that November 18, 2009 visit at our APA Page 20  
20 and the claim wasn't filed until January 2012.

21 THE COURT: Mr. Johnson, why do you think the  
22 King case is not applicable?

23 MR. JOHNSON: In repetitive trauma matters,  
24 it's a continuation. So even if at some point in time  
25 the claimant became aware of a possible injury, the

1 severity at that point in time may not be sufficient  
2 enough to even file a claim on. In this case with Ms.  
3 Mayers, she was able to work over about a year and a half  
4 with the condition. So she really didn't have a  
5 compensable claim until the condition became so prevalent  
6 that she was not able to work.

7 So even with this case, the earliest we're  
8 talking about here may be May 12th of 2011 whenever there  
9 was a definitive determination and the doctor placed  
10 her -- told her she was not able to do the work she was  
11 doing prior to. So that date was well within the statute  
12 of limitations at that point in time because prior to  
13 that, she was still performing her duties.

14 THE COURT: All right. Anything further on  
15 that, Ms. Cole?

16 MS. COLE: Commissioner, I can just point out  
17 because I don't think I touched on this. If you look at  
18 our APA Page 20, the claimant did note she had missed  
19 work last night because of the problem. So we've got  
20 missed work, she's seeking treatment, she was given a  
21 diagnosis of a repetitive nature all in that record. So  
22 we think there are several compensable benefits she would  
23 have been entitled to if she had a compensable claim.  
24 Thank you.

25 THE COURT: Anything else, Mr. Johnson?

1 MR. JOHNSON: No, sir.

2 THE COURT: Anything else from either party on  
3 this matter before we adjourn?

4 MR. JOHNSON: Nothing from the claimant.

5 MS. COLE: No, Your Honor.

6 THE COURT: All right. Then that concludes  
7 this hearing. Thank you very much.

8 (The hearing concluded at 4:37 p.m.)

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Kimberly T. Power, Court Reporter  
Garber Reporting Service

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## CERTIFICATE OF REPORTER

I, Kimberly T. Power, Court Reporter and Notary Public for the State of South Carolina at Large, do hereby certify:

That the foregoing transcript of proceedings was taken before me on the date and at the time and location stated on page 1 of this transcript; that the witness was duly sworn to testify to the truth, the whole truth, and nothing but the truth; that the testimony of the witness and all objections made at the time of the proceeding were recorded stenographically by me and were thereafter transcribed; that the foregoing transcript of proceedings as typed is a true, accurate and complete record of the testimony and of all objections made at the time to the best of my ability.

I further certify that I am neither related to nor counsel for any party to the cause pending or interested in the events thereof.

Witness my hand, I have hereunto affixed my official seal this 16th day of May, 2012, at Richland County, South Carolina.

  
Kimberly T. Power, Court Reporter  
Notary Public, State of South Carolina  
My Commission Expires: 07/22/2015

Kimberly T. Power, Court Reporter  
Garber Reporting Service

BEFORE THE  
SOUTH CAROLINA WORKERS' COMPENSATION FULL COMMISSION

WCC FILE NO. 0922700

Tina Mayers, )  
 )  
 ) Claimant, )  
 )  
 vs. )  
 )  
 Amick Farms, et al., Employer, )  
 )  
 and )  
 )  
 Liberty Mutual Insurance )  
 Company, Carrier, )  
 )  
 ) Defendants. )

TRANSCRIPT OF PROCEEDINGS

November 14, 2012

This hearing was held before the Full Commission, reported by Kimberly T. Power, Court Reporter and Notary Public in and for the State of South Carolina; said proceedings were held at the South Carolina Workers' Compensation Commission, 1333 Main Street, Suite 500, Hearing Room B, Columbia, South Carolina, on Wednesday, November 14, 2012.

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1 THE COURT REPORTER: Today is Wednesday,  
2 November, 14, 2012. This is the South Carolina Workers'  
3 Compensation Case Number 0922700. This is the case of  
4 Tina Mayers, Claimant, vs. Amick Farms, et al., Employer,  
5 and Liberty Mutual Insurance Company, Carrier.

6 This is a cross-appeal. The first appellant  
7 is the claimant represented by Charles E. Johnson. The  
8 second appellant is the defendant represented by Suzanne  
9 B. Cole. Each side is allowed ten minutes for oral  
10 argument and the appellant three minutes in reply. You  
11 are requested to argue the grounds of exception and stay  
12 within the record.

13 COMMISSIONER WILKERSON: I think we talked  
14 earlier about we're going to do eight, eight, two and  
15 two. But if you need more time, I'll give you a little  
16 leeway. I'm going to set it for eight. Mr. Johnson.

17 MR. JOHNSON: May it please the Commission.  
18 The appellant in this case, Ms. Tina Mayers, was  
19 claimant. She worked at Amick Farms. She began  
20 employment there July 9th of 2009. She -- we filed --  
21 actually, a claim of file for repetitive trauma case  
22 involving both wrists and hands. This first became an  
23 issue with her for working there -- again, she began in  
24 July of '09. She went to the hospital in November '09.  
25 That's when she was first diagnosed with carpal tunnel

1 syndrome bilateral.

2 Prior to that time, prior to working at Amick  
3 Farms, she worked as a CN, a clinical nurse assistant,  
4 for about ten years. She had no prior history of carpal  
5 tunnel issues with her hands or wrists for carpal tunnel.  
6 There was no prior diagnosis prior to November of '09.  
7 After diagnosis, she's continued to work at Amick Farms  
8 for a period from November -- she went to the hospital on  
9 November 18th. She was out for a couple of days,  
10 restricted her to light duty. She went back to work,  
11 continued to work all through '10 all the way up to  
12 January of 2011.

13 Whereas she was receiving treatment from a  
14 doctor and at that time the pain got so severe that she  
15 wasn't going to work anymore, so she was put on light  
16 duty and went to a specialist who basically recommended  
17 surgery on the wrist in '11. This was first recommended  
18 around May 2011. She worked up to August where she --  
19 when she was terminated by the company. I think it was  
20 like August 24th.

21 The issues that came up was whether or not she  
22 filed a claim within the statute of limitations, whether  
23 or not -- when was her last day of injury exposure under  
24 42-15-40, and when was she first diagnosed with bilateral  
25 carpal tunnel because what the Single Commissioner in his

1 order found was that she had a prior history of carpal  
2 tunnel prior to her employment with Amick Farms. Now,  
3 the problem we had with that is there is nothing in the  
4 medical records, some of which go back to '97, that ever  
5 indicated any findings of carpal tunnel prior to November  
6 '09.

7           There was a -- she went to the doctor in '97.  
8 Her primary complaint when she went to the doctor then  
9 was a right shoulder injury, pain that radiated from her  
10 shoulder down to her wrist that result in her employment  
11 where she just started a week before whereby she was  
12 working at a mop and broom factory or something whereby  
13 what she was doing then was basically reaching up and  
14 pulling whatever she do at those plants the week before  
15 and her shoulder started hurting, so she went to the  
16 doctor. That was in '97. She was given a splint, put on  
17 light duty for a couple of days, went back to work.

18           From '97 up to 2008, there is no medical  
19 history indicating any kind of treatment for anything  
20 related to her hand, wrist, or arm from 1997 up till  
21 2008. Nothing. In 2008, she was working as a CNA. She  
22 hurt -- she had pain in her left shoulder, went to the  
23 doctor and they diagnosed that as being bursitis. The  
24 following year, that's when she first began work at Amick  
25 Farms and what she was doing there was a trade packer and

1 basically packing meat in the facility.

2 And where she was working at, it was in a very  
3 cold environment, a refrigerator. So as she testified  
4 to, she had to wear sweaters and jackets and hoods and  
5 whatever else. The meat was coming on this big table,  
6 metal table, frozen. So she had to wear two -- two cloth  
7 gloves and with vinyl protective gloves over that. And  
8 what she was doing over a period of hours, was actually  
9 putting hands, packing meat in a cold environment, the  
10 meat was cold, into trays. And from when she began work  
11 in July up till November, her hand began to hurt. She  
12 had tingling feeling, everything else, to the point that  
13 in November, that's when she had to go to the doctor.  
14 That's when she was first diagnosed.

15 She told the company of it. They was aware of  
16 it. They were actually treating her from November '09  
17 all the way through '10 and into '11 with the company  
18 nurse giving her creams and stuff. She was out  
19 periodically, but receiving treatment but still working  
20 continuously during this whole period. So she never  
21 stopped working. And even though it was progressively  
22 getting worse, she worked up to the point that she  
23 couldn't work anymore and that came in the summer of '11.

24 Now, there's a question when did she first --  
25 when did this injury become compensable? Again, being a

1 repetitive trauma injury, again, it's kind of like many  
2 accidents throughout, it was a progression.

3 COMMISSIONER JAMES: But Gathers doesn't apply  
4 anymore. Doesn't the King case control this?

5 MR. JOHNSON: Well, the King case -- the King  
6 case basically says that --

7 COMMISSIONER JAMES: You're saying that's when  
8 the exposure. But the two years starts running -- the  
9 date of repose runs from the last injurious exposure, but  
10 the statute of limitations for the two years runs within  
11 after the employee knew or should have known his injury  
12 is compensable which the King case defined under notice.

13 MR. JOHNSON: Well, the King case, in that  
14 case what it said was that that case involved a gentleman  
15 who, I guess, was working with eight, nine, ten pound  
16 hammers over a period of years. And during that time, he  
17 has pain at different points in time associated with what  
18 he did. What the King case says is that even though he  
19 had pain, that did not become compensable until either he  
20 required medical treatment or he was no longer able to  
21 work.

22 COMMISSIONER JAMES: That's correct.

23 MR. JOHNSON: Now, within that context and  
24 what they talk about in the King case was not the two  
25 year statute of limitations, but after the 90 day notice

1 requirement.

2 COMMISSIONER JAMES: Which the language is  
3 mirrored in the statute.

4 MR. JOHNSON: Correct. So in the King case  
5 what it is saying is even though this gentlemen had pain  
6 associated with it over this long period of time and that  
7 he had notice of it over a period of years, in the King  
8 case I think it was eight or nine years or more, it  
9 doesn't become compensable until the onset where, again,  
10 either medical treatment was required or he cannot work  
11 anymore.

12 In my client's case, her case, she started  
13 working with Amick Farms in '09, in July '09. First  
14 became aware of the problems with her -- both her wrists  
15 in November the same year. So we're talking about time  
16 frame there about five months actually because there's no  
17 prior history even though there's some allegations by  
18 employer and seem to be referring in the order that there  
19 was some prior history of carpel tunnel. There is no --  
20 there had never been up to that time a diagnosis of  
21 carpel tunnel syndrome.

22 The '07 matter was -- actually the chief  
23 complaint was her right arm with pain radiating shoulder  
24 down to her wrist. The '08 was bursitis in the shoulder.  
25 And so she had no -- as far as the King case is

1 concerned, her first problems with the bilateral carpal  
2 tunnel syndrome began when her employment with Amick  
3 Farms was in July. She gave notice to employer in  
4 November of '09. She continued to work up to August of  
5 '11. And even if you said the onset date or time that  
6 the two year statute should begin to run was in November  
7 of '09, her claim was filed September 7, 2011 which it  
8 was within the two year statute of limitation even if you  
9 go back and use that as the date.

10 COMMISSIONER WILKERSON: You'll have some time  
11 in reply. So I'm going to hear from Ms. Cole now and her  
12 eight minutes.

13 MS. COLE: May it please the Commission.  
14 Commissioners, what Mr. Johnson just hinted about the  
15 prior problems, that's exactly why we believe the claim  
16 should have been denied. We argued not only on the  
17 statute of limitations issue, which that was also based  
18 on what we believe the first date of filing to have been  
19 January 9th of 2012. Now, the order reflects that there  
20 was a 50 filed earlier than that, September 7th of 2011.  
21 So if that's correct, then it was filed within the two  
22 year statute of limitations.

23 But the major arguments that we made at the  
24 hearing were that the claim should be denied because the  
25 claimant failed to prove any direct causal relationship

1 between the work and the carpel tunnel and that because  
2 the medical causation opinion he did supply late, which  
3 I'll get to in a few moments, also falls short.

4 Now, Mr. Johnson says there's no prior  
5 evidence of medical treatment. I can't tell you  
6 everywhere she's treated in her whole life. But I can  
7 tell you that when she went to the doctor on November 18,  
8 2009, her records indicate she reported not only to the  
9 doctor, but to a nurse; two different note takers say she  
10 reported prior history of carpel tunnel syndrome, wrist  
11 hand pain, weakness and altered sensation off and on for  
12 years. That's at APA 20 and 23. She reported the  
13 history of using splints which we all know is the  
14 treatment for carpel tunnel syndrome.

15 So our position is if she already had it, how  
16 can she prove her work is a direct cause? She can't.

17 COMMISSIONER JAMES: Well, let me ask you  
18 this, because now -- I didn't know there were two  
19 different 50 dates. But using the one that's in the  
20 order, you're saying it could be timely if there wasn't  
21 this issue of her having this previous, --

22 MS. COLE: No, Commissioner, I think it is  
23 timely. I think it is.

24 COMMISSIONER JAMES: But the order says --

25 MS. COLE: I mean, that's what the order says.

1 You're correct. That's how the Commissioner ruled.

2 COMMISSIONER JAMES: Because otherwise even if  
3 you're saying, well, she was -- she previously knew that  
4 it was compensable under the King case, then you would  
5 have to find a date to go with it because you otherwise  
6 had some obscured statement here. So you're saying there  
7 was not a violation of the statute of limitations?

8 MS. COLE: Commissioner, I'm saying it's --  
9 it's a very tough issue. It's -- we know at least --

10 COMMISSIONER JAMES: Your primary thrust is  
11 the 42-11-72?

12 MS. COLE: Right. My main argument is --

13 COMMISSIONER JAMES: Was there a causation  
14 statement pursuant to that?

15 MS. COLE: Well, the causation statement, it  
16 was submitted late and, of course, I objected to that,  
17 but the Commissioner let it in. That statement is from a  
18 Dr. Gray, claimant's doctor, who bases his opinion on her  
19 saying I've had no prior problem with my wrist and hands.

20 COMMISSIONER JAMES: So you're saying the  
21 questionnaire is faulty or wrong?

22 MS. COLE: Yes, ma'am. Yes, ma'am. That's  
23 exactly what I'm saying. She concealed her prior  
24 problems from that doctor. She also concealed them at  
25 the hearing. At the hearing, the Commissioner -- or I

1 asked her very pointedly about these statements that are  
2 in her medical records about prior carpel tunnel, and she  
3 said, no, no, no, that that wasn't -- that wasn't  
4 accurate. But, Commissioners, these are records that  
5 were -- I submitted timely. So her lawyer and she had a  
6 chance to review those. And if there was some issue that  
7 those were not her records or there was some issue then,  
8 then they had an opportunity to try to say that's  
9 incorrect information and they didn't do that. But the  
10 records that are in there show she had prior carpel  
11 tunnel by her own report.

12 And not only that, there are other records  
13 that corroborate that because not only did she go to Self  
14 Regional, but she also had gone to Newberry Hospital in  
15 '97 to complain of wrist problems from pulling and  
16 gripping on her prior job. She also reported pain and  
17 swelling in the left arm. So we have other records that  
18 tend to corroborate the records that we submitted from  
19 November 18 of '09 in which she tells the doctor and the  
20 nurse, two different folks report this in their records,  
21 past history of carpel tunnel syndrome. And when you  
22 look at the later medical records, the reports always  
23 say, "Having trouble with my carpel tunnel syndrome."

24 She knew she had carpel tunnel. She had it  
25 before she came to work Amick Farms. And she started

1 there in July of '09 and is already in the doctor  
2 complaining just a couple months later that she's having  
3 more problems with her carpel tunnel.

4 So it's our position they don't have the  
5 medical causation that there's a direct cause. 42-11-72  
6 says a direct causal relationship between the work and  
7 the condition. If you already had it and you knew you  
8 had it such that you could report it to the doctor, how  
9 is there a direct causal relationship between our work  
10 and your condition when you already had it? So that's  
11 our position.

12 And also we objected to that late report. We  
13 don't believe it should have come in. But even allowing  
14 it in, that was APA Page 17, it's based on her statement,  
15 "I had no prior problems with my hands." Now,  
16 Commissioner did not make a credibility finding, but he  
17 heard her testimony when I went through these records and  
18 she says, no, no, no, that's not true, that's not true.  
19 Well, by Commissioner McCaskill finding she did have  
20 prior problems, his finding does say that he didn't  
21 believe her testimony in that regard. And, of course, he  
22 was there, had the opportunity to witness that testimony.  
23 He found she did have prior problems.

24 So it's our position the claim should be  
25 denied for the other two grounds, for lack of medical

1 causation because the opinion is faulty or/and because  
2 there's no direct causal relationship between carpal  
3 tunnel syndrome and her work with Amick Farms.

4 Thank you.

5 COMMISSIONER WILKERSON: Mr. Johnson, two  
6 minutes.

7 MR. JOHNSON: Getting back to the medical  
8 report. That May 2, 1997 report, actually what it says  
9 was complaint of right arm shoulder pain over past week.  
10 She had only worked at that job for one week. That's an  
11 injury. It's not a repetitive trauma issue at all. And  
12 so even though an employer's brief indicated that  
13 complained of right wrist problems, actually if you look  
14 at the report, it actually says complain of right arm  
15 shoulder pain over past week.

16 As to the '08 -- and that was also the right  
17 arm. The '08 matter some years later was the left arm.  
18 And if you look at that report also closer, it also says  
19 in the history that there was no -- there was no -- there  
20 was no pain in the wrist, arms, hands. There's no  
21 mention of that. And it was saying there was no  
22 repetitive motion issues in '08.

23 So to go -- how can you go back to saying have  
24 carpal -- bilateral carpal tunnel syndrome when the '08  
25 medical records indicate there was no repetitive action

1 by the patient at the time by the records in '08. So if  
2 you actually look at the medical records, it don't  
3 support the employer's allegations as far as prior  
4 knowledge of carpel tunnel syndrome at all.

5 COMMISSIONER WILKERSON: Thank you,  
6 Mr. Johnson. Any reply, Ms. Cole?

7 MS. COLE: Yes, sir, just briefly. The  
8 records I wanted to bring to your attention in response  
9 to opposing counsel's argument about the prior problems.  
10 The 1997 records are at Page 37 where she complained of  
11 right arm pain -- shoulder pain over the past week. She  
12 describes pain that radiates from her upper arm/wrist  
13 area. She states she recently started a new job. It  
14 requires her to do a lot of pulling from overhead and  
15 gripping which certainly does sound repetitive.

16 Also, as far as the 2008 problems, that's at  
17 APA 42, she complained of upper extremity pain and  
18 swelling and noted that she is a CNA and does a lot of  
19 lifting. So we believe those records corroborate what's  
20 found in that '09 ER record when she says I've had a past  
21 history of carpel tunnel. These tend to corroborate  
22 that.

23 And, again, if I could have every claimant's  
24 medical record from everywhere they've ever treated, my  
25 job would be a whole lot easier. But what we do have

1 corroborates her report of prior carpel tunnel.

2 Thank you.

3 COMMISSIONER WILKERSON: Thank you all. Have  
4 a great afternoon.

5 (The hearing was concluded.)

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CERTIFICATE OF REPORTER

I, Kimberly T. Power, Court Reporter and Notary Public for the State of South Carolina at Large, do hereby certify:

That the foregoing transcript of proceedings was taken before me on the date and at the time and location stated on page 1 of this transcript; that the witness was duly sworn to testify to the truth, the whole truth, and nothing but the truth; that the testimony of the witness and all objections made at the time of the proceeding were recorded stenographically by me and were thereafter transcribed; that the foregoing transcript of proceedings as typed is a true, accurate and complete record of the testimony and of all objections made at the time to the best of my ability.

I further certify that I am neither related to nor counsel for any party to the cause pending or interested in the events thereof.

Witness my hand, I have hereunto affixed my official seal this 12th day of April, 2013, at Richland County, South Carolina.

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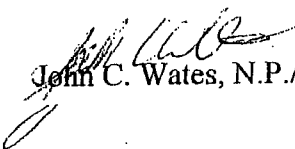
Kimberly T. Power, Court Reporter  
Notary Public, State of South Carolina  
My Commission Expires: 07/22/2015

Tina Mayers

7-10 Appt. @ Gwd. Imaging on 5-20-10 @ 2:30 P.M. for Diag.  
mMG of @ Breast.

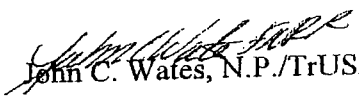
05/21/10 Tina Mayers

- S: Nauseated and dizzy-headed. It feels like the room is spinning on occasion. Has trouble with her sinuses in the past. No vomiting. Has had some nausea when this happens. Meds are reviewed. History is reviewed. Last menstrual period was 05/14/2010. States no fever and no malaise or chest pain. Had a repeat mammogram done yesterday.
- O: W 182 pounds. BP 102/70. P 84. R 18. S1 and S2. Heart is normal. Breath sounds are clear. Abdomen is soft. Bowel sounds are active x4. TMs are dull. Fluid bubbles noted. Nasal mucosa is pale in color. Oropharynx is clear. Breasts are pendulous without nodularity. \_\_\_\_\_ noted. Vaginal mucosa is pink in color. No erythema. No drainage. The cervix is closed. Nontender. No adnexal tenderness. The uterus is normal size.
- A&P: 1. Dizziness: Likely vertigo. Put her on Lodrane 12-D one q. 12 hours p.r.n. dizziness. Notify me of any difficulties or no improvement.
2. Pap screening: This is completed today.

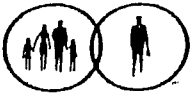
  
John C. Wates, N.P./TrUSA0071-WATE3467

01/06/11 Tina Mayers DOB: 11/20/68

- S: A 42-year-old comes in. States she is doing well. Having difficulty with her carpal tunnel, missed two days of work thus far. Just weak. Was seen in the ER yesterday. States she was diagnosed with carpal tunnel at that time. She cannot take the Motrin, states that bothers her, makes her sleepy.
- O: W 175 pounds, BP 122/80, P 78. S1, S2. Heart is normal. Breath sounds are clear. Right Tinel's sign is positive, Phalen's is negative. Abdomen is soft. Bowel sounds are active.
- A&P: Carpal tunnel syndrome. I told her to use Mobic ~~50mg~~ 50mg, one-half to one q. day, #30 with five refills. I asked her to take this with food. Start on a day that she is not working. I would like her to have bilateral nerve conduction studies done. Notify me of any worsening symptoms or difficulties.

  
John C. Wates, N.P./TrUSA0236-WATE6602

00071



Saluda Family Medicine, PA

102 R.L. Sawyer, MD Drive

Saluda, SC 29138

Phone: (864)445-2174

Fax: (864)445-9158

William C. Sawyer, M.D.  
Robert L. Sawyer, M.D. (1931-2006)

John C. Wates, FNP  
Betty Summer, FNP


February 18, 2011

RE: Tina Mayers  
DOB: 11-20-1968

To Whom It May Concern:

Mrs. Tina Mayers is a patient of mine that has a strain of the left fourth finger. She is currently in a splint. Please allow her to work a job where fine motor skills are not repetitively used. If there are any questions, please call our office at (864) 445-2173.

Sincerely,

  
John C. Wates, FNP-BC

02/14/11 Tina Mayers DOB: 11/20/68

S: A 42-year-old comes in today to check right fourth finger, it is swollen. She fell on it and hyperextended it last Tuesday. She states she slipped going out the door. States no fever, no malaise, chest pain, shortness of breath. She has been working with this, just seems to be very painful.  
O: W 171 pounds, BP 110/70, P 72. S1, S2. Heart is normal. Breath sounds are clear. Examination of the right fourth finger has much difficulty with flexion of the finger, also with extension. Minimal grip strength with the finger itself.  
A&P: Right finger strain. No acute fracture noted upon x-ray today. I placed this in a splint, told her to limit her usage of this for the next week. I will recheck it in one week. I do want her to take it out of the splint and perform range of motion exercises three times daily. I would like for her to complete jobs at work that she will be able to use the splint with.

*John C. Wates* N.P./TrUSA0236-WATE7289  
John C. Wates, N.P./TrUSA0236-WATE7289

2/28/11 Tina Mayers DOB: 11/20/68

: A 42-year-old comes in with cough and wheezing, onset last night. Had no albuterol medicine for her asthma. States no fever, no malaise, chest pain, shortness of breath, abdominal pain, nausea, vomiting at this moment. States she feels quite well.  
O: W 171 pounds, BP 120/80, P 80, R 16, Temp 98.8. S1, S2. Nasal mucosa pale in color, clear drainage. Oropharynx clear. Heart is normal. Breath sounds are clear bilaterally. Bowel sounds are active.  
&P: 1. Asthma. I gave her Pro-Air HFA, one to two puffs every 4 to 6 hr p.r.n., #1 with five refills.  
2. Allergic rhinitis. Claritin 10 mg, one p.o. daily, #30 with five refills. I told her to use this routinely during the spring.

*John C. Wates* N.P./TrUSA0236-WATE7567  
John C. Wates, N.P./TrUSA0236-WATE7567

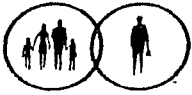
8-11, Appt with Neurology with Dr. Sidera on  
in 12, 11 at 11:00.

14-11, Appt with Lakeland Orth. with Dr  
ray on April 28 at 10:15. Fax 223-5694.

05/20/11 Tina Mayers DOB: 11/20/68

S: A 42-year-old comes in for recheck, needing statement for lawyer regarding work. States she has had trouble with carpal tunnel since she has been working at Amick's since the middle of 2010. Has been seen in the ER frequently. States no chest pain, no shortness of breath otherwise.  
O: BP 110/80, P 68. S1, S2. RRR. Breath sounds are clear bilaterally. She is wearing her wrist splints today. Good range of motion.  
A&P: Bilateral carpal tunnel. She is seeing an orthopaedist for this. She received injections thus far. Likely work related.

*John C. Wates* N.P./TrUSA0236-WATE8758  
John C. Wates, N.P./TrUSA0236-WATE8758



Saluda Family Medicine, PA

102 R.L. Sawyer, MD Drive

Saluda, SC 29138

Phone: (864)445-2174

Fax: (864)445-9158

William C. Sawyer, M.D.  
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John C. Wates, FNP  
Betty Summer, FNP

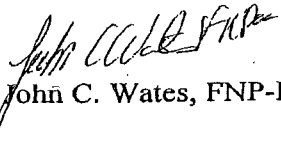
May 24, 2011

RE: Tina Mayers  
DOB: 11/20/1968

To Whom It May Concern:

I have provided care for Ms. Mayers on January 6, 2011 and May 20, 2011 due to carpal tunnel syndrome. This has been documented through nerve conduction studies. She is currently seeing an orthopedist for treatment. She states this has started since working at Amick's in her current position. Repetative movement may be a contributing factor.

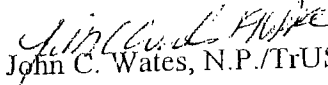
Thanks for your attention,

  
John C. Wates, FNP-BC

00074

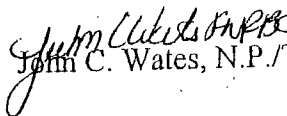
06/08/11 Tina Mayers DOB: 11/20/68

- 3: A 42-year-old, difficulty with pain of her mid back, just catching, seems to be having trouble if she stands for a long period of time, certain movements, feels like it is in her kidneys, though. States no burning, no hematuria, no cloudy urine.
- 3: W 166 pounds, BP 122/80, P 60. S1, S2. RRR. No M, no G. Bowel sounds are active x 4. No HS noted, no tenderness. No carotid bruits. No JVD. UA shows pH of 6, specific gravity 1.025. Tenderness noted in the lumbar spine, worsens with rotation, lateral flexion of the spine.
- A&P: Back pain. Voltaren 75, one p.o. b.i.d., #60, refill x zero. Use routinely for the next week. Flexeril 10 mg, one t.i.d. p.r.n. Notify me of any worsening symptoms.

  
John C. Wates, N.P./TrUSA0236-WATE9002

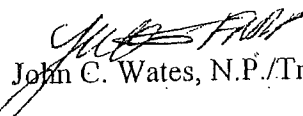
10/11 Tina Mayers DOB: 11/20/68

- A 42-year-old, throat sore, coughing, nauseated, started just yesterday. States no fever, some malaise, some runny nose and congestion. No treatments thus far.
- W 178 pounds, BP 120/70, P 72, Temp 98.2. S1, S2. RRR. No M, no G. Abdomen is soft. Bowel sounds are active x 4. No HS noted, no tenderness. No carotid bruits. No JVD. TMs are dull. Nasal mucosa clear. Oropharynx clear.
- 2P: URI. Lódrane 24D, one p.o. q. day p.r.n. need. Notify me of any worsening symptoms or difficulties.

  
John C. Wates, N.P./TrUSA0236-WATE9752

19/11 Tina Mayers DOB: 11/20/68

- A 42-year-old, hand swelling going on. Called in to work Wednesday night. States no chest pain, no shortness of breath, abdominal pain, nausea, vomiting, diarrhea. Meds reviewed. History reviewed. Good range of motion of the upper extremities. Swelling to the hands. Phalen's and Tinel's positive today. Some swelling noted.
- 2P: Carpal tunnel. Mobic 15 mg, one tablet daily, #30 with five refills. Notify me of any worsening symptoms or difficulties.

  
John C. Wates, N.P./TrUSA0236-WATE9867



**Neurodiagnostics**  
 EEG/EMG/SSEP/Autonomic Testing

105 VINE CREST CT., SUITE 1000 ♦ GREENWOOD, SC 29646 ♦ PHONE: 864-227-5240 ♦ FAX: 864-227-5239

WAYNE SIDA, M.D.

MEDICAL DIRECTORS

BRET WARNER, M.D.

Test Date: 4/12/2011

<b>Patient:</b> Tina Mayers	<b>DOB:</b> 11/20/1968	<b>Physician:</b> Wayne B. Sida, M.D.
<b>Sex:</b> Female	<b>Height:</b> 157 cm	<b>Ref Phys:</b> Sawyer, William
<b>ID#:</b> 356430	<b>Weight:</b> 169 lbs.	<b>Technician:</b> Sida

**Patient Chief Complaint, History, Exam:**

Patient is 42 year old female with complaints of bilateral hand coldness, tingling. Tips of fingers feel raw. Swelling fingers at times. Sx most of the time. Works at Amick farms. Nocturnal symptoms. No diabetes. No neck pain or radicular symptoms. Pain up to elbows.

**Impression:**

1. Carpal tunnel syndrome bilaterally (Grade III-- moderate to severe).

**EMG & NCV Findings:**

Evaluation of the Left Median Motor nerve showed prolonged distal onset latency (8.6 ms). The Right Median Motor nerve showed reduced amplitude (2.6 mV) and decreased conduction velocity (Elbow-Wrist, 21 m/s). The Left Median Ortho Sensory and the Right Median Ortho Sensory nerves showed prolonged distal peak latency (L5.4, R5.4 ms) and reduced amplitude (L17.0, R6.7 µV). All remaining nerves (as indicated in the following tables) were within normal limits.

All examined muscles (as indicated in the following table) showed normal insertional activity and recruitment.

Electronically Signed By Wayne B. Sida, M.D. on April 12, 2011 at 11:46:25 AM

Wayne B. Sida, M.D.

Please set up appointment  
 \* with orthopedist.  
 JW 4/13/11

4/14/11 Pt notified - GWD area  
 Sniday D beat  
 MB

445-9158

## Lakelands Orthopaedic & Sports Medicine Clinic, PA

102 Gregor Mendel Circle • Greenwood, SC 29646 • (864)229-2663 • (864) 223-5694 fax

ACCOUNT NUMBER: 18159  
DATE OF BIRTH: 11/20/1968  
PATIENT NAME: MAYERS, TINA  
REFERRING PHYSICIAN: William Sawyer, MD  
DATE OF VISIT: 05/12/2011

---

Thank you, Dr. Sawyer, for sending Ms. Tina Mayers for evaluation of her bilateral hands.

**HISTORY:** Tina Mayers is 42 years old and seen with complaints of severe bilateral hand pain and numbness. She works at Amick Farms where she repetitively has her hands in a cold environment. In February or March, she developed this discomfort in her hands with numbness mainly in the radial three digits. Symptoms are present at work and awaken her at night. The pain now is sharp, burning, aching, severe, just about constant and slowly worsening. She has been wearing splints on her wrist and taking antiinflammatories, but these have really not helped. She has had nerve conduction studies that reveal her to have moderate to severe bilateral carpal tunnel syndrome. She has had no prior problems with her wrist and hands.

**PAST MEDICAL HISTORY:** The past, social, and family history form has been completed by the patient and reviewed by me with the patient, and there are no further comments or issues to be added.

**PHYSICAL EXAM:** Height 4' 5", weight 162 pounds. Right and left elbows have full extension and flexion. There is a negative Tinel's over the median and ulnar nerves. Wrists – there are markedly positive Tinel's and Phalen's bilaterally. She has a palpable radial pulse. There is some decreased sensation in the thumbs and index fingers and maybe very mild thenar atrophy. She has normal sensation in the small fingers. Weak grip strength is present.

**ASSESSMENT:** Bilateral carpal tunnel syndrome.

**PLAN:**

1. Inject bilateral carpal tunnels with Marcaine and Celestone.
2. Fulltime wrist splinting.
3. Out of work for two weeks.
4. I will see her again in the office in two weeks. If not improved, would proceed with carpal tunnel surgery.

Charles D. Gray, MD

CDG/wz985ny

D: 05/12/2011 T: 05/13/2011

Job ID: 5343142

cc: William Sawyer, MD

00077

- John A. King, M.D.
- Richard M. Christian, Jr., M.D.
- Charles D. Gray, M.D.
- John H. Cathcart, III, M.D.
- Anthony R. Timms, M.D.
- Douglas F. Powell, M.D.
- Lee A. Patterson, M.D.

Jessica S. Willard, P.A.-C

# Lakelands Orthopaedic & Sports Medicine Clinic, PA

## PATIENT WORK/SCHOOL STATUS REPORT

Patient Name: John King Account No. 1000  
 Today's Date: 7/1/11 Date of Injury/Illness: \_\_\_\_\_  
 This Injury/Illness is: \_\_\_\_\_ Work Related \_\_\_\_\_ School Related \_\_\_\_\_ Personal \_\_\_\_\_  
 Diagnosis ( ACL Tear ):  
 Follow-Up Appointment (date): June 2011 (time): 1:00 PM  
 Please excuse this absence. Patient had/has an appointment on: 7/1/11

**PHYSICIAN COMMENTS:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**WORK STATUS**

\_\_\_\_\_  
 Patient may return to work/school with NO RESTRICTIONS on (date): \_\_\_\_\_  
 Patient is OFF WORK/OUT OF SCHOOL until (date): \_\_\_\_\_  
 ✓ Patient may return to ALTERNATE WORK/SCHOOL on (date): 7/24/11 If unavailable per employer, out until next appointment  
 Restrictions are as follows:

**RESTRICTIONS**

- \_\_\_\_\_ Restricted lifting
- \_\_\_\_\_ No lifting above 20 pounds
- \_\_\_\_\_ No lifting above 10 pounds
- \_\_\_\_\_ Sit down work only
- \_\_\_\_\_ One-handed duty only. No use of the LEFT/RIGHT arm.
- \_\_\_\_\_ Avoid constant repetitive use of hands
- \_\_\_\_\_ No twisting
- \_\_\_\_\_ No bending
- \_\_\_\_\_ No pulling
- \_\_\_\_\_ No pushing
- \_\_\_\_\_ No climbing
- \_\_\_\_\_ Do not drive or operate heavy/hazardous equipment
- \_\_\_\_\_ Refrain from all athletic activities until approximately \_\_\_\_\_
- ✓ Other (please be specific): ACL Tear, Anterior Cruciate Ligament

**DURATION OF RESTRICTIONS**

\_\_\_\_\_ Until next appointment  
 \_\_\_\_\_ Until (date): \_\_\_\_\_

**TREATMENTS**

\_\_\_\_\_ Prescription medications: \_\_\_\_\_  
 \_\_\_\_\_ Referred to (PT, OT, etc.): \_\_\_\_\_  
 \_\_\_\_\_

Physician Signature: Charles King Date: 7/1/11

# Lakelands Orthopaedic & Sports Medicine Clinic, PA

102 Gregor Mendel Circle • Greenwood, SC 29646 • (864)229-2663 • (864) 223-5694 fax

ACCOUNT NUMBER: 18159  
DATEOFBIRTH:  
PATIENT NAME: MAYERS, TINA  
REFERRING PHYSICIAN:  
DATEOFVISIT: 06/27/2011

---

**HISTORY:** Tina had minimal improvement with the injections. She continues to have numbness of her radial three digits, weakness of grip and difficulty lifting objects secondary to loss of sensation.

**PHYSICAL EXAM:** Mouth – no lesions. Chest is clear and equal. Cardiac – regular rate and rhythm. Abdomen is soft and nontender. Left wrist – there is a markedly positive Tinel's and Phalen's. There is decreased sensation to the radial three digits. There may be slight thenar atrophy. She has excellent finger flexion and extension, palpable pulses and no edema.

**DIAGNOSIS:** Bilateral carpal tunnel syndrome, left greater than right.

**PLAN:**

1. I have recommended surgery. The risks of surgery, of anesthesia and infection are discussed. I also discussed there is a slight possibility of injury to the median nerve or the motor branch. I have explained that most people do significantly improve with the surgery, but occasionally some people have residual problems related to the inability of the nerve to heal.
2. She understands the risks and benefits and desires to proceed.
3. This will be scheduled pending Workmen's Comp approval.

Charles D. Gray, MD

CDG/wz985ny

D: 06/27/2011 T: 06/28/2011

Job ID:5419940

- John A. King, M.D.
- Richard M. Christian, Jr., M.D.
- Charles D. Gray, M.D.
- John H. Cathcart, III, M.D.
- Anthony R. Timms, M.D.
- Douglas F. Powell, M.D.
- Lee A. Patterson, M.D.

Jessica S. Willard, P.A.-C

# Lakelands Orthopaedic & Sports Medicine Clinic, PA.

## PATIENT WORK/SCHOOL STATUS REPORT

Patient Name: Timothy Matthews Account No. \_\_\_\_\_

Today's Date: 1/11/11 Date of Injury/Illness: \_\_\_\_\_

This Injury/Illness is:  Work Related  School Related  Personal

Diagnosis ( \_\_\_\_\_ ): \_\_\_\_\_

Follow-Up Appointment (date): \_\_\_\_\_ (time): \_\_\_\_\_

Please excuse this absence. Patient had/has an appointment on: 1/11/11

**PHYSICIAN COMMENTS:**

\_\_\_\_\_

\_\_\_\_\_

**WORK STATUS**

\_\_\_\_\_ Patient may return to work/school with NO RESTRICTIONS on (date): \_\_\_\_\_

\_\_\_\_\_ Patient is OFF WORK/OUT OF SCHOOL until (date): \_\_\_\_\_

\_\_\_\_\_ Patient may return to ALTERNATE WORK/SCHOOL on (date): 1/11/11 If unavailable per employer, out until next appointment  
Restrictions are as follows:

**RESTRICTIONS**

- Restricted lifting
- No lifting above 20 pounds
- No lifting above 10 pounds
- Sit down work only
- One-handed duty only. No use of the LEFT/RIGHT arm.
- Avoid constant repetitive use of hands
- No twisting
- No bending
- No pulling
- No pushing
- No climbing
- Do not drive or operate heavy/hazardous equipment
- Refrain from all athletic activities until approximately \_\_\_\_\_
- Other (please be specific): Light Duty Only

**DURATION OF RESTRICTIONS**

\_\_\_\_\_ Until next appointment

\_\_\_\_\_ Until (date): 1/11/11

**TREATMENTS**

\_\_\_\_\_ Prescription medications: \_\_\_\_\_

\_\_\_\_\_ Referred to (PT, OT, etc.): \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: 1/11/11

# 103326

Dr. Jessica S. Willard, PA-C

- John A. King, M.D.
- Richard M. Christian, Jr., M.D.
- Charles D. Gray, M.D.
- John H. Cathcart, III, M.D.
- Anthony R. Tjovas, M.D.
- Douglas K. Powell, M.D.
- Lee A. Patterson, M.D.

Lakelands  
**Orthopaedic**  
& Sports Medicine Clinic, PA

1-803-532-1496

PATIENT WORK/SCHOOL STATUS REPORT

Patient Name: Tina Mayfield Account No. \_\_\_\_\_  
 Today's Date: 7-25-11 Date of Injury/Illness: \_\_\_\_\_  
 This Injury/Illness is:  Work Related  School Related  Personal  
 Diagnosis: 354.0  
 Follow-Up Appointment (date): \_\_\_\_\_ (time): \_\_\_\_\_  
 Please excuse this absence. Patient had/has an appointment on: \_\_\_\_\_

PHYSICIAN COMMENTS:  
pending surgery @ CTR

WORK STATUS  
 Patient may return to work/school with NO RESTRICTIONS on (date): \_\_\_\_\_  
 Patient is OFF WORK/OUT OF SCHOOL until (date): \_\_\_\_\_  
 Patient may return to ALTERNATE WORK/SCHOOL on (date): \_\_\_\_\_ If unavailable per employer, out until next appointment  
 Restrictions are as follows:

- RESTRICTIONS
- Restricted lifting
  - No lifting above 20 pounds
  - No lifting above 10 pounds
  - Sit down work only
  - One-handed duty only. No use of the LEFT/RIGHT arm.
  - Avoid constant repetitive use of hands
  - No twisting
  - No bending
  - No pulling
  - No pushing
  - No climbing
  - Do not drive or operate heavy/hazardous equipment
  - Refrain from all athletic activities until approximately: \_\_\_\_\_
  - Other (please be specific): \_\_\_\_\_

DURATION OF RESTRICTIONS  
 Until next appointment  
 Until (date): pending surgery

TREATMENTS  
 Prescription medications: \_\_\_\_\_  
 Referred to (PT, OT, etc.): \_\_\_\_\_

Physician Signature: [Signature] Date: 7-25-11

# Lakelands Orthopaedic & Sports Medicine Clinic, PA

102 Gregor Mendel Circle · Greenwood, SC 29646 · (864)229-2663 · (864) 223-5694 fax

April 2, 2012

Charles Johnson, Esq.  
Via Fax: 803-254-9123  
P.O. Box 12426  
Columbia, SC 29211

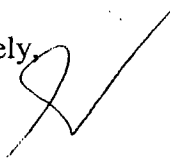
**RE: MAYERS, TINA**  
**DOB: 11/20/1968**

Dear Mr. Johnson:

Tina Mayers was evaluated on 05/12/2011 for bilateral carpal tunnel syndrome. At that time, she related working at Amick Farms where she had to repetitively use her hands in a very cold environment. Since doing that, she developed symptoms of carpal tunnel and has nerve conduction studies confirming the diagnosis. It is my opinion, with a reasonable degree of medical certainty, that her carpal tunnel syndrome is a result of her working at Amick Farms.

If I can be of further assistance, please let me know.

Sincerely,



Charles D. Gray, MD  
CDG/wz985NY

D: 04/02/2012 T: 04/02/2012  
Job ID:5872227

EMERGENCY CARE CENTER  
 REGISTRATION FORM  
 STAFF ALERTS:

# SELF REGIONAL HEALTH CARE

1325 Spring Street, Greenwood, S.C. 29616

PATIENT INFO	ACCOUNT NUMBER 09322-00255	ROOMED -	PO 80	ADMISSION DATE (M/D/YY) 11/18/09 1120	ADM BY KRB	PATIENT TYPE 100	ORIG #/METH 00060153	
	PATIENT NAME (MR/MRS) MAYERS, TINA			DOB DATE 11/20/68	AGE 40Y	HAIR 2	SEX F	MR X
	306 THE HIGHTS 4TH AVE SALUDA SC 29138			COUNTY SALUDA	FATHER'S NAME		MOTHER'S NAME	
	PHONE NO. (864)941-7095	SOCIAL SECURITY NUMBER 248-23-7001	PREV ADMIT DATE 10/09/09	PREV ADMIT NAME MAYERS, TINA				
PROV. ICD-9-CM DIAGNOSIS HAND PAIN	ADMITTING PHYSICIAN / ATTENDING PHYSICIAN MISCELLANEOUS, MISC			MISCELLANEOUS, MISC				
PRINCIPAL DIAGNOSIS: All conditions are coded, by the attending physician, to the highest level of specificity.							CODE NO.	SEX
SECONDARY DIAGNOSIS: All conditions are coded, by the attending physician, to the highest level of specificity.								
COMPLICATIONS								
OPERATIONS / PROCEDURES								

CONSULTANTS:  
 \_\_\_\_\_  
 \_\_\_\_\_

I, THE UNDERSIGNED ATTENDING PHYSICIAN, CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE DIAGNOSIS, TREATMENT AND WRITTEN ORDERS OF THIS PATIENT HAVE BEEN COMPLETELY AND PROMPTLY RECORDED.

BY: \_\_\_\_\_ DATE: \_\_\_\_\_

DISCHARGED ALIVE  DIED: < 48 HRS.  > 48 HRS.   
 AUTOPSY YES  NO

Form: subsec.dd B52

PRINTED BY: EL7016

000017

00083

Date: 11/21/09  
Time: 1151

SELF REGIONAL HEALTHCARE  
Abstract Summary Form

Page : 1  
Report: EPABFA

Patient: MAYERS, TINA Address: 303 THE HIGHTS 4TH AVE  
DOB: 11/20/68 Fin Class: MANAGED CARE GRO SALUDA  
Sex: FEMALE Tns. Plan: COMMERCIAL SC, 29138  
Guarantor: SELF Phone #: (864) 941-7095

Adm Date: 11/18/09 Adm Source: EMERGENCY ROOM Acct. #: 0932200255  
Adm Time: 11:20 Adm Type: EMERGENCY Unit #: 000160153  
Dis Date: 11/18/09 Trans From: Pt. Type: EMERGENCY  
Dis Time: 11:55 Service: EMERGENCY SERVICES Trans To:  
LOS: 1 Dis Status: HOME OP Coder: BP  
Admitting DR: CAIN, BIBB R Referring DR: MISCELLANEOUS, MIS  
Attending DR: CAIN, BIBB R Discharge DR: CAIN, BIBB R  
ER Physician: CAIN, BIBB R Primary DR:

DRG: 074 CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC  
Admit Diagnosis: 729.5 PATN TN LTMB POA: Y  
Principal Diagnosis: 354.0 CARPAL TUNNEL SYNDROME POA:  
Secondary Diagnoses/POA:  
493.90 ASTHMA NOS/ 305.1 TOBACCO USE DISORDER/

Reason for Visit:

Principal Procedure: Date: Primary Surgeon:  
93.54 APPLICATION OF SPLINT 11/18/09 CAIN, BIBB R  
Secondary Procedures:

HCPCS: Modifiers: Date: Surgeon: Pre APC:  
29125 APPLY FOREARM SPLINT RT 11/18/09 CAIN, BIBB R 00058  
29125 APPLY FOREARM SPLINT LT 11/18/09 CAIN, BIBB R 00058

Consultants: Date: Specialty:

End of Report

Today's Date: 11-18-09

Name of Patient: Jina Mayers

ECC#: 09322-00255

Date of Service: 11-18-09

Time of Discharge: 1154

Return to Work/School on: 11-18-09

Limitations:

Dr. Cain/K. Chapman PA

MD / PA / FNP

**PLEASE NOTE** that the Emergency Care Center (ECC) cannot provide a work/school release for missed days until you are seen in the ECC. Nor can we excuse absences beyond the above date unless you are seen again in the Emergency Care Center. **You should follow up this visit with your family physician or the physician to whom you were referred. He/she can then plan your follow up care.**

The ECC Physicians **CAN NOT** certify or fill out leave of absence, FMLA or short term disability forms. These forms must be filled out by your own physician or the physician to whom you were referred.

ENT-25

09322-00255  
MAYERS, JINA  
MISCELLANEOUS.HISC  
F 11/20/1988 000160153  
SURGERY DATE-

Verification of Illness or Injury- ECC  
Self Regional Healthcare

White: Chart Yellow: Patient  
Pink: Patient's Employer



1ECV1620

Form # N-443/ 9-03/ NCR/ Page 1 of 1

000019

PRINTED BY: E17016

00085

DATE: 11/18/08 TIME: 1:31 On arrival ROOM: 20 EMS Arrival  
 HISTORIAN: patient spouse paramedics  
 HX/ EXAM LIMITED BY:

35 • Upper Extremity Problem •

**HPI**

chief complaint: pain weakness altered sensation  
 R/C shoulder arm elbow forearm wrist hand

onset/duration: X yrs off from Splints helped  
 no persist.

timing: constant  
 still present better sudden-onset  
 gone now intermittent episodes lasting  
 lasted worse/persistent since

recent injury? no yes possibly

context: prolonged pressure on extremity  
 Missed work last night  
 As per triage hand function  
 Asst. post op - hand swelling

where? home/work

severity: mild moderate severe (1/10)

associated symptoms: chest pain/discomfort location  
 fever/chills sweating nausea/vomiting  
 shortness of breath neck/back pain  
 difficulty breathing jaw pain

exacerbated by: nothing relieved by: nothing  
 movement of rest  
 exertion positioning

quality: pain radiates up arm  
 swelling  
 tenderness  
 numbness  
 tingling

location:

**ROS**

CONST recent illness MS/SKIN/LYMPH  
 EYES/ENT joint pain  
 problems with vision rash  
 sore throat swollen glands  
 CVS/RESP palpitations NEURO/PSYCH  
 cough headache  
 GI/GU fainting  
 diarrhoea dizziness  
 black stools anxiety/depression  
 problems urinating  
 LNMP preg post-menop  all systems neg except as marked

No symptoms

\* CONST / CVS / RESP / GI / MS components also addressed in HPI

**PAST HX**

carpal tunnel syndrome asthma/COPD  
 cervical disc disease cancer chemo/rad tx  
 CVA/TIA deficit cardiac disease AMI A-Fib  
 diabetes Type 1 Type 2  
 diet/oral/insulin hepatitis/HIV  
 DVT/PE hyperlipidemia  
 hypertension  
 peptic ulcer

old records ordered/summary:  
 No Med. or. CTS surgery

Surgeries/Procedures: none  
 neck surgery tonsillectomy  
 cholecystectomy hysterectomy/BTL/c-section  
 appendectomy cardiac bypass/abmt  
 breast surgery TURP  
 indwelling device line/port  
 catheter/dialysis graft

Immunizations UTD/referred to PCP  
 Medications none see nurses note Allergies NKDA  
 aspirin coumadin clopidogrel NSAID see nurses note

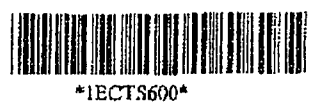
above

**SOCIAL HX** smoked drugs  
 alcohol (recent/heavy/occasional) occupation Annick Peoples  
 repetitive hand use at work pastor of church  
 x 8 yrs

**FAMILY HX** DVT/PE

ENT-25  
 09-08-00255  
 HAYEN  
 MISCELLANEOUS.HISC  
 F 11/20/1968 000160153  
 SURGERY DATE-

© 1996 - 2008 T-System, Inc.  
 Circle or check affirmatives, backslash (/) negatives  
**EMERGENCY PHYSICIAN RECORD**  
 Emergency Care Center  
 SELE REGIONAL  
 HEALTHCARE



09-08 / t-sheet / Page 1 of 2

000020

PRINTED BY: E17016

00086

Nursing Assessment Reviewed  Vitals Reviewed

**PHYSICAL EXAM**

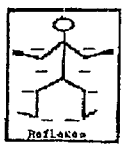
**General Appearance**  
 no acute distress mild / moderate / severe distress  
 alert anxious / lethargic

**UPPER EXTREM.**  
 nml inspection see diagram  
 non-tender tenderness  
 no edema swelling  
 nml ROM limited ROM  
 joints nml active passive functional due to pain  
axillary lymphadenopathy  
pos Finkelstein test  
joint swelling / effusion  
cyanosis / diaphoresis / pallor  
skin rash zoster-like  
warmth / erythema  
lymphangitis  
embolic lesions  
decubitus

**SKIN**  
 color nml, no rash color nml, no rash  
 warm, dry warm, dry

**VASCULAR**  
 no vascular compromise abnml capillary refill  
pulse deficit brachial radial ulnar  
Allen pulse test abnml

**NEURO / PSYCH**  
 peripheral exam altered sensation bilat  
 sensation nml median nerve ulnar nerve radial nerve  
 motor nml positive Tinel's sign positive Phalen's sign  
motor deficit mild to moderate paresthesia  
ulnar drift bilat  
 abnml / asymmetric reflexes



**central exam**  
 oriented x3 disoriented to person / place / time  
 CN's nml as tested facial droop  
 nml speech speech / cognition abnormalities  
 nml cognition depressed mood / affect  
 mood / affect nml

**EENT**  
 scleral icterus / pale conjunctivae  
 eyes nml inspection EOM palsy / anisocoria  
 ENT nml inspection pharyngeal erythema  
 pharynx nml abnml TM / hearing deficit

**NECK / BACK**  
 nml inspection thyromegaly  
cervical lymphadenopathy  
neck tenderness

**RESPIRATORY**  
 no resp. distress splinting  
 breath sounds nml manifests distinct pain on movement  
R/L arm trunk  
wheezes / rales / rhonchi  
thoracic outlet tests abnormalities

**CVS**  
 reg. rate & rhythm heart murmur  
 heart sounds nml tachycardia / bradycardia

**ABDOMEN**  
 non-tender tenderness / guarding  
 no organomegaly rebound  
 nml bowel sounds hepatomegaly / splenomegaly / mass  
UA + 8 chags

Upper Extremity Problem - 35  
 Addressograph  
 07522-00255  
 MAYERS, TIRA  
 MISCELLANEOUS, HISC  
 F 11/20/1968 000160155  
 SURGERY DATE -

**LABS, EKG & XRAYS**

**CBC** normal except  
**WBC** normal except  
**Hgb** normal except  
**Hct** normal except  
**Platelets** normal except  
**segs** normal except  
**bands** normal except

**Chemistries** normal except  
**Gluc** normal except  
**BUN** normal except  
**Creat** normal except  
**Na** normal except  
**K** normal except  
**Anion Gap** normal except

**Osmolality** normal except  
**ESR** normal except

**UA** normal except  
**WBC** normal except  
**RBC** normal except  
**bacteria** normal except  
**dips** normal except

**RHYTHM STRIP** NSR Rate \_\_\_\_\_  
**EKG** NML  interp. by me  Reviewed by me Rate \_\_\_\_\_  
NSR nml intervals nml axis nml QRS nml ST/T

not / changed from: \_\_\_\_\_ repeat EKG- unchanged /

**XRAYS**  interp. by me  Reviewed by me  Discd w/ radiologist.  
nml / NAD no fracture nml alignment no foreign body

**PROGRESS**

Time \_\_\_\_\_ unchanged \_\_\_\_\_ Improved \_\_\_\_\_ re-examined \_\_\_\_\_

+ CP/AMI - EKG / ASA / B-Blocker / Thrombolytics / PCI / transfer \_\_\_\_\_ **Clinical Tool Box** TIMI ACS risk

Discussed with Dr. \_\_\_\_\_ Time: \_\_\_\_\_  
 will see patient in: ED / hospital / office  
 Counseled patient / family regarding: \_\_\_\_\_ Additional history from:  
 lab / rad. results diagnosis need for follow-up family caretaker paramedics  
 Rx given \_\_\_\_\_  
**CRIT CARE TIME** (excluding separately billable procedures) \_\_\_\_\_ min

**CLINICAL IMPRESSION**

bilat  
**Pain:** Carpal Tunnel Syndrome  
cardiac  
 Chest Pain - acute cardiac  
 precordial / tightness / pressure Cervical Radiculopathy  
 chest wall / discomfort / angina Myocardial Infarction - acute  
 Bursitis / Tendonitis Sprain / Strain

**Discharge Instructions**  
CTB  
wear splint at night as needed  
 Follow up with Dr. at home follow up date \_\_\_\_\_  
 Rx given at home  
 Return to work/school at home  
 Return to ECC at home  immediately if worse

**DISPOSITION** -  discharged  transferred  
 Time 11:45  admitted POA decubitus / UTI (foley)  
**CONDITION** -  unchanged  improved  stable

Care transferred to Dr. \_\_\_\_\_ Time: \_\_\_\_\_

x \_\_\_\_\_ NP / PA x \_\_\_\_\_ MD  
Bill Resident  
 x \_\_\_\_\_ MD  
 Attending

Template Complete  See Addendum (Dictated / Template # \_\_\_\_\_)

Measure Initiative  
 09-08 \_\_\_\_\_ Page 2 of 2

Date: <u>4/11/08</u>	Additional Orders	Physician Orders	Staff Initials/Time
<u>1140</u>	<u>Wrist Spine Class</u>	<input type="checkbox"/> Old Records <input type="checkbox"/> FSBS <input type="checkbox"/> CBC <input type="checkbox"/> Hemogram <input type="checkbox"/> Basic Metabolic Profile <input type="checkbox"/> Comp Metabolic Profile <input type="checkbox"/> Liver Profile <input type="checkbox"/> Amylase <input type="checkbox"/> Lipase <input type="checkbox"/> PT <input type="checkbox"/> PTT <input type="checkbox"/> BNP <input type="checkbox"/> D-dimer <input type="checkbox"/> CKI <input type="checkbox"/> w/Troponin <input type="checkbox"/> Cardiac Labs <input type="checkbox"/> Trauma Labs <input type="checkbox"/> Blood Culture x <input type="checkbox"/> Rapid Strep <input type="checkbox"/> Drug Levels <input type="checkbox"/> Psych Panel  <input type="checkbox"/> I/A void/cath <input type="checkbox"/> Urine Culture <input type="checkbox"/> UCG <input type="checkbox"/> hCG <input type="checkbox"/> Quantitative HCG <input type="checkbox"/> Urine Drug Screen <input type="checkbox"/> GC/Chlamydia <input type="checkbox"/> Wet Prep  <input type="checkbox"/> CXR <input type="checkbox"/> Port <input type="checkbox"/> C-Spine <input type="checkbox"/> Port <input type="checkbox"/> Pelvis <input type="checkbox"/> Port <input type="checkbox"/> Abd Series <input type="checkbox"/> IVP <input type="checkbox"/> CT <input type="checkbox"/> U/S <input type="checkbox"/> Xrays:  <input type="checkbox"/> ECG <input type="checkbox"/> ABC <input type="checkbox"/> Monitor <input type="checkbox"/> Pulse Ox <input type="checkbox"/> IV <input type="checkbox"/> O2 at    Lpm via <input type="checkbox"/> Trauma Alert called at <input type="checkbox"/> <input type="checkbox"/>	
ECC MD/Mid Level reviewed patient supplied medication list.			
Signature <u>[Signature]</u>			
Signature _____			
Addressograph			


09300-011255  
 MAYERS, TINA  
 MISCELLANEOUS, MISC  
 11/20/1968 000160153  
 SURGERY DATE-



1EPO708  
 Form # N-859/ 1-09/Single/Page of 1

Future Use Only

**FOR ECC ONLY**



Triage classification  
 I Magenta  
 II Red  
 III Yellow  
 IV Blue  
 V Green

Date: 11/8/09 Time: 11:22  
 Sex:  M  F  
 Name: LINA MAYOAS  
 DOB: 11/20/68 Age: 41  
 Wt: 81.7 (kg) (Act / Est) 180  
 Ht: 5'4"  
 Head Circum. (≤ 13 mos) \_\_\_\_\_

**FOR ECC ONLY** MD: \_\_\_\_\_ (None)  
 Arrival:  Amb  W/C  Carry  Stretcher  
 Police  Private Auto  Ambulance - Unit # \_\_\_\_\_  
 County of Injury \_\_\_\_\_  
 Accompanied by: dropped off by mother  
 Transferred from:  N/A  
 Prior Treatment:  None  EMS  MD Office  Express Care  
 ECC \_\_\_\_\_ (date)

Bronch:  Grey/ Pink/ Red/ Purple/ Yellow/ White/ Blue/ Orange/ Green  
 B/P: 120/80 (R/L) P: 72 R: 18 T: 97.8 (Oral/Rectal/Tympanic)  
 Sit/Stand/Lying Pulse Ox: 100% on RA / Min O2 via \_\_\_\_\_  
 CHIEF COMPLAINT: Info from mother  See narrative notes  
Both hands hurting

Work Related? Yes  No  
 GCS: E = \_\_\_\_\_ M = \_\_\_\_\_ V = \_\_\_\_\_ Total GCS: 15  N/A  
 RTS: 12  N/A  
 LMP: "went off yesterday"  
**ECC & Peds ONLY**  
 IMMUNIZATIONS:  N/A  Unknown  LTID  Last 3 wks Y/N  
 Last Tetanus: \_\_\_\_\_  Unknown  N/A

Onset/Time of Illness/Injury: 10 minutes  
 Mechanism of Injury: \_\_\_\_\_  N/A

MEDS:  Home Med List (N-647)  No Meds  
 ALLERGIES: DNKA (Medication, food, latex, tape, dye, etc.)

**MEDICAL HISTORY:** (Check if applicable)  Denies Hx  Not Available  
 Lung Disease  CVA  Cancer  GI  GU  GYN asthma  
 Diabetes - Add Adult Hypoglycemia Protocol N-719 to chart  
 Hepatic/Renal  Hypo/Hyper-tension  
 Heart Disease \_\_\_\_\_  Psych \_\_\_\_\_ Carpal tunnel  
 TB (Treated Y/N)  Seizures  Sickle Cell Disease  
 Alcohol \_\_\_\_\_  Controlled Substances/Street Drugs BT  
 Smoked within last 12 months: Yes  No   
 If yes, Smoking Cessation form# N-933 given.  Refused information  
 Other tobacco \_\_\_\_\_  
 Other/Surgeries: Verticalization

Allergies	Symptoms/ Reactions

**INFECTION CONTROL PRECAUTIONS:**  
 Infection not suspected  
 If infection suspected complete IC section on form N-83D

**PAIN:**  Denies If pain present, use the most appropriate scale and enter the number that best rates the intensity 10  
 Pain scale used: (circle) Numeric (0-10) FACES PLACC NIPS  
 Location: See above  
 Quality:  Burning  Dull  Pressure  Heavy  Sharp  Cramping  
 Other \_\_\_\_\_  
 Duration: Pain is:  Continuous or  Intermittent  
 Aggravating & Alleviating Factors:  
 What makes the pain better? above says for a while  
 What makes the pain worse? nothing

**ABUSE:** Do you suspect this patient has been abused? Yes  No  
 If yes, patient has the following unexplained conditions:  
**(CHECK ALL THAT APPLY)**  
 Bruising  Welts  
 Burns  Puncture Wounds  
 Lacerations  Fractures  
 Apparent lack of needed medical attention  
 Overly protective male or refuses to see male  
 If applicable, consult Director/Nursing Supervisor for guidance.

**FOR ECC ONLY EMS TREATMENT**  
 N/A  None  
 Spinal Precautions:  C-Collar  Longboard  
 Straps  Tape  Head Block  Spinting  
 Other \_\_\_\_\_  
 Mask Suit:  In Place  Inflated  Deflated  
 Abdomen  R Leg  L Leg  
 Airway:  Oropharynx  Nasopharynx  
 B.I.T.:  Oral  Nasal  ET Size: \_\_\_\_\_  
 Oxygen: \_\_\_\_\_ L/M/L  NC  Mask  Ambu  
 Fluid: GA SITE AMT Infused PTA INTACT  
 1. \_\_\_\_\_ Y/N  
 2. \_\_\_\_\_ Y/N

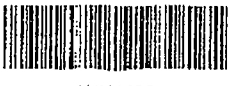
**FOR ECC ONLY** Visual Acuity:  Glasses  Contacts  None Left 20/ \_\_\_\_\_ Right 20/ \_\_\_\_\_ Both 20/ \_\_\_\_\_

**FOR ECC ONLY TREATMENT AREA**  
 Room: 22 Time: 11:29 Report To: KIA, LUVIL  
 Lobby Time: \_\_\_\_\_  
 AMB  Stretcher  W/C  Carry  
 Pt. request MD: ER  
 Notified: \_\_\_\_\_  
 Posted: \_\_\_\_\_  
 Initials: ER

Safety  
 Band On  
 Bed low & locked  Chair  
 Call Light in Reach  
 Completed By: [Signature]

Addressograph: 04322-00255  
 HAYES, ERIC  
 MISCELLANEOUS, MISC  
 F 11/20/09 145 000 60  
 SURGERY DATE -

Initial History  
 Self Regional Healthcare  
 White: Chart Yellow: Pharmacy



1HX4580  
 Form # N-83AECC/ 9-09/ NCR/ Page 1 of 1

ENT-25

<b>Respiratory:</b> <input type="checkbox"/> N/A <input type="checkbox"/> No distress noted <b>EFFORT</b> <input type="checkbox"/> Non-labored <input type="checkbox"/> SOB <input type="checkbox"/> Retractions <input type="checkbox"/> Stridor <b>Breath Sounds</b> R L Present <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Clear <input type="checkbox"/> <input type="checkbox"/> Wheezing/Rhonchi <input type="checkbox"/> <input type="checkbox"/> Diminished <input type="checkbox"/> <input type="checkbox"/> Crackles <input type="checkbox"/> <input type="checkbox"/> <b>Chest Expansion:</b> Symmetrical Asymmetrical Cough <input type="checkbox"/> N/A <input type="checkbox"/> Nonproductive <input type="checkbox"/> Productive	<b>CARDIAC</b> <input type="checkbox"/> N/A <b>CARDIAC RHYTHM</b> Patient on Monitor Y/N <input checked="" type="checkbox"/> If Yes, alarms <input type="checkbox"/> On <b>Chest Pain</b> Y/N <input checked="" type="checkbox"/> <input type="checkbox"/> Constant <input type="checkbox"/> Tightness <input type="checkbox"/> Intermittent <input type="checkbox"/> Sharp <input type="checkbox"/> Heaviness <input type="checkbox"/> N/V <input type="checkbox"/> Diaphoresis <b>CAPILLARY REFILL</b> <input type="checkbox"/> Absent <input type="checkbox"/> Less than 2 sec <input type="checkbox"/> Greater than 2 sec <b>PULSE</b> (Regular/ Irregular) Radial R <input checked="" type="checkbox"/> L <input checked="" type="checkbox"/> Pedal R <input type="checkbox"/> L <input type="checkbox"/>	<b>NEUROLOGY</b> <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Alert <input type="checkbox"/> Drowsy <input checked="" type="checkbox"/> Oriented x3 x2, x1 <input type="checkbox"/> Unresponsive <input type="checkbox"/> Consolable <input type="checkbox"/> Confused * <input type="checkbox"/> Slurred Speech <input type="checkbox"/> Aphasic <input type="checkbox"/> Appropriate for Age <input type="checkbox"/> Verbal Stimuli <input type="checkbox"/> Comatose <input type="checkbox"/> Painful Stimulation <input type="checkbox"/> Headache <input type="checkbox"/> Anxious <input type="checkbox"/> Drowsy * <input type="checkbox"/> Dizziness * Gait: Steady/ Unsteady * Weakness * Hand Grips: Equal/ Unequal <input type="checkbox"/> Decreased Sensation *If marked: <input type="checkbox"/> placed Fall Risk sticker on chart <b>Pupil Size</b> <input type="checkbox"/> N/A <table border="1"> <tr> <td>Size</td> <td>R</td> <td>L</td> </tr> <tr> <td>React</td> <td>R</td> <td>L</td> </tr> </table> Size: Reaction: P=Pinpoint B=Brisk N=Normal S=Sluggish D=Dilated N=Nonreactive U=Unobtainable See pupil scale below	Size	R	L	React	R	L	<b>EYES / ENT</b> <input type="checkbox"/> N/A <b>Eyes</b> <input type="checkbox"/> Asymptomatic <input type="checkbox"/> For. Body <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Redness <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Pain <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Redness <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Discharge <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Injury <input type="checkbox"/> R <input type="checkbox"/> L Date: Time: _____ Mechanism: _____ <b>Ears</b> <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Drainage <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> CSF <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Pain <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Injury <input type="checkbox"/> R <input type="checkbox"/> L Date: Time: _____ Mechanism: _____ <b>Nose</b> <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Epistaxis <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> For. Body <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Congestion <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Drainage <input type="checkbox"/> R <input type="checkbox"/> L <b>Oral</b> <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Sore Throat <input type="checkbox"/> Dysphagia <input type="checkbox"/> Drooling <input type="checkbox"/> Broken Teeth	<b>GI Abdomen</b> <input type="checkbox"/> N/A <input type="checkbox"/> Soft <input type="checkbox"/> Distended <input type="checkbox"/> Rigid <input type="checkbox"/> Non Tender <input type="checkbox"/> Tender <input type="checkbox"/> Bruised <input type="checkbox"/> Guarding <input type="checkbox"/> Pain <input type="checkbox"/> N/V <input type="checkbox"/> Diarrhea <b>Bowel Sounds</b> <input type="checkbox"/> Present x _____ Quads <input type="checkbox"/> Absent <input type="checkbox"/> Hypoactive <input type="checkbox"/> Hyperactive Last BM: _____ Color: _____ <b>GU</b> <input type="checkbox"/> N/A <input type="checkbox"/> Flank Pain R L <input type="checkbox"/> Incontinent <input type="checkbox"/> Pain <input type="checkbox"/> Hematuria <input type="checkbox"/> Urgency <input type="checkbox"/> Retention <input type="checkbox"/> Burning <input type="checkbox"/> Frequency <input type="checkbox"/> Pressure Duration: _____ Urine Color: _____ <input type="checkbox"/> Penile Discharge Color: _____ <b>Psych</b> <input type="checkbox"/> N/A Eye contact: Yes/ No Affect: <input type="checkbox"/> Normal <input type="checkbox"/> Flat <b>Behavior</b> <input type="checkbox"/> Cooperative <input type="checkbox"/> Violent <input type="checkbox"/> Destructive <input type="checkbox"/> Restless <input type="checkbox"/> Agitated <b>Mental Status</b> <input checked="" type="checkbox"/> Oriented <input type="checkbox"/> Confused * <input type="checkbox"/> Lethargic <input type="checkbox"/> Unconscious <input type="checkbox"/> See Seclusion Flowsheet N-2008 <input type="checkbox"/> See Restraint Flowsheet N-150 Do you suspect this patient is suicidal? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, consult Director/ Nursing Supervisor for guidance.
Size	R	L								
React	R	L								
<b>SKIN/CIRCULATION</b> <input type="checkbox"/> Moist <input checked="" type="checkbox"/> Dry <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Hot <input type="checkbox"/> Diaphoretic <input type="checkbox"/> Pink (mucous membranes/ conjunctiva) <input type="checkbox"/> Jaundice (skin/ sclera) <input type="checkbox"/> Pale <input type="checkbox"/> Flushed <input type="checkbox"/> Cyanotic <input type="checkbox"/> Mottled Edema <input type="checkbox"/> Absent <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ <input type="checkbox"/> 4+ <input type="checkbox"/> Pitting <input type="checkbox"/> Non-pitting Location: _____ Rash <input type="checkbox"/> Absent <input type="checkbox"/> Present Location: _____ <b>Skin Status:</b> <input type="checkbox"/> Skin intact <input type="checkbox"/> Skin not intact, description: _____ _____ MD notified <input type="checkbox"/> Unable to assess related to: _____ <input type="checkbox"/> Not assessed - Patient states skin intact										
<b>OB/GYN</b> <input type="checkbox"/> N/A <input type="checkbox"/> No distress noted <input type="checkbox"/> Pregnant: Y/N/Unknown <input type="checkbox"/> LMP: _____ <input type="checkbox"/> FHT: _____ <input type="checkbox"/> Gravida: _____ <input type="checkbox"/> Para: _____ <input type="checkbox"/> Ab: _____ <input type="checkbox"/> Vaginal D/C Color: _____ Duration: _____ <input type="checkbox"/> Vaginal Bleeding _____ pad/ hour _____ size pad Amount: _____ Duration: _____										
<b>INFECTION CONTROL PRECAUTIONS:</b> <input type="checkbox"/> Infection not suspected <input type="checkbox"/> Infection suspected & Precautions required until ruled out <input type="checkbox"/> CONTACT: Chicken Pox, Small Pox, Scabies, Lice, SARS, Conjunctivitis, uncontained drainage or Diarrhea, C. difficile <input type="checkbox"/> DROPLET: Flu, Meningitis, Pertussis <input type="checkbox"/> AIRBORNE: TB, pandemic flu, SARS, Chicken Pox less than 6 yrs old, Contact & Droplet: Scarlet Fever, Group A Strep, RSV, Bronchiolitis, Croup Precautions Initiated: Time: _____ Initials: _____ Completed By: _____ RN Date: 11-18-09 Time: 09:07 RN Date: _____ Time: _____										
<b>Belongings (ONLY IF ADMITTED)</b> Dentures/Partials Upper/Lower With Patient/ Family <input type="checkbox"/> N/A Jewelry _____ With Patient/ Family <input type="checkbox"/> N/A Clothing: _____ With Patient/ Family <input type="checkbox"/> N/A Money/Valuables <input type="checkbox"/> N/A _____ <input type="checkbox"/> Locked up Env. # _____ Hearing Aid Right/Left With Patient/ Family <input type="checkbox"/> N/A Contact Lens Right/Left With Patient/ Family <input type="checkbox"/> N/A Glasses _____ With Patient/ Family <input type="checkbox"/> N/A Misc: _____ Home Meds: <input type="checkbox"/> N/A <input type="checkbox"/> Sent Home <input type="checkbox"/> In Pharmacy <input type="checkbox"/> With Patient <input type="checkbox"/> With Family (Name: _____) Belongings Completed By: _____ Date: _____ Time: _____										
<b>Pupil Scale</b> 1 • 2 • 3 • 4 • 5 • 6 • 7 • 8										

09322-00255  
MAYERS, TINA  
MISCELLANEOUS, MISC  
F 11/20/1968 000160153  
SURGERY DATE-

Initial Systems Assessment  
Self Regional Healthcare



1 CNP4660  
Form # N-83B/ 4-09/1TDuplex/Side 1 of 2

Future Use Only

IV SITE / FLUIDS <input type="checkbox"/> See Attached DC'D - Discontinued													
DATE	TIME	IV #	IV-# OF ATTEMPTS	GAUGE	SITE	FLUIDS/MED.	BAG #	AMT.	RATE	PUMP	TIME TIC'D	AMT INFUSED	INITIALS
				ga.				mL	mL/h	Y/N		mL	
				ga.				mL	mL/h	Y/N		mL	
				ga.				mL	mL/h	Y/N		mL	
				ga.				mL	mL/h	Y/N		mL	
				ga.				mL	mL/h	Y/N		mL	

MEDICATIONS  See Attached \* If pain present, use the most appropriate scale and enter the number that best rates the intensity. If not appropriate to rate by scale, use S&S key. Pain S&S key: FB = Facial & Body Behaviors VS = Vital Signs VC = Verbal Cues ↑ = Increase ↓ = Decrease NC = No Change

DATE	TIME	MEDICATION	DOSE	ROUTE	SITE	RESPONSE	*PAIN RATING PRIOR	TIME/ *PAIN RATING AFTER	INITIALS
		Td VIS _____ (date) Lot # _____	0.5 mL	IM					

BLOOD PRODUCTS <input type="checkbox"/> See Attached												
DATE	TIME	BLOOD PRODUCTS	UNIT #	IV #	GAUGE	SITE	RATE	PUMP	TIME DC'D	AMT INFUSED	INITIALS	
					ga.		mL/h	Y/N				
					ga.		mL/h	Y/N				

VITAL SIGNS <input type="checkbox"/> See Attached												
DATE	TIME	B/P	P	R	T	C. MONITOR RHY.	PULSE OX.		UCS	COMMENTS	INITIALS	
							1/2 on	L/Min O <sub>2</sub> via				
							1/2 on	L/Min O <sub>2</sub> via				
							1/2 on	L/Min O <sub>2</sub> via				

GCS q 1 hour on Head Injury Patients  
ADMISSION/DISCHARGE ASSESSMENT: REVIEW ABOVE INFORMATION, ASSESS PATIENT, DOCUMENT CHANGES

TRANSFER: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Transfer Protocol	Vital Signs <input checked="" type="checkbox"/> N/A BP _____ P _____ R _____ T _____
Via: <input checked="" type="checkbox"/> Ambulatory <input type="checkbox"/> Wheelchair <input type="checkbox"/> Stretcher <input type="checkbox"/> Ambulance <input type="checkbox"/> Carry	Pain rating is _____ using Numeric (0-10) FACES FLACC NIPS
Condition: <input checked="" type="checkbox"/> Stable <input type="checkbox"/> Unstable <input type="checkbox"/> Unchanged <input type="checkbox"/> LWT <input type="checkbox"/> J.W.C. <input type="checkbox"/> AMA <input type="checkbox"/> Morgue	Condition unchanged from Initial Assessment <input type="checkbox"/> Assessment Changes: <i>A+Ox3; skin w/o; Resp w/a/non-labored; DC instructions &amp; WE for w/7 givers; understanding verbalized; amb to exit diff; splints intact to beat hands.</i>
Admission Information: Room # _____ Admitting Physician: _____ Report To: _____ Intake: _____ Output: _____	Patient/Family verbalizes issues/concerns at time of discharge? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, see notes
O <sub>2</sub> Y/N _____ L/Min via _____ Monitor Y/N Rhythm _____	<input type="checkbox"/> Patient/Family verbalized understanding of Discharge instructions
<input type="checkbox"/> See Patient Progress Notes (N-4005) <input type="checkbox"/> See Supplemental ECC Care Notes/ Procedures (N-83S) <input type="checkbox"/> See Trauma Flow Sheet (N-83TF) <input type="checkbox"/> See Code Blue/9 sheet (N-787)	Take home pack: _____ Lot # _____ Take home pack: _____ Lot # _____ Take home pack: _____ Lot # _____
Blood Bank Label _____ Diet <input type="checkbox"/> N/A Last Meal: _____ <input type="checkbox"/> Regular <input type="checkbox"/> Diabetic <input type="checkbox"/> Cardiac <input type="checkbox"/> Low Fat	Initials: <i>ASC, EN</i> Date: <i>11-18-09</i> Time: <i>1154</i> Signature/Title: <i>(Verbal) S. Chapman RN</i> Initials: <i>ASC</i>

Addressograph  
09322-00255  
BAYERS, TINA  
MISCELLANEOUS, MISC  
F 11/20/1968 000160153  
SURGERY DATE-

ECC Care Notes/ Procedures  
Self Regional Healthcare

INTENTIONALLY LEFT BLANK  
Form # N-83C/ 4-09/IT Duplex/Side 2 of 2

ENT-25

Only

DATE	TIME	DEPARTMENT	PROBLEMS/NOTES
11-18-09	1135	ECC	Dr. Cain @ BS for exam. — K. Chapman
	1146	ECC	Bilat cockup splints applied per NST; pt fol well. — K. Chapman
<del>Empty table rows</del>			

Addressograph

09322-00255

HAYERS, TINA

MISCELLANEOUS, MISC

F 11/20/1968 000160153

SURGERY DATE-

Patient Progress Notes  
Self Regional Healthcare



1FS5120

Form # N-4005/9-03/HT Duplex/Side 1 of 2/FS-DateOrd

PRINTED BY: E17016

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SELF MEMORIAL HOSPITAL

1325 Spring Street  
Greenwood, S.C. 29646

EMERGENCY / OUT-PATIENT RECORD

160153  
0118000

LAST NAME <b>LUKIE</b>	FIRST NAME <b>MAYERS</b>	MIDDLE NAME <b>TINA</b>	AGE <b>028</b>	SEX <b>F</b>	RACE <b>2</b>	MS <b>S</b>	DOB <b>12068</b>	SOC. SEC. NO. <b>248237001</b>	P.A. ROOM NO. <b>N</b>	ACCOUNT NUMBER <b>1289602</b>
314 CAMBRIDGE AVE GREENWOOD			STATE <b>SC</b>	ZIP CODE <b>296460000</b>	COUNTY <b>GREENWOOD</b>	CODE <b>249429891</b>	PHONE <b>WALKING</b>	ARRIVED VIA		
EMERGENCY CONTACT NAME <b>LUKIE J.B.</b>		RELATION TO PATIENT <b>HUSBAND</b>	PHONE NO.	ADDIT. PHONE	ADDRESS <b>314 CAMBRIDGE AVE</b>			DATE <b>050297</b>	HOUR ADMITTED <b>9:22</b>	
PHYSICIAN NAME <b>NONE</b>		PHY. NO. <b>001</b>	PHYSICIAN NAME	PHY. NO.	PROVISIONAL DIAGNOSIS-WRITTEN <b>ARM. PAIN</b>			I.D. <b>PLS</b>		
ADM. STAT.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PHYSICIAN ASSESSMENT

1000

015/2/97

RT arm shoulder -> wrist

Wrist -> forearm

RT

TRACK TIME

VITAL SIGNS:

Sp O2 P R T

TO: ED AREA  TO: URG-CARE

NURSE'S SIGNATURE

ALLERGIES:

CURRENT MEDS:

CONSULT PHYSICIAN ASSESSMENT

CONSULT PHYSICIAN	TIME CALLED	A TIME CALLED P RETURNED	A	P
WT				
VALUABLES/CLOTHING:				
PATIENT - FAMILY - LOGGED - NONE				
NOTIFICATION / TIME				
<input type="checkbox"/> Relative				
<input type="checkbox"/> Police				
<input type="checkbox"/> Coroner				
<input type="checkbox"/> SAM Security				
<input type="checkbox"/> Other				

PHYSICIAN'S ORDERS

CONSULT M.D. SIGNATURE

RT wrist splint

Libert Distal x 7 days

-No repetitive gripping, pulling activities c. RT arm  
wear splint

1015 D/L

DISPOSITION

Drs. Office

Police/Home

Trans. To

AMA

VIA

Adm. Phys.

Adm. Rm

FLOOR NUMBER REPORTED

DISCH. NURSE

Discharged

TIME

SEEN BY PHYSICIAN  YES  NO

DIAGNOSIS

Acute injury RT arm wrist

DISCH. STATUS  good  poor  improved  stable

99181 9912

INSTRUCTIONS TO PATIENTS FOR HOME CARE

HEAD INJURY	WOUND	BURN	SPRAIN/CAST/FRACTURE/SWELLINGS	EKG/ X-RAY	LAB.	DRUGS CAUSING DROWSINESS	RESPIRATORY INFECTIONS	VOMITING DIARRHEA	ANTI-BIOTICS	STD	COMM-UNICABLE
NAPROXEN 375 y pills # 30 RFA Wrist splint											

RETURN TO EMERGENCY DEPT. ON

RETURN TO WORK/SCHOOL ON 5/2/97

DATE: 5/2/97

Urgi-Care

MEDICAL RECORDS  
000032

05113003

LUKIE TINA  
314 CAMBRIDGE AVE  
GREENWOOD SC 29646  
FO: 804 220

CLASSIFICATION I II III  
 Old Records  
 Last Visit  
 JWC

SELF MEMORIAL HOSPITAL  
 DEPARTMENT OF EMERGENCY MEDICINE  
 1325 SPRING STREET  
 GREENWOOD, SC 29646  
 PATIENT CARE FLOW SHEET

Date: 5/2/97 Time: 0915 Sex:  M  F Arrival:  Amb  W/C  Carry  Stretcher  Ambulance - Unit #  
 Name: LUKIE TINA D.O.B: 11/20/68  
 Age: 28 Weight: 140 Act. / Cl. / Ht. / Kgs. N/A:  Driver  Passenger: FS / BS Search Y / N  Ambulatory at scene  
 Hi. Length: 5'4" (<13 mos.) Head Circum. LOC Y / N: Duration: Accompanied by:

V.S.: Rectal T 98 Reg 24 R 90 B/P 67 lying stand Pulse Ox. % on LMI O2 via

Allergies:  Meats: Medications:   
 Food: Immunizations:  UTD in last 3 wks Y / N  
 NKA  Other: PAID:  LNSIP:  2nd week of school

Subjective Data: *chest pain - sharp - some - last week - starts with activity - now - chest pain - sharp - last week*  
 Objective Data: *HR 98, RR 24, R 90, B/P 67, good PO*

Past History:  N/A  MI/CHF  Angina  DM  Hypotension  Hypertension  Asthma/COPD  Ulcer  Seizures  Stroke  Arthritis  
 Liver Disease  GI Problems  GU Problems  GYN Problems  Bleeding/Clotting Disorder  Fainting/dizzy spells  
 Smoker  PPD x yrs.  Alcohol/Frequency:  Surgery/Other:

INFECTION CONTROL PRECAUTIONS  N/A

Sus. TB:  Cough > 3 wks.  Unexplained WL Loss  Fever / Night Sweats  Hemoptysis  + HIV with new pneumonia  Current Active TB  
 Sus. Measles:  Maculopapular Rash With Fever, URI and / or Conjunctivitis  Respiratory Isolation Initiated Related To Signs / Symptoms (Surgical Mask On Patient/Tissue & Emesis Basin Given/Private Room with Sign)  
 Sus. Varicella:  Vesicular Rash With Itching or Pain  
 Sus. Meningitis:  IIA With Nuchal Rigidity That Is Suggestive Of Meningitis TIME: Initials:

SYSTEMS ASSESSMENT TIME: 1050 INITIALS: *TL* TRIAGE ASSESSMENT TIME: 0915 INITIALS: *TL*

<p><b>FAST IMMOBILIZATION</b> <input checked="" type="checkbox"/> N/A</p> <p>None <input type="checkbox"/> Spinal Cord <input type="checkbox"/> Cervical <input type="checkbox"/> Respiratory <input type="checkbox"/> RCD <input type="checkbox"/> Splints <input type="checkbox"/> Restraints <input type="checkbox"/> Alot <input type="checkbox"/> IV Type <input type="checkbox"/> Other</p>	<p><b>NEURO/PSYCH</b></p> <p>Alert <input checked="" type="checkbox"/> Confused <input type="checkbox"/> Drowsy <input type="checkbox"/> Verbal Stimuli <input type="checkbox"/> Comatose <input type="checkbox"/> Paradoxical Speech <input type="checkbox"/> LOC: Duration <input type="checkbox"/> Unresponsive <input type="checkbox"/> Pupils: <input type="checkbox"/> normal <input type="checkbox"/> abnormal <input type="checkbox"/> Headgrape <input type="checkbox"/> Equal <input type="checkbox"/> Unequal</p>	<p><b>SKIN</b></p> <p>Color: <input type="checkbox"/> Pink <input type="checkbox"/> Flushed <input type="checkbox"/> Cyanotic <input type="checkbox"/> Ashen <input type="checkbox"/> Pale <input type="checkbox"/> Rash <input type="checkbox"/> Moisture: <input type="checkbox"/> Dry <input type="checkbox"/> Moist <input type="checkbox"/> Chertney <input type="checkbox"/> Diaphoretic <input type="checkbox"/> Warm <input type="checkbox"/> Hot <input type="checkbox"/> Cool <input type="checkbox"/> Cold</p>	<p><b>PUPILS</b> <input type="checkbox"/> N/A</p> <p>Equal <input type="checkbox"/> Unequal</p> <p>1 2 3 4 5 6 7 8 9</p> <p>SIZE: mm</p> <p>Corrective Lens <input type="checkbox"/> VA UD OS OU</p>
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<p><b>CARDIOVASCULAR</b> <input checked="" type="checkbox"/> N/A</p> <p>Symptoms: <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> SOB <input type="checkbox"/> Diaphoretic <input type="checkbox"/> Cap refill <input type="checkbox"/> &lt; 2 sec <input type="checkbox"/> &gt; 2 sec</p> <p>Type of Pain: <input type="checkbox"/> Heartburn <input type="checkbox"/> Tightness <input type="checkbox"/> Sharp <input type="checkbox"/> Intermittent <input type="checkbox"/> Constant <input type="checkbox"/> Paroxysmal <input type="checkbox"/> Heart Sounds <input type="checkbox"/> Other</p> <p>LOC OF PAIN: <input type="checkbox"/> Midsternum <input type="checkbox"/> R. Chest <input type="checkbox"/> L. Chest <input type="checkbox"/> Throat <input type="checkbox"/> Arm</p>	<p><b>OB/GYN</b> <input checked="" type="checkbox"/> N/A</p> <p>No Complaints <input type="checkbox"/> Pregnant <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown <input type="checkbox"/> LNSMP <input type="checkbox"/> FIT <input type="checkbox"/> Gravida <input type="checkbox"/> Para <input type="checkbox"/> Ab <input type="checkbox"/> Vaginal D/C Color <input type="checkbox"/> Vaginal Bleeding: Aus</p>	<p><b>GI</b> <input checked="" type="checkbox"/> N/A</p> <p>No Complaints <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting X <input type="checkbox"/> Color <input type="checkbox"/> Last BM <input type="checkbox"/> Color <input type="checkbox"/> Diarrhea X <input type="checkbox"/> Pain <input type="checkbox"/> Abdominal Tenderness <input type="checkbox"/> Mild <input type="checkbox"/> Dry <input type="checkbox"/> Abdomen <input type="checkbox"/> Distended <input type="checkbox"/> Tender <input type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Nontender <input type="checkbox"/> Bowel Sounds <input type="checkbox"/> Present X <input type="checkbox"/> Absent <input type="checkbox"/> Hyper <input type="checkbox"/> Hypo</p>	<p><b>MUSCULOSKELETAL/INTEGUMENTARY</b> <input checked="" type="checkbox"/> N/A</p> <p>No Complaints <input type="checkbox"/> Injury Time Location</p> <p>RA: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Decreased <input type="checkbox"/> Abnormal <input type="checkbox"/> Decreased <input type="checkbox"/> Abnormal <input type="checkbox"/> Normal <input type="checkbox"/> Decreased <input type="checkbox"/> Abnormal <input type="checkbox"/> Normal <input type="checkbox"/> Decreased <input type="checkbox"/> Abnormal</p> <p>ROM: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Decreased <input type="checkbox"/> Abnormal</p> <p>Palpation: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Decreased <input type="checkbox"/> Abnormal</p> <p>Other: <input type="checkbox"/> Bleeding <input type="checkbox"/> Deformity <input type="checkbox"/> Laceration <input type="checkbox"/> Rotated <input type="checkbox"/> Swelling <input type="checkbox"/> &lt; 2 sec <input type="checkbox"/> &gt; 2 sec</p>
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<p><b>RESPIRATORY</b> <input checked="" type="checkbox"/> N/A</p> <p>BREATH SOUNDS: <input type="checkbox"/> Present <input type="checkbox"/> Clear <input type="checkbox"/> Diminished <input type="checkbox"/> Wheezes/Rhonchi <input type="checkbox"/> Crackles <input type="checkbox"/> Chest Expansion: <input type="checkbox"/> Symmetrical <input type="checkbox"/> Asymmetrical <input type="checkbox"/> Tenderness</p> <p>COUGH: <input type="checkbox"/> Productive <input type="checkbox"/> Non-productive</p>	<p><b>GENITOURINARY</b> <input checked="" type="checkbox"/> N/A</p> <p>No Complaints <input type="checkbox"/> Urinary: <input type="checkbox"/> Frequency <input type="checkbox"/> Urgency <input type="checkbox"/> Burning <input type="checkbox"/> Hematuria <input type="checkbox"/> Pressure <input type="checkbox"/> Pain <input type="checkbox"/> Penile D/C Color <input type="checkbox"/> Urine Color</p>
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BLOOD PRODUCTS										
TIME	BLOOD PRODUCTS	UNIT #	IV #	GAUGE	SITE	RATE	PUMP	TIME DC'D	AMT INFUSED	INITIALS
				EA		cc/hr	Y / N			cc
				EB		cc/hr	Y / N			cc
				EC		cc/hr	Y / N			cc
				ED		cc/hr	Y / N			cc
				EE		cc/hr	Y / N			cc
				EF		cc/hr	Y / N			cc
				EG		cc/hr	Y / N			cc

INTAKE AND OUTPUT							
INTAKE	TOTAL	INITIALS	OUTPUT	OUTPUT CHARACTER	TOTAL	INITIALS	
Blood			Foley/voided				
Collon			NG/Emesis				
Crystalloid			Chest Tubes				
FFP			AUTO Transfusion				
Platelets			Other				
Auro Transfusion							
NO							
PO							
Other							
Total Intake	cc		Total Output				cc

SPECIAL PROCEDURES				
TIME	AIRWAY	COMMENTS	BY WHOM	RESULTS
	O <sub>2</sub> via <input type="checkbox"/> <input type="checkbox"/> l/min			Site: ET NC MASK
	Endotracheal Intubation			Size: _____ cm to _____ cm
	Nasotracheal Intubation			R L Narco <input type="checkbox"/> _____ cm
	Cricothyrotomy			Size: _____
				Position: _____
	IV	COMMENTS	BY WHOM	RESULTS
	Level I Fluid Warmer			IV #:
	Central Line			IV #:
	Cur Down IV			IV #:
	Intraosseous IV			IV #:
	Arterial Line			IV #:
	CHEST	COMMENTS	BY WHOM	RESULTS
	Chest Tube #1			Site: Site: R / L
	Chest Tube #2			Site: Site: R / L
	Thoracotomy			
	Pericardiotomy			
	Aurotransfusion			
	ABDOMEN	COMMENTS	BY WHOM	RESULTS
	Foley Catheter			Size: Dip + - N/A
	NG Tube			Size: Dip + - N/A
	OG Tube			Size: Dip + - N/A
	Gastric Lavage			Size: Dip + - N/A
	Peritoneal Lavage			
	OTHER	COMMENTS	BY WHOM	RESULTS
	Hypothermia Tx			
	Suture			Site: Type:
	Split			Site: Type:
	Cast			Site: Type:
	Debriment			Site: Type:
	Dressing			Site: Type:
	Cardiac Pacer / Defibrillator			
	SAFETY	COMMENTS	BY WHOM	RESULTS
	Call light within reach			
	Side rails up			
	Bed in low / locked position			

000035



SELF MEMORIAL HOSPITAL  
GREENWOOD, SOUTH CAROLINA  
EMERGENCY DEPARTMENT REPORT

PATIENT: LUKIE, TINA

CHART #: 1289602

DATE OF SERVICE: MAY 02, 1997

CHIEF COMPLAINT: Right arm pain.

**HISTORY OF PRESENT ILLNESS:** This is a 28-year-old black female who presents to the Emergency Department with the complaint of right arm shoulder pain over the past week. She describes pain that radiates from her upper arm to her wrist area. She states that she recently started a new job at Greenwood Mop and Broom Manufacturer. She started last Tuesday. The particular job that she works requires her to do a lot of pulling from overhead position, gripping activities which she does eight hours a day Monday through Friday. She denies any specific injuries to her arm. She has no radicular complaints. She does complain of some throbbing pain at nights.

**CURRENT MEDICATIONS:** None.

**REVIEW OF SYSTEMS:** Last menstrual period was second week of April. She has no known drug allergies.

**PHYSICAL EXAMINATION:**

**VITAL SIGNS:** She is five four at 142 pounds. Temperature 98.6 degrees, pulse 74, respiratory rate 20, blood pressure 93/63.

**GENERAL:** She is a black female who is in no acute distress. She is alert and oriented times three.

**EXTREMITIES:** Examination of her right arm shows no gross swelling or defects. She has good range of motion of her shoulder. She does have some tenderness palpable over the volar area of her wrist. No obvious swelling. Radial pulses are 2+. She has some mild increase in pain with flexion of her hand. Negative          or Phalen sign at this time. Motor sensory examination is equal bilaterally.

**DISCHARGE DIAGNOSIS:**

1) Overuse injury, right arm and wrist.

**PLAN:** She will be placed in a right wrist cock-up splint for the next seven days and will be given a work note for light duty over the next seven days with specifics for no heavy lifting, no excessive work with her right arm, no excessive gripping or pulling activities during this time. She will also be placed on Naprosyn 375 mg three times a day to take with food. She will follow up as needed.

  
\_\_\_\_\_  
Vincent Gore, M.D.

VG/plm

DD: 05/02/97

DT: 05/03/97

CC FAXED TO: NONE DICTATED

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00099

**EMERGENCY ROOM CONSULTATION:**

Patient: MAYERS, TINA Physician Clinical Report  
MRN: M001622161 Newberry County Memorial Hospital  
VisitID: V00000225765 2669 Kinard Drive, Newberry, SC 29108 803-276-7570  
39y, F Registration Date/Time: 01/28/2008 19:48

Time Seen: 20:28.  
Arrived- By private vehicle. Historian- patient.

**HISTORY OF PRESENT ILLNESS**

Chief complaint- UPPER EXTREMITY PAIN and SWELLING (started 1 1/2 week ago hurting off and on in lt shoulder. now pain constantly (aching), sharp pain with certain movement. she has no radiation of the pain. no n/v, no SOB, no feeling weak or dizziness. she is a cna and does a lot of lifting. she is right handed. she has never had anything like this before.). Severity is described as being moderate in degree. It has become recently worse. The quality is noted to be sharp. No radiation. Modifying factors (raising arm). Symptoms located in the area of the left shoulder. No symptoms located in the left clavicle area, left scapula area or left arm area. She has had swelling, (she reports intermittent mild swelling in left shoulder and arm. none now). No chest pain, difficulty breathing, sensory loss. motor loss or repetitive hand use at work. The patient has not had redness. Patient denies an injury.

Patient has not had similar symptoms previously.

Not recently seen/assessed.

**REVIEW OF SYSTEMS**

No fever, chills, skin rash, enlarged lymph nodes or neck pain. No nausea or vomiting. All systems otherwise negative, except as recorded above.

**PAST HISTORY**

asthma-controlled with occ. use of otc primatene  
she takes bc powder and aleve for "arthritis pain". The patient's dominant hand is the right.

No history of previous surgery.

Medications: None.

Allergies: No known drug allergies.

**SOCIAL HISTORY**

Smoker: 1 pack per day. No alcohol use or drug use. Has good social support.

**FAMILY HISTORY**

Asthma in sibling.

**ADDITIONAL NOTES**

The nursing notes have been reviewed.

**PHYSICAL EXAM**

Appearance: Alert. Oriented X3. No acute distress.  
Vital Signs: Have been reviewed (BP: 121 / 74. HR: 97. RR: 16 regular. Temp: 97.7 oral. O2 saturation: 96 %).  
Neck: Normal inspection. Neck supple.  
CVS: Normal heart rate and rhythm. Heart sounds normal.  
Respiratory: No respiratory distress. Breath sounds normal.  
Abdomen: Abdomen soft and nontender.  
Back: Normal inspection. No back tenderness. ROM normal.

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00100

Skin: Skin intact. Normal skin color and turgor. Skin warm and dry.  
Extremities: Upper extremities normal to inspection. Upper extremities nontender. No upper extremity edema. Left shoulder. Limited ROM due to pain (diminished abduction and internal rotation). Neurovascular intact distally. Extremities otherwise negative.  
Neuro: Oriented X 3. No motor deficit. No sensory deficit. Reflexes normal.  
Reflex exam: left biceps 2+ and left brachioradialis 2+.

PROGRESS AND PROCEDURES

E.D. Course: 20:50. PREDNISONE 30MG PO PRIOR TO D/C.

Disposition: Discharged home in good condition.

CLINICAL IMPRESSION

Bursitis left shoulder.

INSTRUCTIONS

Apply ice intermittently (15-20 minutes at a time 4-6 times daily). No lifting greater than 10 lbs for 7 days (WITH LEFT ARM). Do not work for three days. DO NOT TAKE ANY ALEVE, MOTRIN, BC POWDER, OR OTHER OVER THE COUNTER ANTI-INFLAMMATORY MEDICATIONS WHILE YOU ARE TAKING THE PREDNISONE. IT MAY UPSET YOUR STOMACH IF YOU DO. DO NOT EXCESSIVELY USE ALEVE AND BC POWDER ON A REGULAR BASIS. WHEN YOU TAKE THEM, TAKE PRILLOSEC OTC AS DIRECTED ON PACKAGE TO PROTECT YOUR STOMACH..

Warnings:

GENERAL WARNINGS: Return or contact your physician immediately if your condition worsens or changes unexpectedly, if not improving as expected, or if other problems arise.

Prescription Medications:

Darvocet-N 100 mg: take 1 orally every 6 hours as needed for pain. Dispense fifteen (15). No refills. Generic substitute OK.  
Medrol Dosepak: take according to package directions. Dispense 1 dosepak. No refills. Generic substitute OK.

Follow-up:

Return to the emergency department as needed. Follow up with an orthopedic surgeon in seven days if not better.

Understanding of the discharge instructions verbalized by patient.

(Electronically signed by KELLER, SHANA, N.P. 01/28/2008 22:57)

Patient: MAYERS, TINA Nurse Clinical Report  
MRN: M001622161 Newberry County Memorial Hospital  
VisitID: V00000225765 2669 Kinard Drive, Newberry, SC 29108 803-276-7570  
39y, F Registration Date/Time: 01/28/2008 19:48

TRIAGE

Initial Assessment

BP: 121 / 74. HR: 97. RR: 16 regular. Temp: 97.7 oral. O2 saturation: 96 %.  
Alert. Glasgow Coma Scale: 15. Revised trauma score: 12. No acute distress.  
Weight = 168 (per patient report). Height = 5' 4" (per patient report).  
--1958 Inman, Teresa, R.N..

Medications

(aleve, BC powder. primetine mist for asthma.). --1958 Inman, Teresa, R.N..

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Allergies

No known drug allergies. --1958 Inman, Teresa, R.N..

History

Chief Complaint: Location of injuries- left arm.

This occurred (about a week ago).

Arrived by private vehicle. Historian: patient. Patient has a primary care physician. Primary physician (none). --1954 Inman, Teresa, R.N.

(pt states she injured her arm lifting pts at work, she is a CNA and reports that she lifted a pt a week or so ago and now has pain and swelling to her left arm.). (denies other complaints of.).

PAST HX: (asthma).

SOCIAL HX: Smoker. Functional assessment: no impairments noted. The nutritional risk assessment revealed no deficiencies. --1958 Inman, Teresa, R.N..

Interventions

19:54. --1954 Inman, Teresa, R.N.

ID band on patient. To waiting room. --1958 Inman, Teresa, R.N..

NURSING PROGRESS NOTES

(PATIENT TO FT WR TO AWAIT ROOM ASSIGNMENT). --2012 Hood, Melissa, L.P.N.

2015. (PATIENT TO FT ROOM 2 WITH STEADY GAIT). --2019 Hood, Melissa, L.P.N.

(SHANA KELLER, NP @ BEDSIDE FOR EXAM). --2031 Hood, Melissa, L.P.N.

PREDNISONE 30 mg PO.

--2053 Hood, Melissa, L.P.N..

DISPOSITION / DISCHARGE

BP: 123 / 76. HR: 80. RR: 16. Temp: NA. O2 saturation: 98% room air. Wong-Baker pain scale: 2/10. Condition at departure: stable. Fall risk assessment completed. No fall risk identified. No learning barriers present. Teaching performed with the patient. Reviewed medication side effects, precautions, dosing and course; prescription (s) given to the patient. Work note given. Patient verbalized understanding. Written instructions provided in English. The patient was discharged home and accompanied by companion. The patient left the Emergency Department ambulatory and via private vehicle. Companion driving. --2054 Hood, Melissa, L.P.N..

Locked/Released at 01/28/2008 20:55 by Hood, Melissa, L.P.N.

CODING SUMMARY

Patient: MAYERS, TINA DOS: 01/28/2008 MR#: M001622161  
Age/sex: 39y/F Doctor: KELLER, SHANA, N.P. Visit ID: V00000225765  
Template: 35 Upper Extremity Pain

--- CASE COMPLEXITY (marked items only)

-----  
Clinical Impression: Bursitis left shoulder (726.10).

Symptoms: Chief Complaint: upper extremity pain and swelling.  
swelling

000044

00102

Past History: dominant hand: NKDA

Tests & Data:

Data Score = 0 (Low)

Procedures: E.D. Course

Disposition: Discharged home in good condition.

--- HISTORY AND PHYSICAL SUMMARY (marked items only) -----

H & P Analysis: 4 (does not include medical decision-making considerations).

HPI: 6 elements: Context Quality Modifying Factors Severity  
Location Associated Symptoms Free Text

ROS: 5 elements: Constitutional Hemat/Lymphatic Skin GI  
Musculoskeletal

'All systems negative except as marked' is circled.

PFSH: 3 elements: Family Hx Social Hx Past Hx Free Text

Physical Exam Systems: 7 systems: Constitutional Respiratory CVS  
Neurologic Skin GI Musculoskeletal Free Text

Physical Exam Areas: 3 areas: Abdomen Back/spine Neck Free Text

--- CPT CODE ASSIGNMENTS -----

Assigned Level 1 2 3 4 5

Procedures: E.D. Course

Coder Signature: \_\_\_\_\_

This is a partial abstract of information documented in the full record.  
Coder must use independent judgement in selecting codes.

000045

00103

**Certificate of Counsel**

The undersigned hereby certifies that the Record on Appeal contains all material proposed to be included by any of the parties and not any other material.

May 23, 2013

A handwritten signature in black ink, appearing to read "Charles E. Johnson", is written over a horizontal line.

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Attorney for Appellant

THE STATE OF SOUTH CAROLINA  
In The Court of Appeals

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APPEAL FROM SOUTH CAROLINA WORKERS'  
COMPENSATION COMMISSION

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Appellate Case No. 2013-000414

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Tina Mayers,..... Appellant,

v.

OSI Group, LLC/Amick Farms, and  
Federal Insurance Co.,..... Respondents

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PROOF OF SERVICE

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I certify that I have served a copy of the **Record on Appeal** on the following parties, Suzanne Boulware Cole, Esq., and Logan McCombs Wells, Esq., Attorneys for the Respondents, on May 28, 2013, by depositing a copy in the United States Mail, postage prepaid, to the address below:

Suzanne Boulware Cole, Esq.  
Logan McCombs Wells, Esq.  
P.O. Box 5819  
Greenville, SC 29606  
Attorneys for Respondents

**RECEIVED**  
MAY 28 2013  
SC Court of Appeals

May 28, 2013

A handwritten signature in cursive script, appearing to read "Charles E. Johnson", written over a horizontal line.

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