THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

Gene McCaskill, Commissioner
T. Scott Beck, Commissioner
Melody L. James, Commissioner

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SC Court of Appeals

Appellate Tracking Number : 2012-212972
W.C.C. File No. 0905086

Alison Morrett, Employee, Claimant/Appellant.

v.

Capital City Ambulance of GA, Ltd. and
Companion Property and Casualty Group, Employer, Carrier/Respondents,

---

RECORD ON APPEAL
VOLUME 1

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November 21, 2013

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DECISION AND ORDER OF THE
S.C. WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 0905068

ALISON R. MORRETT, CLAIMANT

vs.

CAPITAL CITY AMBULANCE, EMPLOYER

AND

COMPANION PROPERTY AND CASUALTY INSURANCE COMPANY, CARRIER

HEARING:	Held in Aiken, South Carolina on February 6, 2012.
APPEARANCES:	Claimant was represented by J. Bradley Baker, Esquire. Defendants were represented by Michael E. Chase, Esquire.
PURPOSE OF HEARING:	To determine issues as set forth on Form 50 and Form 51.
DECISION AND ORDER:	By Commissioner Derrick Williams
FILED:	April 2, 2012

STIPULATIONS

At the call of the case, the parties stipulated that the South Carolina Workers Compensation Commission had jurisdiction in this case. The purpose of the hearing was to decide issues raised in Claimant's Form 50 and Defendants' Form 51. Notice was timely and properly served upon all parties of interest. Also, both parties stipulated that the Claimant's applicable average weekly wage is $641.21 and the corresponding compensation rate is $427.49. The Claimant seeks benefits under the South Carolina Workers' Compensation Act based upon

an admitted accident which occurred on May 11, 2009. At the hearing the parties agreed that the Claimant had suffered a compensable injury to her right lower extremity. It was the position of the Claimant that the admitted compensable physical injury and the surgeries that followed aggravated her pre-existing psychological condition as well as her pre-existing eating disorder. Claimant was seeking treatment for the psychological and eating disorder. Defendants denied that the Claimant's conditions had been aggravated.

CLAIMANT BIOGRAPHICAL

AGE:	Thirty (30) years of age
SEX:	Female
MARITAL STATUS:	Single
CHILDREN:	None
WORK HISTORY:	Food Server Retail Sales Receptionist in medical office Bank Teller Flight Medic for Air National Guard EMT for Capital City Ambulance
EDUCATION:	Nursing Degree Pursuing Master Degree

MEDICAL EVIDENCE/RATINGS - APA SUBMISSIONS

Pursuant to the South Carolina Administrative Procedures Act, South Carolina Code Ann. §1-23-320 *et seq.* and Regulation 67-612, the parties submitted the following items without objection as evidence in support of their cases;

CLAIMANT'S APA SUBMISSIONS

APA #1	Reports of Alice Barker, M.D. of Lexington Medical Center Occupational Health dated 05/11/2009 to 05/21/2009 consisting of (15) pages.
APA #2	Reports of Marjorie Hobbs, MA, LPC of Christian Counseling Center dated May 18, 2009 to July 25, 2001 consisting of (6) pages.

APA #3 Reports of Barry Oliver, M.D., PA dated 05/21/2009 - 09/08/2009 consisting of (17) pages.

APA #4 Reports of S. Wendell Holmes, Jr., M.D. or Moore Orthopaedics dated 09/15/2009 - 05/11/2011 consisting of (78) pages.

APA #5 Reports of Dana Piasecki, M.D. of OrthoCarolina dated 07/21/2011 - 12/01/2011 consisting of (36) pages.

APA #6 Reports of Health Touch Physical Therapy dated 05/29/2009 - 06/29/2010 consisting of (31) pages.

DEFENDANT'S ADDITIONAL APA SUBMISSIONS

APA #2 Reports of Palmetto Health Baptist dated 02/20/2000 - present consisting of (163) pages.

APA#4 Reports of Palmetto Health Richland dated 08/17/2000 to 03/22/2003 consisting of (232) pages.

APA #5 Reports of MUSC Institute of Psychiatry dated 08/28/2000 to 09/15/2000 consisting of (47) pages.

APA #6 Reports of Lexington Medical Center dated 02/13/2002 consisting of (4) pages.

APA #8 Reports of Jay Markowitz, M.D. & Associates, P.A. dated 03/06/2003 consisting of (1) page.

APA #9 Reports of Marjorie Hobbs, MA, LPC dated 08/12/2004 - present consisting of (96) pages.

APA #10 Reports of Ridgeview Institute dated 01/26/2009 to 02/10/2009 consisting of (325) pages.

APA #12 Reports of Providence Hospital dated 02/17/2009 to 02/23/2009 consisting of (14) pages.

APA #13 Reports of Twelve Mile Creek Family Medicine, Timothy R. Wallace, M.D. dated 12/30/2010 to 02/25/2011 consisting of (5) pages.

APA #14 Reports of the Sports Rehab Center at Moore Orthopaedic dated 02/03/2011 consisting of (1) page.

APA #15 Reports of the Veterans Administration dated 08/08/2011 to 12/07/2011 consisting of (22) pages.

APA #16 Reports of Post Trauma Resources, Nicholas A. Lind, PsyD dated 01/11/2012 to 02/02/2012 consisting of (8) pages.

CLAIMANT'S EXHIBIT

At the hearing on this matter, the Claimant submitted the Depositions of Marjorie Hobbs, MA, LPC as "Exhibit A" and the deposition of Dana Piasecki, M.D. as "Exhibit B" without objection.

STATEMENT OF THE CASE

This matter is properly before me to resolve issues raised in Claimant's Form 50 and in the Defendants' Form 51. This case was heard by the undersigned Commissioner on February 6, 2012, at which time the parties and/or their representatives appeared and evidence was received. Claimant seeks a determination that the admitted compensable injury and the surgeries that followed aggravated her pre-existing psychological condition as well as her pre-existing eating disorder. Claimant seeks authorized medical treatment for the aggravation of her psychological condition and eating disorder. Defendants' deny any aggravation of the Claimant's psychological and/or eating disorder.

MEDICAL EVIDENCE

The Claimant was involved in an admitted physical injury on May 11, 2009 to her right knee. Since that time the Claimant has undergone six (06) surgeries to repair her injured knee, the most recent surgery being conducted on January 23, 2012. Claimant's APAs 3, 4 and 5 contain the records surrounding the six (6) surgeries which have been performed on the Claimant's right lower extremity.

The Claimant has suffered from an eating disorder since she was approximately 14 years of age. In the year 2000 at the age of 18, the Claimant was diagnosed with major depression,

anorexia, bulimia, and borderline personality disorder. The Claimant has been receiving treatment for her diagnoses of major depression, anorexia, bulimia and borderline personality disorder since early 2000. During her ongoing treatment the Claimant has been admitted into psychiatric care, voluntary and involuntary, approximately seventeen times.

The Claimant's current authorized treating physician is Dana Piasecki, M.D. Dr. Piasecki noted in his office visit of October 20, 2011 (Claimant's APA 138-139) that "a long discussion is had today with Alison, her family and the case manager regarding some issues with self-induced vomiting on a regular basis given concerns over her weight as well as relative depression which appears to be limiting her energy level with respect to doing therapy on her own". Dr Piasecki then goes on to state "I have discussed with Alison at some length today that these issues are not terribly surprising given her long surgical history and the prolonged rehab and recovery which is necessary from her current staged operative approach. I do believe that her psychological state is work related given the multiple surgeries which have been involved here and I would recommend that she see a nutritionist as well as get back on an antidepressant which she has previously been prescribed. She should have follow up for this with a psychiatrist in my opinion".

Dr. Piasecki confirmed his opinion in a questionnaire dated November 30, 2011 which was introduced as Claimant's APA 148. Within the questionnaire, Dr. Piasecki confirms that the opinions expressed in his medical note of October 20, 2011 are his opinions to a reasonable degree of medical certainty. Further, in his deposition of January 26, 2012, Dr. Piasecki (referred to incorrectly as Tiasecki by the court reporter) reaffirms his opinions.

After being confronted with the report of Psychologist Lind and the extensive prior treatment and trauma that the Claimant has endured, Dr. Piasecki stated that "I would say that the stress of undergoing as many surgeries as she has, has increased the likelihood of her having

worsening depression and eating disorders more than 50 percent..." (Piasecki Depo. Pg. 9, lines 14-21). At pages 16 and 17 of his deposition Dr. Piasecki opines that the decline in Ms. Morrett's psychological state is causatively related/connected to the physical injury of May 11. 2009 and the subsequent treatment and surgeries that followed. He also opined that the aggravation of Ms. Morrett's eating disorder is causatively related or connected to her physical injury of May 11, 2009 and the treatment and surgeries that followed. At pages 16 and 17 of his deposition, Dr. Piasecki also opines that Ms. Morrett's need for treatment for her psychological decline and exacerbation of eating disorder is related or connected to her physical injury and subsequent surgeries.

Marjorie Hobbs, MA, LPC is a licensed professional counselor who has the unique perspective of having treated the Claimant both before and after the accident. Ms. Hobbs has been treating the Claimant since 2004 and is well aware of the Claimant's history. At page 25 of her deposition, Ms. Hobbs testified that in her opinion the physical injury coupled with the six surgeries, the inability to work, the pain, the isolation, the financial stress and the fear of never regaining full use of her leg has exacerbated Ms. Morrett's psychological condition. Ms. Hobbs also opined that the physical injury coupled with the six surgeries, the inability to work, the pain as well as fear of the unknown has exacerbated Ms. Morrett's eating disorder (see pages 25-26 of Hobbs Depo).

Nicholas A. Lind, PsyD of Post Trauma Resources conducted an evaluation of the Claimant on January 11, 2012. Dr. Lind reviewed the Claimant's medical records provided by the Defendant and Claimant's attorney, conducted psychological testing and clinically interviewed the Claimant. Dr. Lind diagnosed the Claimant with Bulimia Nervosa and opined that this diagnoses is directly related to her military service. (Defendant's APA 1350A). Dr. Lind further opines that the Claimant's inability to complete an intensive outpatient program due to a

medical emergency of a collapsed lung contributes to her ongoing eating behaviors (Defendant's APA 1349). Dr. Lind opines that it is the failure of finishing her treatment and not the work related injury that occurred approximately three months later, that contributes to her ongoing eating behaviors (Defendant's APA 1349).

Defendants' APAs 2, 4, 5, 6, 9, 10 and 12 contain records related to the Claimant's extensive pre-injury treatment for her psychological issues as well as her eating disorder. The records include many of the hospitalizations the Claimant endured prior to her injury.

TESTIMONY FROM HEARING

Ms. Morrett testified that she was born [redacted] and is twenty nine years of age. Ms. Morrett is single and has no dependents (Tr. p. 7, Lines 19 - 25). Ms. Morrett has a two year degree in nursing from Midlands Technical and is currently enrolled online doing an RN to BSN to MSN program (Tr. p. 8, Lines 03 - 05). Ms. Morrett testified that her past employment consisted of waiting tables, working in retail, as a receptionist in a medical office, a bank teller and then she joined the Air Force. Ms. Morrett served in the Air Force from 2005 to 2010 (Tr. p. 8, Lines 06 - 12). Ms. Morrett further testified that she was honorably discharged from the Air Force and that her position held in the military was an EMT (Tr. p. 8, Lines 14 - 18). Ms. Morrett worked in the private sector as an EMT from 2007 to 2009 until the date of her injury (Tr. p. 8, Lines 19 - 22). Ms. Morrett testified that she worked for two different companies (Tr. p. 8, Lines 23-25).

Ms. Morrett testified that she began receiving treatment for depression and her eating disorder in high school at either age 17 or 18 (Tr. p. 9, Lines 06 - 07). Ms. Morrett further testified that this was something that she has struggled with (Tr. p. 9, Lines 08 - 09). Ms. Morrett stated that she has had points in her life that she has done really well and then there has always been situational depression and situational anxiety, but that it has been a continuous process (Tr.

p. 9, Lines 10 - 15). Ms. Morrett testified that she has been hospitalized for her eating disorder on a number of occasions (Tr. p. 9, Lines 16 - 18). Ms. Morrett testified that she was not exactly sure how many times she has been hospitalized but that from 2005 until the present (2012) there was only one hospitalization (Tr. p. 9, Lines 19 – pg. 10, line 2).

Ms. Morrett testified that things happened in her life that impacted her eating disorder and psychological situation (Tr. p. 10, Lines 03 - 08). Ms. Morrett further stated that her family moved a lot, her entire life. Her father was in sales so they never really stayed in one place. (Tr. p. 10, Lines 09 - 13). Ms. Morrett testified that she had been in three elementary schools, two middle schools, two high schools and that she had suffered abuse as a child that she never really dealt with (Tr. p. 10, Lines 13 - 16). Ms. Morrett further testified that she never got along with her family that well (Tr. p. 10, Line 17). That she is the oldest and was always expected to be perfect (Tr. p. 10, Lines 18 - 19). But that she always marched to the beat of her own drum and didn't pick the career choice they want, so she has kind of done her own thing with that (Tr. p. 10, Lines 19 - 22).

Ms. Morrett testified that she had been sexually assaulted (Tr. p. 10, Lines 24 – 25 and Tr. p. 11, Line 1). Ms. Morrett testified that one of the assaults occurred when she was a child and one was when she was an adult (Tr. p. 11, Lines 02 - 05). Ms. Morrett testified that she has been through a divorce (Tr. p. 11, Lines 06 - 07). That she has had issues with her parents and her mother (Tr. p. 11, Lines 08 - 11). That she has had a number of hospitalizations but only one since 2005 (Tr. p. 11, Lines 08 - 14).

Ms. Morrett testified that she began treating with Marjorie Hobbs in 2004, but that she hasn't treated with her consistently all the way from 2004 to now (Tr. p. 11, Lines 17 - 19). Ms. Morrett testified that while in the military she did not treat with Marjorie Hobbs (Tr. p. 11, Lines 19 - 21) Ms. Morrett testified that Marjorie Hobbs was the only person she has treated with both

before and after her on the job injury (Tr. p. 11, Lines 22 - 23) and that she has seen her really consistent in the last year (Tr. p. 11, Lines 24 - 25). Ms. Morrett testified that she probably goes to see Ms. Hobbs a couple of times a month, simply because she cannot afford to go every week (Tr. p. 11, Line 25 and Tr. p. 12, Line 1). Ms. Morrett testified that Marjorie Hobbs is the only provider you has treated her both before this injury and after this injury (Tr. p. 12, Lines 03 - 06).

Ms. Morrett testified that she saw Dr. Lind just one time (Tr. p. 12, Lines 07 - 10) and that she spent about fifty minutes with him (Tr. p. 12, Lines 11 - 12) and that she did testing after that (Tr. p. 12, Lines 16 - 17). Ms. Morrett testified that she had reviewed Dr. Lind's report and that her understanding when she read the report was that he mainly focused on the injury itself and the treatment she had at Ridgeview in 2009 rather than the 3 year ordeal involving six (6) surgeries. (Tr. p. 12, Lines 20 – 25 and Tr. p. 13, Lines 01 - 03). Ms. Morrett further testified that she understood Dr. Lind's report focused a lot around just the single incident and the single treatment in February of 2009 at Ridgeview (Tr. p. 13, Lines 04 - 09) and (Tr. p. 13, Lines 10 - 11). Ms. Morrett testified that she completed the treatment program at Ridgeview and was only temporarily transferred from Ridgeview to the main hospital at Emory. She returned to Ridgeview and stayed until the 17th of February 2009 when she was discharged because she had completed the program (Tr. p. 13, Lines 14 - 19). Instead of being discharged home she was discharged to Wellstar Cobb where she had lung surgery for a collapsed lung (Tr. p. 13, Lines 20 - 25). Ms. Morrett testified that she returned to Ridgeview after the discharge of February 10, 2009 (Tr. p. 14, Lines 12 - 14). Ms. Morrett further testified that she left Ridgeview or was discharged from Ridgeview on February 17 to go straight to the emergency room for her lung (Tr. p. 14, Lines 17 - 20). Ms. Morrett testified that her actual discharge date from Ridgeview was the 17th of February rather than the 10th of February(Tr. p. 14, Lines 21 - 25).

Ms. Morrett testified that she began working for Capital City Ambulance in March of 2009 (Tr. p. 15, Lines 01 - 05). Ms. Morrett testified that she was doing well during that time (Tr. p. 15, Lines 06 - 09). Ms. Morrett testified that she was finally going back to work for the first time since having been deployed and that she was living independently, doing the things that she enjoyed doing like working and being active and having all of those things in her life that normal people have and feeling like a productive member of society (Tr. p. 15, Lines 10 - 17).

Ms. Morrett testified that the day of her injury that she and her partner had gotten a call and it was dark, it was between 4:00 and 5:00 in the morning (Tr. p. 15, Lines 18 - 22) that it had been raining and it was wet, that they had gone to get this person multiple times, that the patient lived on top of a hill and when she was coming out of the patient's house on their sidewalk, she fell down the hill with the stretcher and tore her ACL (Tr. p. 15, Lines 23 – 25 and Tr. p. 16, Lines 01 - 04). Ms. Morrett testified that she had her first knee surgery in May of 2009 (Tr. p. 16, Lines 12 - 13) and that after her first surgery she went to PT and was wearing a brace (Tr. p. 16, Lines 14 - 15). Ms. Morrett testified that she continued to do PT, home exercises and go to the doctor through July or August of 2009 (Tr. p. 16, Lines 16 - 23). In August of 2009 she went to see Dr. Holmes for a second opinion and an MRI (Tr. p. 16, Lines 24 - 25). Ms. Morrett testified that when the MRI was reviewed it was discovered that the ACL was not put in or reconstructed appropriately and then the PCL was also torn inter-operatively and a second surgery was then scheduled to complete those two reconstructions (Tr. p. 17, Lines 01 - 05). Ms. Morrett testified that Dr. Holmes did three of her six surgeries (Tr. p. 17, Lines 06 - 07). Ms. Morrett testified that at some point in 2011, Dr. Holmes was done with doing trial and error but knew something was still not right so he referred her to Dr. Piasecki in Charlotte at OrthoCarolina (Tr. p. 17, Lines 08 - 13). Ms. Morrett testified that she has had two surgeries with Dr. Piasecki (Tr. p. 17, Lines 14 - 15).

Ms. Morrett testified that recovery after each one of her surgeries consists of no driving for six to eight weeks, then starting the PT process over each time and then it is a waiting game (Tr. p. 18, Lines 03 - 06). Ms. Morrett testified that she has not been able to work since her injury (Tr. p. 18, Lines 07 - 08) and that she has experienced pain since her injury (Tr. p. 18, Lines 09 - 10). Ms. Morrett testified that the injury and the surgeries that followed have definitely caused problems in her life (Tr. p. 18, Lines 11 - 14). Ms. Morrett further testified that she was an extremely active person, she was a runner doing triathlons and to go from that level of activity in her life to nothing in a three second fall down a hill has completely changed everything (Tr. p. 18, Lines 14 - 20). Ms. Morrett further testified that she wanted to be rehabilitated and she wants to return to work because she is young (Tr. p. 18, Lines 20 - 22) and that she cannot stand the thought of not being able to be a nurse and do what she wants to do (Tr. p. 18, Lines 22 - 25). Ms. Morrett testified that not being able to drive, trying to find rides to appointment and having people come to her is a very isolating (Tr. p. 18, Line 25 and Tr. p. 19, Lines 01 - 04).

Ms. Morrett testified that the injury has impacted her life financially and that getting a percentage of your pay compared to the full pay is a hit (Tr. p. 19, Lines 05 - 07) but that also she feels that she is losing because she is not able to go to work as a nurse, that it is definitely a struggle (Tr. p. 19, Lines 08 - 10).

Ms. Morrett testified that the injuries and subsequent surgeries have affected her preexisting depression and eating disorder (Tr. p. 19, Lines 11 - 14) and that the whole rehabilitation period has spun out of control and has taken a toll on her psyche (Tr. p. 19, Lines 15 - 22). Ms. Morrett further testified that there have been times when her eating disorder and depression have interfered with her recovery (Tr. p. 19, Lines 23 – 25) especially after the surgery in September of last year and that is the one that threw her over the edge (Tr. p. 20, Lines

01 - 04). She further testified that she did not have the energy or appropriate nutrition and had some problems with the bone healing the right way (Tr. p. 20, Lines 05 - 07). Ms. Morrett testified that physical therapy was a lot slower than normal and that because the bone was not healing properly they could not progress like normal (Tr. p. 20, Lines 08 - 14).

Ms. Morrett testified that she just had surgery before the hearing and that she still had staples in her leg, approximately 50 or 70 total (Tr. p. 20, Lines 15 - 19). Ms. Morrett testified that she would return sometime this week to hopefully have the staples removed and then she would begin the PT process (Tr. p. 20, Lines 20 - 25) and that recovery could take from nine to twelve months but that she will probably have to have one to two more minor knee surgeries or scopes to clean out the scar tissue and everything else that has accumulated over time and have a better recovery with better mobilization (Tr. p. 20, Lines 25 and Tr. p. 21, Lines 01 - 06).

Ms. Morrett testified in February and March of 2009 that she was in a different spot having finished up treatment for her eating disorder, going back to work and being more active (Tr. p. 21, Lines 07 - 15) Ms. Morrett testified this whole process over almost three years has changed it all and that an accumulation of everything just finally took its toll over the three year period (Tr. p. 21, Lines 16 - 22). Ms. Morrett testified that her mental condition and eating disorder were not exacerbated immediately after the injury but that her conditions have been exacerbated over time due to the multiple surgeries (Tr. p. 21, Lines 23 – 25 and Tr. p. 22, Lines 01 - 04). Ms. Morrett further testified that prior to the hearing she had voluntarily signed multiple authorizations in this case (Tr. p. 22, Lines 05 - 08) and have allowed the Defendants to obtain most of her medical records from the past (Tr. p. 22, Lines 09 - 11) she further testified that she had also signed releases for the Defendants to obtain her military records (Tr. p. 22, Lines 12 - 14).

Ms. Morrett testified that she does feel she needs more intense treatment at this time (Tr. p. 22, Lines 15 - 18) and she further testified that she and Marjorie Hobbs have discussed the limitations to what Marjorie Hobbs can do as well as the financial limitations on herself because of only receiving sixty percent of her income (Tr. p. 22, Lines 18 - 22). She testified that she could not afford to live and make the payment to her once or twice a week, every week, monthly and that she has no resources outside of herself (Tr. p. 22, Lines 23 – 25 and Tr. p. 23, Line 01). Ms. Morrett testified that she sees Marjorie Hobbs on a self pay basis (Tr. p. 23, Lines 02 - 03) and that she is not able to get inpatient treatment on her own (Tr. p. 23, Lines 04 - 06). Ms. Morrett testified that when she was injured she had insurance through Capital City and that after the injury occurred, her insurance coverage was terminated (Tr. p. 23, Lines 07 - 13). Ms. Morrett testified that she does have VA benefits (Tr. p. 23, Lines 14 - 15) but that they do not have the resources to treat her (Tr. p. 23, Lines 15 - 16). She stated that she has gone to them multiple times and tried to seek treatment and that they're researching it, but as of now, because it isn't service related, they are not going to pay for it (Tr. p. 23, Lines 17 - 19). Ms. Morrett testified that she wants inpatient treatment (Tr. p. 23, Lines 20 - 21) and that she feels this time will be different because she is in a different place in her life (Tr. p. 23, Lines 22 – 25 and Tr. p. 24, Line 01). Ms. Morrett testified that she has a degree she wants to use and that she wants to return to school whenever she can. She now has goals and things she wants to do that she didn't want back then, that being younger she was in a different place (Tr. p. 24, Lines 02 - 07). Ms. Morrett testified that her maturity level and just being older has changed where she is (Tr. p. 24, Lines 08 - 13).

On Cross Examination by Mr. Chase: Ms. Morrett testified that she had the idea of an eating disorder when she was twelve but she didn't take any action towards it until she was around thirteen or fourteen, early adolescence (Tr. p. 24, Lines 20 – 25 and Tr. p. 25, Lines 01 -

04). Ms. Morrett testified that she was living in Atlanta during this time (Tr. p. 25, Lines 05 - 06). She further testified that she did notice a weight loss at that time that it comes and goes, being pretty situational, but at that age she did notice weight loss (Tr. p. 25, Lines 07 - 11). Ms. Morrett testified that she had her first hospitalization at Palmetto Health Baptist at the age of 17 (Tr. p. 25, Lines 15 - 17). She further testified that the first hospitalization was February 20, 2000 and that she was diagnosed with major depression and anorexia (Tr. p. 25, Lines 22 – 25 and Tr. p. 26, Lines 01 – 02). She further testified that she continued on in the hospital through March 22, 2000 and that it was an extended stay (Tr. p. 26, Lines 03 - 05). Ms. Morrett testified that during this time she had gotten down to ninety five pounds (Tr. p. 26, Lines 06 - 08) and that she had a feeding tube (Tr. p. 26, Lines 09 - 10). Ms. Morrett further testified that she went directly from the first hospital admission to her second, a residential program in Arizona at Remuda Ranch (Tr. p. 26, Lines 11 - 17) and that the residential program was private pay (Tr. p. 26, Lines 17 - 20). Ms. Morrett testified that her stay at Remuda Ranch was seventy five days (Tr. p. 26, Line 25 and Tr. p. 27, Lines 01 - 02). Ms. Morrett further testified that her stay at Remuda Ranch was extended due to her physical labs as well as some compliance issues with what they were trying to do at that point in her life (Tr. p. 27, Lines 03 - 13). Ms. Morrett testified that her third hospital admission was in June of 2000 (Tr. p. 27, Lines 14 - 17) and that admission was to Palmetto Health Baptist (Tr. p. 27, Lines 18 - 19). Ms. Morrett testified that their diagnoses at that time included self mutilating (Tr. p. 27, Lines 20 - 22) she further testified that she felt that Remuda Ranch did not help her (Tr. p. 27, Lines 23 – 25 and Tr. p. 28, Line 01). Ms. Morrett testified that her fourth admission was at MUSC from August 28 through September 7, 2000 (Tr. p. 28, Lines 02 - 08) and that her diagnoses at MUSC was bulimia (Tr. p. 28, Lines 09 - 11). She further testified that her fifth hospital admission was also to MUSC (Tr. p. 28, Lines 15 - 17). Ms. Morrett testified that her sixth hospital admission was in Columbia at

Palmetto Health Baptist in August of 2001 (Tr. p. 28, Lines 18 - 21) and at that time she was down to weighing seventy pounds (Tr. p. 28, Lines 22 - 25). Ms. Morrett testified that her seventh admission was at Palmetto Health Baptist on February 13, 2002 (Tr. p. 28, Line 25 and Tr. p. 29, Lines 01 - 03). Ms. Morrett further testified that during this stay she applied for Mercy Ministries but was never accepted due to the year and a half to two year waiting period (Tr. p. 29, Lines 04 – 08). Ms. Morrett testified that Mercy Ministries was an inpatient or resident program (Tr. p. 29, Lines 09 - 11). Ms. Morrett testified that her eighth admission was to Richland Springs from April 8 through the 16th of 2002 (Tr. p. 29, Lines 12 - 14) and that her ninth admission was to Palmetto Health Richland in Columbia from June 8th through the 14th of 2002 (Tr. p. 29, Lines 15 - 18). Ms. Morrett further testified that she was committed as an inpatient to Bryan Psychiatric, but couldn't remember when she went (Tr. p. 29, Lines 19 – 25 and Tr. p. 30, Lines 01 - 02) and that she believed she was inpatient at Bryan Psychiatric for three days (Tr. p. 30, Lines 03 - 04). Ms. Morrett testified that her parents had her committed (Tr. p. 30, Lines 05 - 07). She further testified that her tenth admission was to Richland Springs on March 7th through the 27th of 2003 (Tr. p. 30, Lines 08 - 10) and that her eleventh admission was from June 1 through June 3, 2004 at Palmetto Health Baptist (Tr. p. 30, Lines 11 - 14). Ms. Morrett testified that she had a diagnosis at this time of obsessive compulsive disorder as well (Tr. p. 30, Lines 15 - 17). She further testified that her thirteenth admission was from August 6 2004 to August 12, 2004 (Tr. p. 30, Lines 22 - 24). Ms. Morrett testified that she could not recall why at that time she had asked for a feeding tube, but what came to mind was that if somebody else did it for her then she wouldn't have to deal with it and she could work on everything else in her life (Tr. p. 31, Lines 01 - 08). She further testified that she began treating with her counselor, Marjorie Hobbs, later that same month when released from Palmetto Health Baptist, around August 19, 2004 (Tr. p. 31, Lines 09 - 13). She further testified that she weighed 101 pounds

when she began treating with counselor Hobbs and that counselor Hobbs took a very long history from her when she first started treating her (Tr. p. 31, Lines 14 - 21) and that on her second visit with counselor Hobbs she requested that she contact Dr. Dodds to see if they'd be willing to take her back (Tr. p. 31, Lines 22 - 25). Ms. Morrett testified that Dr. Dodds was a medical doctor and that counselor Hobbs requested she be followed medically while treating with her (Tr. p. 31, Line 25 and Tr. p. 32, Lines 01 - 02). Ms. Morrett testified that during this time she was still receiving short term disability from her previous employer, a doctor's office (Tr. p. 32, Lines 03 - 07) and that the short term disability was for her psychological problems (Tr. p. 32, Lines 08 - 10). She further testified that she was under their disability program for maybe a month and did receive payments for a month (Tr. p. 32, Lines 11 - 13). Ms. Morrett testified that she continued treating with counselor Hobbs throughout 2004 (Tr. p. 32, Lines 15 - 17). She further testified that she reported taking "Stackers" which are diet pills (Tr. p. 32, Lines 18 - 19).

Ms. Morrett testified that she began school in late 2004 or early 2005 (Tr. p. 32, Line 25 and Tr. p. 33, Lines 01 - 02) and that these were her nursing classes and prerequisites (Tr. p. 33, Lines 03 - 04). Ms. Morrett testified that during this time her bulimia symptoms would flare up and then go back down (Tr. p. 33, Lines 05 - 07). Ms. Morrett testified that during a visit with counselor Hobbs on March 23, 2005 she reported that her bulimia had improved but then she suffered a setback at the beach (Tr. p. 33, Lines 08 - 12). Ms. Morrett testified that she officially enlisted in the Air Force in October of 2005 but due to school, she did not leave to go to basic training until January of 2006 (Tr. p. 33, Lines 16 - 20). She further testified that her first visit with counselor Hobbs after basic training was November 29, 2006 (Tr. p. 33, Lines 21 - 25). She further testified that she reported to counselor Hobbs that she was throwing up "sometimes" (Tr. p. 34, Lines 01 - 03). Ms. Morrett testified that when she saw counselor Hobbs on December 13, 2006, she reported that she was throwing up two times a week and restricting her diet (Tr. p. 34,

Lines 04 - 07). She further testified that on January 31, 2007 she reported to counselor Hobbs that she was still restricting and purging daily and reported that "this time it's different and it's scaring me" (Tr. p. 34, Lines 11 - 17). Ms. Morrett testified that she reported to counselor Hobbs on February 6, 2007 that she had gone to court and committed to long-term residential treatment center, Remuda Ranch (Tr. p. 34, Lines 18 - 25).

Ms. Morrett testified that she worked for an ambulance service for a couple of months prior to working for the employer (Tr. p. 35, Lines 06 - 09) and that she continued to treat with counselor Hobbs (Tr. p. 35, Lines 10 - 12) and that she still had all the purging problems and bulimia problems throughout 2007 but that there were times when it was better and when it was worse (Tr. p. 35, Lines 13 - 17). She further testified that despite counselor Hobbs wanting her to have more intensive treatment in 2007 she rejected that because she was in the military and was trying to do a lot of things at that point and that she didn't see the importance of it at that point (Tr. p. 35, Lines 18 - 24).

Ms. Morrett testified that she reported to counselor Hobbs on July 17, 2007 that she denied having a "real problem" (Tr. p. 35, Line 25 and Tr. p. 36, Lines 01 - 05). She further testified that on September 11, 2007 she called counselor Hobbs and terminated the counseling relationship stating that she was not ready to change and didn't feel ready to continue therapy (Tr. p. 36, Lines 06 - 12). She further testified that she resumed treatment with counselor Hobbs in February of 2008 (Tr. p. 36, Lines 13 - 17) and that she was enrolled in a full school schedule at that time (Tr. p. 36, Lines 18 - 20). She further testified that she reports to throwing up daily, restricting her diet, losing weight and being depressed (Tr. p. 36, Lines 21 - 23). Counselor Hobbs again recommended Remuda Ranch but she rejected that and asked for something local (Tr. p. 36, Lines 24 - 25) because it is really expensive and she has no one else and no other

means of financial support (Tr. p. 37, Lines 01 - 04). Ms. Morrett testified that she did not go at that time but did go later in 2009 (Tr. p. 37, Lines 05 - 07).

Ms. Morrett testified that she was married in April of 2008 (Tr. p. 37, Lines 11 - 12) she further testified that her husband went to her commanding officer and reported her eating disorder and that is how the military found out about her eating disorder (Tr. p. 37, Lines 18 - 23). She testified that she was officially divorced in February or March of 2009 (Tr. p. 38, Lines 04 - 05).

Ms. Morrett testified that she applied for a position with the employer in January of 2009 but did not go to work until March of 2009 (Tr. p. 38, Lines 12 – 15). She further testified that she reported to counselor Hobbs on January 12, 2009 that "I need an intervention" which meant she needed some inpatient treatment (Tr. p. 38, Lines 16 - 20) and that she was admitted approximately a week later, on January 26, 2009 to Ridgeview Institute (Tr. p. 38, Lines 21 - 24). Ms. Morrett testified that the military did not require her to do it, but that her job could have been on the line, but they didn't force her (Tr. p. 38, Line 25 and Tr. p. 39, Lines 01 – 04) but that she knew she had to go to keep her job in the military (Tr. p. 39, Lines 05 - 07).

Ms. Morrett testified she didn't know how she hurt her lung, that she woke up feeling like she had the flu, they took her to x-ray and found that her lung had collapsed (Tr. p. 39, Lines 11 - 15). She further testified that she was never scheduled to partake in the intensive outpatient program at Ridgeview Institute because her insurance wouldn't pay for it and that when she was discharged on February 17th she had completed the program (Tr. p. 39, Lines 17 - 25). Ms. Morrett testified that she received treatment for her lung at Wellstar in Atlanta (Tr. p. 40, Lines 14 - 15) and that once she was released from Ridgeview she saw counselor Hobbs three more time before her knee injury (Tr. p. 40, Lines 18 - 21). Ms. Morrett testified that prior to entering Ridgeview she spent two weeks alone, taking diet pills, laxatives and purging (Tr. p. 40, Lines

23 – 25 and Tr. p. 41, Line 01). She further testified that she had an appointment with a dietician Wilkerson, but never went there (Tr. p. 41, Lines 03- 05). Ms. Morrett testified that she is currently seeing a dietician at the VA (Tr. p. 41, Lines 06 - 09) and further testified that she had seen one when she returned from Remuda in 2000 and also in treatment (Tr. p. 41, Lines 10 - 13).

Ms. Morrett testified that she did not recall stating to counselor Hobbs on March 23, 2009, "purging a lot last week. Wont' go to dietician." but would not disagree with it if it's in her records (Tr. p. 41, Lines 14 - 22).

Ms. Morrett testified that she continued seeing counselor Hobbs and that she would discuss her stress about money, her knee, problems with her mom and her living situation (Tr. p. 42, Lines 01 - 10). She also discussed her new relationships, including one with a police officer and that she continued to have problems with purging but it was not as severe at that point, in 2009 (Tr. p. 42, Lines 11 - 18). She further testified that counselor Hobbs was still recommending as of August 24, 2009 that she see a dietician (Tr. p. 42, Lines 21 - 23). Ms. Morrett testified that she returned to school in January 2010, attending in person, at Midlands Tech but what was offered online she took online (Tr. p. 43, Lines 01 - 09). She further testified that she moved in with her boyfriend in April of 2010 and was making friends at school (Tr. p. 43, Lines 12 - 17) and that during the time of her final exams she broke up with her boyfriend and was still not speaking to her mother at that point (Tr. p. 43, Lines 18 - 24). She further testified that again in December of 2010, counselor Hobbs was recommending that she have some kind of inpatient treatment for her eating disorder (Tr. p. 43, Line 25 and Tr. p. 44, Lines 01 - 03) and that she refused at that time because she had no insurance (Tr. p. 44, Lines 04 - 05). She further testified that she worked for the employer for two months and received day one benefits (Tr. p. 44, Lines 06 - 09).

Ms. Morrett testified in the beginning of 2011 that she reported to counselor Hobbs that she was experiencing anxiety over school starting back up and was still resistant to seeing a dietician at this time (Tr. p. 44, Lines 10 - 15). She further testified that she checked herself into a clinical trial at UNC Chapel Hill for her eating disorder, but that she had to live local to participate (Tr. p. 44, Lines 16 - 18). She testified that in February of 2011 that she discussed with counselor Hobbs inpatient treatment at a place called Magnolia Creek (Tr. p. 44, Lines 19 - 22) and that she passed her nursing boards in March of 2011 (Tr. p. 44, Lines 23 - 25). Ms. Morrett was evaluated by the VA Hospital on July 28, 2011 (Tr. p. 45, Lines 06 - 10) where she reported to them that she had 17 prior inpatient psychiatric treatments for bulimia, anxiety and depression (Tr. p. 45, Lines 11 - 14). She further testified that on October 18, 2011 she reported to the VA Hospital that she wanted outpatient treatment for bulimia, but not at the VA, because every time she goes into the VA she has never seen another female in there, but she is now followed consistently by a female doctor at the VA who has agreed that they do not have a program for this specific issue and that the road block they were running into was it was not service related (Tr. p. 45, Lines 15 – 25 and Tr. p. 46, Lines 01 - 02). She testified that her weight was 112 pounds on October 18, 2011 (Tr. p. 46, Lines 03 - 05). She further testified that on November 2, 2001 she saw a Wendy Wang, who is a psychiatrist at the VA, but that she only saw her one time and then that Wang was deployed and they reassigned her to another doctor (Tr. p. 46, Lines 06 - 11). Ms. Morrett testified that during her visit at the VA on December 2, 2011 she wanted the VA to refer her directly to a VA facility that has an eating disorder inpatient unit (Tr. p. 46, Lines 12 - 16). She further testified that she had reviewed Dr. Lind's letter issued January 23, 2012 but had not presented it to the VA because she hadn't had an appointment since getting the letter (Tr. p. 46, Lines 17 – 25 and Tr. p. 47, Lines 01 - 03). Ms. Morrett testified that

she was aware of Dr. Lind's opinion that her bulimia nervosa is directly related to her military services (Tr. p. 47, Lines 04 - 08).

Ms. Morrett further testified that she met with Dr. Lind for about an hour (Tr. p. 47, Lines 10 - 11) and she acknowledge to Dr. Lind that she engaged in purging behaviors during her final week of her hospital stay at the Ridgeview institute (Tr. p. 47, Lines 13 - 16). She further testified that she confided in Dr. Lind and revealed to him that by the last week of her stay at Ridgeview she had learned that by waiting for a certain amount of time to elapse after eating she could vomit without being detected (Tr. p. 47, Lines 17 - 22). Ms. Morrett also testified that she explained to Dr. Lind that when she was serving her third year in the US Air Force she found that assignment to have lack of structure and that was stressful to her (Tr. p. 47, Lines 23 – 25 and Tr. p. 48, Lines 01 - 03). Ms. Morrett acknowledged that she reported to Dr. Lind that she lost thirty to thirty five pounds in approximately thirty months during that deployment (Tr. p. 48, Lines 04 - 07). She further testified that her weight at the present time is 109 pounds (Tr. p. 48, Lines 08 - 11) and that when she first started seeing counselor Hobbs, back in 2004 she was 101 pounds (Tr. p. 48, Lines 12 - 15). Ms. Morrett testified that she was currently still in school (Tr. p. 48, Lines 16 - 17) and that she was currently working on her BSN and taking all courses online (Tr. p. 48, Lines 16 - 22). She testified that she was taking those courses through Chamberlain College, nursing (Tr. p. 48, Line 25 and Tr. p. 49, Line 1).

Ms. Morrett testified that before the recent surgery of last month she was back to driving her Toyota Camry (Tr. p. 49, Lines 02 - 05) and that when she traveled to her deposition she did not use a cane (Tr. p. 49, Lines 06 - 08). She further testified that she was back to doing some grocery shopping and was able to cook her own meals (Tr. p. 49, Lines 09 - 12) before the latest surgery.

Based upon the evidence received are the following:

FINDINGS OF FACT

1. That all parties to the proceeding are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act, as amended, with Alison R. Morrett, as Employee and Capital City Ambulance of GA Ltd. as the Employer.

2. That the Claimant suffered a compensable injury-by-accident to her right knee.

3. That the Defendants admit that the Claimant sustained an on the job accident and sustained compensable injuries to her right lower extremity, but deny that the physical injury has aggravated the Claimant's pre-existing psychological condition or her eating disorder.

4. That the Claimant has not reached maximum medical improvement and additional medical treatment would tend to lessen the Claimant's period of disability.

5. That the Claimant's average weekly wage at the time of her injury by accident on May 11, 2009 was $641.21 resulting in an applicable weekly compensation rate of $427.29.

6. Proper Notice of the accident was given

7. That the Claim was filed timely.

8. Claimant has sustained her burden of proving an aggravation to her psychological condition in this case. The evidence is certainly clear that she had severe and substantial preexisting psychological issues; however, I do find that after undergoing six (6) surgeries on her compensable right knee injury (which flowed from a fairly benign accident), that her psyche has been aggravated by her right knee condition and the numerous surgeries (some of which obviously failed). This finding is based on the record as a whole, including Dr. Piasecki's records, Ms. Hobb's reports, and the Claimant's testimony.

9. Claimant testified accurately and in line with the medical and counseling records in this case. She obviously has had a troubled past, and I find that this accident and the frequent amount of surgeries she has had to undergo have substantially affected her underlying issues.

10. I do find that she has exacerbated her eating disorder in this case. She also has a substantial and severe history of eating disorders; however, the evidence supports a finding that she has aggravated this condition as well, given the numerous surgeries that she has undergone which have again triggered this issue. This

finding is based on the record as a whole, including Dr. Piasecki's records, Ms. Hobb's reports, and the Claimant's testimony.

11. Dr. Lind's reports have been considered, and he certainly is a qualified psychiatrist. However, I cannot view these issues in a vacuum and in considering the full record in the case; Claimant has sustained her burden of proof, in spite of the competing evidence submitted in this case.

12. Defendants are responsible for Claimant's treatment for her psychological and eating disorders. Pursuant to § 42-15-60, Defendants are allowed to select the physicians for this treatment.

13. The Claimant has established by expert opinion and testimony that the admitted physical injury and subsequent treatment has aggravated her preexisting psychological condition and her preexisting eating disorder.

14. All other issues are held in abeyance.

CONCLUSIONS OF LAW

Accordingly, it is the determination and finding of this Commissioner that:

1. I find and conclude that this matter is governed by the South Carolina Workers' Compensation Act, §42-1-10 *et seq.* of the South Carolina Code Ann. (1976, as amended).

2. Under §42-1-160, I find and conclude that Claimant sustained an injury by accident arising out of and in the course of her employment with Employer to her right knee. Furthermore, the Claimant is suffering from psychological overlay as a result of the accident and physical injuries she has suffered pursuant to S.C. Code Ann. §42-1-160.

3. Under §42-1-160, I find and conclude that the Claimant's physical injury has aggravated her pre-existing psychological condition and her preexisting eating disorder and such aggravations are noted by her authorized surgeon Dana Piasecki, M.D., within his records and deposition.

4. Under §42-1-140, Defendant/Employer was a covered employer under the Act.

5. Under §42-1-130, Claimant was a covered employee at the time in question.

6. Under §42-15-20, proper notice of the injury was given.

7. Under §42-15-40, the claim was properly filed.

8. Under §42-15-60, Defendants are responsible for Claimant treatment for her psychological and eating disorders and the Defendants are allowed to select the physicians for this treatment.

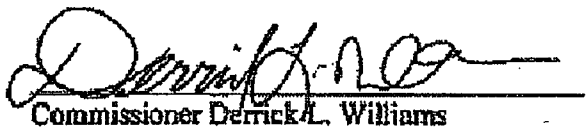
9. Under §42-9-35 the Claimant has established by expert opinion and testimony that the admitted physical injury and subsequent treatment has aggravated her preexisting psychological condition and her preexisting eating disorder.

ORDER

IT IS THEREFORE ORDERED that the Claimant sustained an injury on the job and in the course and scope of her employment to her right knee. Furthermore, the Claimant's physical injury and her subsequent surgeries have aggravated her preexisting psychological condition and her preexisting eating disorder. The Claimant is entitled to treatment for her psychological issues and her eating disorder. Furthermore, the Claimant is entitled to temporary total disability payments and the Defendants are responsible for

all causally related medical care and that the Claimant is entitled to continued medical treatment including, but not limited to, treatment as recommended by the Claimant's authorized treating medical personnel, which would tend to lessen her period of disability.

AND SO IT IS ORDERED.



Commissioner Derrick L. Williams

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. April 4, 2012

By: Renee Smith, Administrative Assistant to Commissioner Williams

APPELLATE PANEL

DECISION AND ORDER

OF THE

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

SCWCC FILE NO. 0905068

Alison Morrett, Employee,

Claimant/Respondent,

v.

Capital City Ambulance of GA, Ltd., Employer,

and

Companion Property and Casualty Group, Carrier

Defendants/Appellants.

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

Appellate Panel Decision and Order filed August 28, 2012

ARGUMENTS BRIEFED BY:

Michael E. Chase, Esquire, of Columbia, South Carolina
for Defendants/Appellants

J. Bradley Baker, Esquire, of Lexington, South Carolina
for Claimant/Respondent

STATEMENT OF THE CASE

The parties were heard by Commissioner Derrick L. Williams, Hearing Commissioner, in Aiken, South Carolina on February 6, 2012. On April 2, 2012, Commissioner Williams issued the following Order.

IT IS THEREFORE ORDERED that the Claimant sustained an injury on the job and in the course and scope of her employment to her right knee. Furthermore, the Claimant's physical injury and her subsequent surgeries have aggravated her preexisting psychological condition and her preexisting eating disorder. The Claimant is entitled to treatment for her psychological issues and her eating disorder. Furthermore, the Claimant is entitled to temporary total disability payments and the Defendants are responsible for all causally related medical care and that the Claimant is entitled to continued medical treatment including, but not limited to, treatment as recommended by the Claimant's authorized treating medical personnel, which would tend to lessen her period of disability.

Commissioner Williams' Decision and Order is predicated on the following Findings of Fact.

1. That all parties to the proceeding are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act, as amended, with Alison R. Morrett, as Employee and Capital City Ambulance of GA Ltd. as the Employer.
2. That the Claimant suffered a compensable injury-by-accident to her right knee.

3. That the Defendants admit that the Claimant sustained an on the job accident and sustained compensable injuries to her right lower extremity, but deny that the physical injury has aggravated the Claimant's pre-existing psychological condition or her eating disorder.

4. That the Claimant has not reached maximum medical improvement and additional medical treatment would tend to lessen the Claimant's period of disability.

5. That the Claimant's average weekly wage at the time of her injury by accident on May 11, 2009 was $641.21 resulting in an applicable weekly compensation rate of $427.29.

6. Proper Notice of the accident was given.

7. That the Claim was filed timely.

8. Claimant has sustained her burden of proving an aggravation to her psychological condition in this case. The evidence is certainly clear that she had severe and substantial preexisting psychological issues; however, I do find that after undergoing six (6) surgeries on her compensable right knee injury (which flowed from a fairly benign accident), that her psyche has been aggravated by her right knee condition and the numerous surgeries (some of which obviously failed). This finding is based on the record as a whole, including Dr. Piasecki's records, Ms. Hobbs' reports, and the Claimant's testimony.

9. Claimant testified accurately and in line with the medical and counseling records in this case. She obviously has had a troubled past, and I find that this accident and the frequent amount of surgeries she has had to undergo have substantially affected her underlying issues.

10. I do find that she has exacerbated her eating disorder in this case. She also has a substantial and severe history of eating disorders; however, the evidence supports a finding that she has aggravated this condition as well, given the numerous surgeries that she has undergone which have again triggered this issue. This finding is based on the record as a whole, including Dr. Piasecki's records, Ms. Hobbs' reports, and the Claimant's testimony.

11. Dr. Lind's reports have been considered, and he certainly is a qualified psychiatrist. However, I cannot view these issues in a vacuum and in considering the full record in the case; Claimant has sustained her burden of proof, in spite of the competing evidence submitted in this case.

12. Defendants are responsible for Claimant's treatment for her psychological and eating disorders. Pursuant to § 42-15-60, Defendants are allowed to select the physicians for this treatment.

13. The Claimant has established by expert opinion and testimony that the admitted physical injury and subsequent treatment has aggravated her preexisting psychological condition and her preexisting eating disorder.

14. All other issues are held in abeyance.

Within the statutory period, counsel for Defendants filed an Application for Review in this case, setting forth the reasons for an appeal. A copy of this Application was furnished to all interested parties prior to Appellate Review.

All proper testimony has been taken. Together with all documentary evidence and a transcript of the hearing, appellate briefs were delivered to the individual members of the South Carolina Workers' Compensation Appellate Panel. The case has since been under study and consideration.

As grounds for appeal, Defendants/Appellants submit that the Hearing Commissioner committed errors which include, but are not limited to:

1. Finding of Fact no. 8 that Respondent "sustained her burden of proving an aggravation to her psychological condition" when the preponderance of the evidence indicates otherwise (Respondent did not complete inpatient treatment at the Ridgeview Institute for her psychological condition just three months prior to the accident).

2. Finding of Fact nos. 8 and 10 that Respondent "sustained her burden of proving an aggravation to her psychological condition" when the respondent had severe and substantial preexisting psychological conditions since 2000, including approximately 17 inpatient psychiatric treatments, both voluntary and involuntary, as well as outpatient treatment less than one month prior to the accident.

3. Finding of Fact no. 9 that Respondent "testified accurately and in line with the medical and counseling records in this case" when the preponderance of the evidence indicates otherwise (no evidence the Respondent completed required treatment at the Ridgeview Institute just three months prior to the accident).

4. Finding of Fact no. 11 that Respondent "has sustained her burden of proof, in spite of the competing evidence submitted in this case", when the preponderance of evidence indicates otherwise.

5. Findings of Fact nos. 12 and 13, that Defendants are responsible for psychological and eating disorder medical treatment as a result of Respondent having established by expert opinion and testimony that the physical injury and subsequent treatment aggravated her preexisting conditions, when the preponderance of the evidence indicates otherwise.

6. Conclusions nos. 2, 3, and 9 that the physical injury aggravated the preexisting psychological and eating disorder conditions when the preponderance of evidence indicates otherwise.

7. Conclusion no. 8 that Defendants are responsible for treatment for Respondent's psychological and eating disorder conditions when the preponderance of evidence indicates otherwise.

Based upon a review of the Record and Briefs, the Panel, by a **UNANIMOUS** vote, **AFFIRMS IN PART AND REVSESES IN PART** the Decision and Order of the Hearing Commissioner dated April 2, 2012. Accordingly, the Findings of Fact and Conclusions of Law set forth below shall become and hereby are the law of the case:

FINDINGS OF FACT

1. That all parties to the proceeding are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act, as amended, with Alison R. Morrett, as Employee and Capital City Ambulance of GA, Ltd., as Employer.
2. That Claimant suffered a compensable injury-by-accident to her right knee.

3. That Defendants admit Claimant sustained an on the job accident and sustained compensable injuries to her right lower extremity, but deny that the physical injury has aggravated Claimant's pre-existing psychological condition or her eating disorder.

4. That Claimant has not reached maximum medical improvement and additional medical treatment for the right knee only would tend to lessen the Claimant's period of disability.

5. Claimant's average weekly wage at the time of her injury by accident on May 11, 2009 was $641.21 resulting in an applicable weekly compensation rate of $427.29.

6. Proper Notice of the accident was given.

7. The claim was filed timely.

8. Claimant did not meet her burden of proving an aggravation of her preexisting psychological condition or eating disorder. Prior to the compensable accident, Claimant had extensive psychological treatment including at least seventeen (17) inpatient treatments, both voluntary and involuntary. The last inpatient treatment was just three months before the compensable accident, and Claimant failed to continue her treatment with daily outpatient treatment followed by weekly therapy sessions. In fact, even during her last inpatient treatment, Claimant admitted she was purging. Claimant's treatment prior to the date of accident was a failure.

9. Claimant has significant stressors in her life unrelated to this claim, which existed prior to the accident and continued thereafter, including: family problems, divorce, financial issues, anxiety over school, and a history of sexual abuse.

10. Claimant's psychological condition and eating disorder were aggravated by her Air Force service. Prior to serving, her bulimia was improving and Claimant was only purging every three to four weeks. After a year of service, Claimant was going to the gym six

days a week for two hours a day, taking diet pills with energy drinks, obsessing about her weight and body image, restricting her diet and purging two times a week. Claimant admitted her eating disorder symptoms increased when she was stationed in Washington D.C., where she was purging daily. In addition, during three months of Air Force service, Claimant lost 30-35 pounds.

11. Claimant's psychological condition and related behaviors have persisted because, up until this point, she has not had the adequate motivation to take advantage of the services that have been offered to her on numerous occasions.

12. Dr. Lind's addendum to his independent medical examination discusses his review of Claimant's psychological treatment prior to the accident. (See Def. APA 01350B). Dr. Lind then stated "Ms. Morrett's symptoms appear to be consistent throughout her counseling with little impact from her work-related injury..... [and] Ms. Morrett's psychological condition is more likely than not, with as much certainty reasonable in the field of psychology, no different than before her 11 May 2009 work-related injury."

13. Dr. Lind was the only psychologist to render an opinion as to whether Claimant's preexisting psychological condition and eating disorder were aggravated by the work accident. Dr. Lind was in an especially good position to render this opinion because of his experience as a psychologist in the Air Force.

14. Claimant's counsel conceded during oral argument that Counselor Hobbs is not a physician qualified to render an opinion regarding causation or aggravation of a psychiatric condition as required by § 42-1-160(D).

15. Dr. Piasecki, Claimant's orthopaedic surgeon, does not have the higher degree of expertise needed to render an opinion on the issue of aggravation of Claimant's

preexisting psychological condition and eating disorder. Dr. Piasecki opined Claimant's accident aggravated her psychological condition, but admitted he was not aware of Claimant's extensive preexisting psychological treatment and did not take her preexisting condition into account when rendering his opinion. Dr. Piasecki, who has only been in private practice four years, is also not a psychiatrist or psychologist.

16. Dr. Lind's opinion is given much greater weight than both the opinions of Counselor Hobbs and Dr. Piasecki. See Findings of Fact numbers 11 through 15 above.

CONCLUSIONS OF LAW

1. This matter is governed by the South Carolina Workers' Compensation Act, §42-1-10 *et seq.* of the South Carolina Code.

2. Section 42-1-160 is applicable in governing an injury by accident arising out of and in the course of employment.

3. Section 42-1-140 is applicable in governing when Defendant/Employer was a covered employer under the Act.

4. Section 42-1-130 is applicable in governing when Claimant was a covered employee at the time in question.

5. Section 42-15-20 is applicable in governing when proper notice of the injury was given.

6. Section 42-15-40 is applicable in governing when the claim was properly filed.

7. Section 42-1-160(D) is applicable in governing when compensability of stress, mental injuries, and mental illness alleged to have been aggravated by a work-related physical

injury. Claimant's preexisting psychological condition and eating disorder were not aggravated as a result of this work injury.

8. The Commission ascertains the proficiency of an expert and decides whether a higher degree of expertise is needed to render an opinion. Potter v. Spartanburg Sch. Dist. 7, 395 S.C. 17, 23, 716 S.E.2d 123, 126 (Ct. App. 2011).

9. § 42-9-35 governs the burden of proof Claimant must show for evidence of a preexisting injury or condition. Claimant has not met the burden of proof by a preponderance of expert opinion or testimony that established by expert opinion or testimony that the admitted physical injury and/or subsequent treatment has aggravated her preexisting psychological condition and eating disorder.

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law:

IT IS HEREBY ORDERED that the Order of the Hearing Commissioner filed in the above-captioned matter on April 2, 2012, is hereby affirmed in part and reversed in part by the Full Commission Appellate Panel, and the same with amendment shall constitute the Decision and Order of the Full Commission Appellate Panel. The claim for aggravation of a pre-existing psychological condition and eating disorder is denied in its entirety.

AND IT IS SO ORDERED.

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION



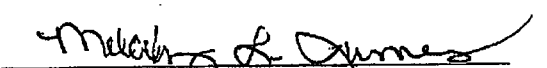
Gene McCaskill, Commissioner
On Behalf of the Appellate Panel

FULL AFFIRMATION

Concur:



T. Scott Beck, Chairman



Melody L. James, Commissioner

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

WCC File # 0905068
Carrier File #:
Carrier Code #:
Employer FEIN #:

Alison R. Morrett	[redacted]	Capital City Ambulance of GA Ltd.	
Claimant's Name	SSN	Employer's Name	
[redacted]		1816 Richland Street, Columbia, South Carolina 29201	
Address City State Zip		Address City State Zip	
[redacted]		Companion Property and Casualty Ins. Co.	
Home Phone #	Work Phone #	Insurance Carrier	
	J. Bradley Baker	(803) 356-2800	

Complete each information blank. To request a hearing, check box 13 b, indicate the kinds of benefits claimed by checking the box(es) at Lines 6, 7, 8, and 9, and file this form in duplicate.
A claim for worker's compensation benefits is made based on the following grounds:

☒ Injury ☐ Illness ☐ Repetitive Trauma **Date of Injury or Illness:** 05/11/2009

1a. The claimant sustained an injury to Right Leg, Right Knee, Right Ankle and Psychological (Part(s) of Body Injured) on 05/11/2009 (Month/Day/Year) in Richland County, State of South Carolina.

1b. Body part(s) affected are: Right Leg, Right Knee, Right Ankle and Psychological
Briefly describe how the accident occurred While in the furtherance of her work duties, Claimant was transporting a patient on a stretcher on a grassy incline, when the stretcher started to turn over, Claimant tried to catch the stretcher which caused her to twist her right leg and knee.

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 the 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 05/11/2009(Month/Day/Year) in the following manner: Claimant provided verbal notice to Partner Kenneth Crocker and Supervisor Bobby Hickson.

☒ 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 Right Leg, Right Knee, Right Ankle and Psychological.

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

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

9. Due to the injury, the claimant has a serious bodily disfigurement consisting of

10a. At the time of the injury, the claimant was paid weekly wages of $FORM 20 REQUESTED, and demands accounting of days worked and wages earned as provide by law.

10b. Give names and addresses of all employers from whom the claimant has worked since the date of the accident.
None

11a. Further grounds or unusual aspects of claim: Any and all benefits Claimant may be entitled to under the Act. Claimant requests lump sum with James vs. Anne's Inc./Utica-Mohawk language to be made part of any settlement or award.

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: Please see Addendum.

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 Worker' 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:

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

Preparer's Signature	Claimant's Attorney Title	jbb@jbradleybakerlaw.com Email	November 15, 2011 Date

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

WCC Form #50 Revised 9/07

50

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

11b. Lexington Medical Center Occupational Health, 300 West Dunbar Road, West Columbia, South Carolina 29170
Moore Orthopaedics, 14 Richland Medical Park, Columbia, South Carolina 29203
Sisters of Charity Hospitals, 2435 Forest Drive, Columbia, South Carolina 29204
Palmetto Health Baptist, Taylor at Marion, Columbia, South Carolina 29220
Moore Orthopaedic Clinic - Outpatient Surgery, 104 Saluda Pointe Drive, Suite, 200, Lexington, South Carolina 29072
Health Touch, 1 Wellness Blvd., Irmo, South Carolina 29063
Palmetto Imaging, 2997 Sunset Blvd., West Columbia, South Carolina 29169
Providence Hospitals NE, 120 Gateway Corporate Blvd., Columbia, South Carolina 29203
Barry Oliver, M.D., 1416 Calhoun Street, Columbia, South Carolina 29201
Marjorie Hobbs, LPC, 1500 Lady Street, Columbia, South Carolina 29201
Dana Piasecki, M.D., OrthoCarolina Sports Medicine, 1915 Randolph Road, Charlotte, North Carolina 28207

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO: 0905068

Alison R. Morrett,

Claimant,

v.

Capital City Ambulance of GA Ltd., and

Companion Property and Casualty Ins. Co.,
Carrier,

Defendants.

AFFIDAVIT OF MAILING

The undersigned hereby certifies that she is employed in the Law Office of J. Bradley Baker, LLC and that she has mailed, on the date set forth below, a copy of the document described below, in the above entitled action to the following with proper postage affixed thereto:

TO: S.C. Workers' Compensation Commission
Attn: Judicial Department
Post Office Box 1715
Columbia, South Carolina 29202-1715

Michael E. Chase, Esq.
Turner, Padget, Graham & Laney, P.A.
Post Office box 1473
Columbia, South Carolina 29202

DOCUMENT: Form 50 - Request for Hearing

DATE OF MAILING: November 15, 2011

Erin D. Daley

Erin D. Daley, Paralegal

Sworn to before me this
15th day of November, 2011.

(L.S.)
Notary Public for South Carolina
My Commission Expires: 02/22/2018

South Carolina Workers' Compensation Commission
1612 Marion St.
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5723

WCC File #: **0905068**
Carrier File #: **5044631**
Carrier Code #: **0905068**
Employer FEIN #:

Claimant's Name: Alison Renee Morrett
Address: [redacted]
City Irmo State: [redacted] Zip: [redacted]
Home Phone: [redacted] Work Phone:

Employer's Name: Capital City Ambulance of GA Ltd
Address: 1816 Richland Street
City Columbia State: SC Zip: 29201
Carrier: Companion Property and Casualty Group

Preparer's Name: Michael E. Chase, Esq. Law Firm: Turner, Padget, Graham & Laney, P.A. Preparer's Phone #: (803) 227-4241

Date of Injury or Illness: 5/11/2009

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

1. It is **Admitted** that the employee sustained an injury or illness on or about the date set forth in the Form 50. The reasons for denial are: **However, it is only admitted claimant sustained right knee injury on date in question; any and all other injuries, in particular, the psychological claim, are denied on the basis that they did not arise out of and in the course of employment, and, among other things, are solely related to a natural progression of a pre-existing condition.**
2. It is **Admitted** that both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are:
3. It is **Admitted** that the relationship of employer and employee existed at the time in question. The reasons for denial are:
4. It is **Admitted** that at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are:
5. It is **Admitted** that the notice of injury was given the employer. The reasons for denial are:
6. It is **Admitted** that the employee **Needs / Is Entitled to Additional** medical care as a result of injury or illness. The reasons for denial are: **However, it is only admitted as to ongoing and authorized medical care which is under way for the accepted right knee injury; Defendants deny any and all claim need for psychological treatment (see number 1).**
7. It is **Admitted** that the employee is entitled to temporary total disability for the period(s) of: **Claimant is currently receiving TTD.**
8. It is **Denied** that the employee is permanently disabled. The reasons for denial are: **Premature (Claimant is not yet at MMI).**
9. It is **Denied** that the employee has serious disfigurement.
10. It is contended that an average weekly wage of **$ 641.21** applies, according to attached Form 20 as provided by law.
11. Further contentions, grounds of defense, or unusual aspects are:
12. Estimated time needed for hearing: 1 hour

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

Name: J. Bradley Baker, Esquire

Address: Law Office of J. Bradley Baker, LLC, 403 East Main Street, Suite E, Lexington, SC 29072

n the 14th day of December, 2011 by ☒ first class mail ☐ personal service ☐ certified mail.
verify the contents of this form are accurate and true to the best of my knowledge.

Preparer's Signature | Esq. Title | MChase@TurnerPadget.com Email | December 14, 2011 Date

efer 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 epartment. 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.

ICC Form # 51
evised 9/07

51 **Employer's Answer to Request for Hearing**

South Carolina Workers' Compensation Commission
1612 Marion St. • P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5723

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

Claimant's Name: Alison Morreth SS[redacted] Employer's Name: Capital City Ambulance
Address: [redacted] Address: 121 E. Marion Ave.
City: [redacted] Stat[redacted] Zi[redacted] City: N. Augusta State: SC Zip: 29841
Home Phone: [redacted] rk Phone: [redacted] Insurance Carrier: Companion
Preparer's Name: Nicole Shockley Preparer's Phone #: (803) 442 9424

Date of Injury: 05/11/09 (month day year)

A. Total Wages Paid

1. Check Applicable Method:
   - ☐ Report of earnings of injured employee based on four completed quarters.
   - ☐ Report of earnings of injured employee who did not complete four quarters based on actual time worked.
   - ☒ Report of earnings of similar employee. Injured employee did not work sufficient time before alleged injury. Hire date: 8/17/09
   - ☐ Report of earnings of injured employee based on alternative method because Form 20 results in a compensation rate that is not fair and just (attach documentation to show how average weekly wage and compensation rate were calculated).

2. List total wages paid as reported to the Employment Security Commission on the Employer Quarterly Contribution and Age Reports during the four quarters immediately preceding the quarter in which the injury occurred. Do not include the quarter during which the injury occurred.

Quarter	Ending Date	Total Wages Paid
1st	3/31/09	$8,106.67
2nd	12/31/08	$9,284.68
3rd	9/30/08	$9,067.52
4th	6/30/08	$6,884.21

Total Paid 2. $33,343.08

3. List total value of other allowances of any character made in lieu of wages during four quarters above. 3. $ 0
4. Add lines 2 and 3. **TOTAL WAGES PAID:** 4. $33,343.08
5. List total number of weeks paid to employee during the four quarters immediately preceding the quarter in which the injury occurred. 5. 52

B. Average Weekly Wage

6. To calculate average weekly wage, divide total wages (line 4) by total weeks paid (line 5).
   AVERAGE WEEKLY WAGE: 6. $641.21

C. Compensation Rate

7. The general rule for calculating the compensation rate is to multiply average weekly wage (line 6) by .6667. Estimate compensation rate by multiplying average weekly wage (line 6) by .6667. See part 8 below to determine the actual compensation rate. 7. $427.49
8. The compensation rate is as follows (choose one):
   - ☐ When average weekly wage (line 6) is less than $75.00, the compensation rate is the average weekly wage. Enter average weekly wage on line 8.
   - ☐ When the estimated compensation rate (line 7) is less than $75.00 and average weekly wage (line 6) is more than $75.00, the compensation rate is $75.00. Enter $75.00 on line 8.
   - ☐ When the estimated compensation rate (line 7) is more than the maximum compensation rate for the year in which the injury occurred, enter the maximum compensation rate for the year in which the injury occurred on line 8.
   - ☐ Employee is within the exceptions listed in S.C. Code Ann. Section 42-7-65. List applicable exception here and enter appropriate compensation rate on line 8. ____
   - ☒ The calculated compensation rate (line 7) applies. Enter amount from line 7 on line 8.

WEEKLY COMPENSATION RATE: 8. $427.49

Employer's representative shall prepare a Form 20 and serve per R.67-211 a copy on the claimant within thirty days of beginning temporary compensation. See R.67-1603 when no temporary compensation is paid. NOTE: Average weekly wage represents average gross pay before taxes and other deductions. WHEN THE CLAIMANT DOES NOT AGREE WITH THE COMPENSATION RATE ON LINE 8, HE OR SHE SHOULD CONTACT THE EMPLOYER'S REPRESENTATIVE TO TRY TO REACH AN AGREEMENT AS TO THE COMPENSATION RATE. IF NO AGREEMENT CAN BE REACHED, THE CLAIMANT SHOULD CONTACT THE CLAIMS DEPARTMENT AT (803)737-5723.

WCC Form # 20
Rev. Date 3/97

20

STATEMENT OF EARNINGS OF INJURED EMPLOYEE

South Carolina Workers' Compensation Commission
1612 Marion St.
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5723

WCC File #: **0905068**
Carrier File #: **5044631**
Carrier Code #:
Employer FEIN #:

Claimant's Name: Alison Renee Morrett SSN [redacted] Employer's Name: Capital City Ambulance of GA Ltd

Address: [redacted] Address: Post Office Box 6365

City: Irmo State: [redacted] Zip [redacted] City: North Augusta State: SC Zip: 29286

Home Phone: [redacted] Work Phone: Insurance Carrier: Companion Property and Casualty Group

Preparer's Name: Michael E. Chase, Esquire Law Firm: Turner, Padget, Graham & Laney, P.A. Preparer's Phone #: (803) 227-4241

REQUEST FOR COMMISSION REVIEW

Request for Commission Review by ☐ claimant ☒ employer (check one) Date of injury: **5/11/09**

The undersigned makes application for review of the findings of the Commissioner in the above-captioned case. The request for review is based on the following grounds: (State the grounds of your appeal in the form of questions presented. Each question presented must contain a concise statement of one proposition of law or fact. Refer to evidence by title and exhibit number. Use additional pages if necessary).

1. Whether the commissioner erred in Finding of Fact No. 8 that the claimant "sustained her burden of proving an aggravation to her psychological condition" when the preponderance of the evidence indicates otherwise (claimant did not complete inpatient treatment at the Ridgeview Institute for her psychological condition just three months prior to the accident)?

2. Whether the commissioner erred in Finding of Fact Nos. 8 and 10 that the claimant "sustained her burden of proving an aggravation to her psychological condition" when the claimant had severe and substantial pre-existing psychological conditions since 2000, including approximately 17 in-patient psychiatric treatments, both voluntary and involuntary, as well as outpatient treatment less than one month prior to the accident?

3. Whether the commissioner erred in Finding of Fact No. 9 that the claimant "testified accurately and in line with the medical and counseling records in this case" when the prepondereance of the evidence indicates otherwise (no evidence the claimant completed required treatment at the Ridgeview Institute just three months prior to the accident)?

4. Whether the commissioner errerd in Finding of Fact No. 11 that claimant "has sustained her burden of proof, in spite of the competing evidence submitted in this case", when the preponderence of evidence indicates otherwise?

5. Whether the commissioner erred in Findings of Fact Nos. 12 and 13, that Defendants are responsible for psychological and eating disorder medical treatment as a result of claimant having established by expert opinion and testimony that the physical injury and subsequent treatment aggravated her pre-existing conditions, when the preponderance of the evidence indicates otherwise?

6. Whether the Commissioner erred as a matter of law in conclusions Nos. 2, 3, and 9 that the physical injury aggravated the preexisting psychological and eating disorder conditions when the preponderance of evidence indicates otherwise?

7. Whether the Commissioner erred as a matter of law in conclusion No. 8 that Defendants are responsible for treatment for claimant's psychological and eating disorders when the preponderance of evidence indicates otherwise?

(Check one) Oral argument ☒ is ☐ is not requested. Appellant's request for oral argument is waived if not indicated on this form.

If the claimant appeals and is representing himself or herself, the Judicial Department will prepare the additional copies of this form and serve this form on the opposing party. R.67-701B. Otherwise, file the original and four copies of this form with the Judicial Department. The appeal must be postmarked no later than 14 days from the date of service of the Hearing Commissioner's decision. R.67-701 and R.67-205. Attach the filing fee to this form. Attach a Form 32 if you are unable to pay the filing fee. Refer to R.67-701 through R.67-711 for additional information.

I certify that I have served this document pursuant to R.67-211 by delivering a copy to J. Bradley Baker, Esquire

Name

Law Office of J. Bradley Baker, LLC, 403 East Main Street, Suite E, Lexington, SC 29072

Address

on the **9th day of April, 2012** by ☒ first class mail ☐ personal service ☐ certified mail.

Preparer's Signature: Michael E. Chase | Esquire (Title) | **April 9, 2012** (Date)

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

If the claimant appeals and is representing himself or herself, the Judicial Department will prepare the additional copies of this form and serve this form on the opposing party. R.67-701B. Otherwise, file the original and four copies of this form with the Judicial Department. The appeal must be postmarked no later than 14 days from the date of service of the Hearing Commissioner's decision. R.67-701 and R.67-205. Attach the filing fee to this form. Attach a Form 32 if you are unable to pay the filing fee. Refer to R.67-701 through R.67-711 for additional information.

PROOF OF SERVICE

The undersigned certifies that she is an employee at TURNER, PADGET, GRAHAM & LANEY, P.A., and that the attached **Form 30 – Request for Commission Review** was served upon J. Bradley Baker, Esquire, the attorney for the claimant, this 9th day of April, 2012, in accordance with Regulations 67-210, 67-211, 67-213, 67-214, and 67-215 and such other law as may be applicable, via email and by depositing a copy of same in the United States Mail, postage prepaid, addressed to:

J. Bradley Baker, Esquire
Law Office of J. Bradley Baker, LLC
403 East Main Street, Suite E
Lexington, SC 29072

Debbie S. Berry
Secretary

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 0905068

Alison Renee Morrett,

Employee,

Respondent,

vs.

Capital City Ambulance of GA Ltd,

Employer,

AND

Companion Property and Casualty Group,

Carrier,

Appellants.

APPELLANTS' BRIEF

STATEMENT OF THE CASE

The Respondent, Alison R. Morrett, filed a Form 50 alleging she injured her right leg, right knee, right ankle and psychological overlay. Appellants, Capital City Ambulance of GA Ltd. and Companion Property and Casualty Group, admitted Respondent injured her right knee, but denied all other body parts and psychological overlay.

A hearing was held before Commissioner Derrick Williams on February 6, 2012. After hearing testimony from Respondent and Appellant, the Commissioner issued an order on April 2, 2012, finding Respondent's psychological condition was aggravated by the work accident and awarding temporary total disability payments and causally related medical care. Commissioner Williams noted "[t]he case itself was actually close on the ruling." (Comm. Williams' e-mail 02/24/12.)

Appellants timely appealed Commissioner Williams' Order.

FACTS

Respondent's eating disorder began when she was either twelve or fourteen years old. (Tr. 23: 20-24; 24: 1-4.) Respondent began receiving treatment when she was about seventeen or eighteen years old. (Tr. 8: 6-7.) Respondent has been sexually assaulted twice: once as a child and once as an adult. (Tr. 10: 1-5.) She has also had problems with her family, moving frequently as a child, and going through divorce. (Tr. 9: 11-22, 10: 6-11.)

Respondent's first inpatient treatment was at Palmetto Health Baptist from February 20, 2000 through March 22, 2000, when Respondent was seventeen years old. (Tr. 24: 15-25; 25: 1-5.) She was diagnosed with major depression and anorexia. (Tr. 24: 25, 25: 1-2.) Respondent then went directly to a residential program at Remuda Ranch in Arizona for about 75 days. (Tr. 25: 13-25; 26: 1-2.) Respondent's third inpatient treatment was at Palmetto Health Baptist, where she was first diagnosed with self-mutilation. (Tr. 26: 18-22.)

Respondent's fourth inpatient treatment was with the Institute of Psychiatry from August 28, 2000 through September 7, 2000, where she was first diagnosed with bulimia. (Tr. 27: 2-14.) Her fifth inpatient treatment was at MUSC. (Tr. 27: 16-17.)

Respondent received her sixth inpatient treatment at Palmetto Health Baptist in August 2001, when she weighed only 70 pounds. (Tr. 27: 19-24.) Respondent was treated again at Palmetto Health Baptist from February 13, 2002 through March 20, 2002. (Tr. 27: 25; 28: 1-3.) Respondent then applied for treatment with Mercy Ministries, but was not accepted into the program because of the long waitlist. (Tr. 28: 4-12.)

Respondent's eighth inpatient treatment was at Richland Springs from April 8, 2002 through April 16, 2002. (Tr. 28: 12-14.) Respondent was then committed to the Bryan Psychiatric Center for three days. (Tr. 28: 19-25; 29: 1-7). Respondent's tenth inpatient treatment was at Palmetto Health Richland, from June 8, 2002 through June 14, 2002. (Tr. 28: 15-18.)

Respondent treated again with Richland Springs from March 7, 2003 through March 27, 2003. (Tr. 29: 8-10.) Respondent's twelfth inpatient treatment was at Palmetto Health Baptist from June 1, 2004 through June 3, 2004, where she was first diagnosed with obsessive compulsive disorder, and she treated again as an inpatient from June 17, 2004 through June 25, 2004 and August 6, 2004 through August 12, 2004. (Tr. 29: 11-25.)

Respondent began treating with Counselor Marjorie Hobbs on August 19, 2004, and still treats with Counselor Hobbs. (Tr. 10: 15-23; 30: 9-13.) At her first visit with Counselor Hobbs in 2004, Respondent weighed 101 pounds. (Tr. 47: 12-15.) On March 23, 2005, Respondent reported to Counselor Hobbs that her bulimia was improving, but she had a setback while at the beach. (Tr. 32: 8-12.)

Respondent joined the Air Force in October 2005, and started basic training in January 2006. She did not see Counselor Hobbs for eleven months. (Tr. 32: 17-25.) At Respondent's first appointment with Counselor Hobbs after joining the Air Force, Respondent reported she was throwing up sometimes, and reported the next month that she was throwing up two times a week and restricting her diet. (Tr. 33: 1-7.) On January 31, 2007, Respondent reported to Counselor Hobbs that she was still restricting her diet and purging daily. (Tr. 33: 11-13.)

Respondent rejected Counselor's Hobbs advice to seek more intensive treatment in 2007. (Tr. 34: 18-24.) On July 17, 2007, Respondent denied she had a real problem despite a thirty to

forty pound weight loss in six months. (Tr. 34: 25; 34: 1-5.) Respondent then cancelled treatment with Counselor Hobbs on September 11, 2007 and did not return until February 2008, when she admitted to throwing up daily, restricting her diet, weight loss and depression. (Tr. 35: 6-23.) Respondent again refused inpatient treatment. (Tr. 35: 24-25; 36:1.)

Respondent got married in April 2008, and thereafter her husband told her Air Force Commander about her eating disorder. (Tr. 36: 11-23.) Respondent deployed one month later, and she separated from her husband when she returned home. (Tr. 37: 1-6.)

Respondent reported to Counselor Hobbs on January 12, 2009 that she needed an intervention, and she treated as an inpatient for the fifteenth time at the Ridgeview Institute from January 26, 2009 through February 17, 2009. (Tr. 13 1-25; 37: 16-24.) Respondent denies she was forced by the Air Force to attend inpatient treatment, but admitted her job could have been on the line if she had not sought treatment. (Tr. 37: 25; 38: 1-25.) On February 17, 2009, prior to her discharge from Ridgeview Institute, Respondent was transported to Cobb Hospital where she was diagnosed with pneumothorax for a collapsed lung. (Def. APA 12 p.1305.) The Ridgeview Institute recommended a local day program for one to two weeks and weekly therapy with information on depression and bulimia. (Def. APA 11 p. 905.) Respondent was released from the hospital for her collapsed lung on February 23, 2009.

After Respondent's treatment at the Ridgeview Institute, she skipped her appointment with Dietician Wilkerson. (Tr. 40: 3-5.) She did not undergo a local day program as recommended by the Ridgeview Institute, and did not see Counselor Hobbs until March 9, 2009. On March 23, 2009, Counselor Hobbs noted Respondent was purging a lot last week and would

not go to a dietician. (Tr. 40: 14-22.) Respondent met with Counselor Hobbs again on April 6, 2009, where she complained of being stressed about money. (Tr. 40: 23-25; 41: 1-4.)

Respondent suffered an admitted injury to her knee on May 11, 2009 which established the present claim. She tore her ACL while attempting to move a patient on a stretcher. (Tr. 15: 1-4.) Respondent still had problems with purging throughout 2009, and Counselor Hobbs again recommended Respondent see a dietician on August 24, 2009. (Tr. 41: 14-23.)

Respondent went back to school in January 2010, where she attended classes both in person and online. (Tr. 42: 1-11.) In April 2010, she moved in with her boyfriend. (Tr. 42: 12-14.) In May 2010, she reported to Counselor Hobbs she was making friends at school. (Tr. 42: 15-17.)

Respondent and her boyfriend broke up in October 2010. (Tr. 42: 18-21.) Respondent was not speaking to her mother at that time. (Tr. 42: 22-24.)

In 2011, Respondent was anxious about school resuming, and admitted she was still resistant to seeing a dietician and inpatient treatment. (Tr. 43: 10-23.) Respondent passed her nursing boards in March 2011. (Tr. 43: 12-25.) She again denied inpatient treatment as recommended by Counselor Hobbs in May 2011. (Tr. 44: 1-5.)

Respondent then sought treatment through the VA Hospital, where she reported she had seventeen prior inpatient psychiatric treatments for bulimia, anxiety and depression. (Tr. 44: 6-14.) At her first visit with the VA on October 18, 2011, Respondent weighed 112 pounds. (Tr. 45: 3-5.) Respondent's weight at the time of the hearing was 109 pounds. (Tr. 47: 8-11.) Respondent is still in school working on her bachelor's degree in nursing. (Tr. 47: 18-24.)

QUESTIONS PRESENTED

1. WHETHER THE COMMISSIONER ERRED IN FINDING OF FACT NO. 8 THAT THE RESPONDENT "SUSTAINED HER BURDEN OF PROVING AN AGGRAVATION TO HER PSYCHOLOGICAL CONDITION" WHEN THE PREPONDERANCE OF THE EVIDENCE INDICATES OTHERWISE (RESPONDENT DID NOT COMPLETE INPATIENT TREATMENT AT THE RIDGEVIEW INSTITUTE FOR HER PSYCHOLOGICAL CONDITION JUST THREE MONTHS PRIOR TO THE ACCIDENT)?

2. WHETHER THE COMMISSIONER ERRED IN FINDING OF FACT NOS. 8 AND 10 THAT THE RESPONDENT "SUSTAINED HER BURDEN OF PROVING AN AGGRAVATION TO HER PSYCHOLOGICAL CONDITION" WHEN THE RESPONDENT HAD SEVERE AND SUBSTANTIAL PREEXISTING PSYCHOLOGICAL CONDITIONS SINCE 2000, INCLUDING APPROXIMATELY 17 IN-PATIENT PSYCHIATRIC TREATMENTS, BOTH VOLUNTARY AND INVOLUNTARY, AS WELL AS OUTPATIENT TREATMENT LESS THAN ONE MONTH PRIOR TO THE ACCIDENT?

3. WHETHER THE COMMISSIONER ERRED IN FINDING OF FACT NO. 9 THAT THE RESPONDENT "TESTIFIED ACCURATELY AND IN LINE WITH THE MEDICAL AND COUNSELING RECORDS IN THIS CASE" WHEN THE PREPONDERANCE OF THE EVIDENCE INDICATES OTHERWISE (NO EVIDENCE THE RESPONDENT COMPLETED REQUIRED TREATMENT AT THE RIDGEVIEW INSTITUTE JUST THREE MONTHS PRIOR TO THE ACCIDENT)?

4. WHETHER THE COMMISSIONER ERRED IN FINDING OF FACT NO. 11 THAT RESPONDENT "HAS SUSTAINED HER BURDEN OF PROOF, IN SPITE OF THE COMPETING EVIDENCE SUBMITTED IN THIS CASE", WHEN THE PREPONDERANCE OF EVIDENCE INDICATES OTHERWISE?

5. WHETHER THE COMMISSIONER ERRED IN FINDINGS OF FACT NOS. 12 AND 13, THAT DEFENDANTS ARE RESPONSIBLE FOR PSYCHOLOGICAL AND EATING DISORDER MEDICAL TREATMENT AS A RESULT OF RESPONDENT HAVING ESTABLISHED BY EXPERT OPINION AND TESTIMONY THAT THE PHYSICAL INJURY AND SUBSEQUENT TREATMENT AGGRAVATED HER PREEXISTING CONDITIONS, WHEN THE PREPONDERANCE OF THE EVIDENCE INDICATES OTHERWISE?

6. WHETHER THE COMMISSIONER ERRED AS A MATTER OF LAW IN CONCLUSIONS NOS. 2, 3, AND 9 THAT THE PHYSICAL INJURY AGGRAVATED THE PREEXISTING PSYCHOLOGICAL AND EATING

DISORDER CONDITIONS WHEN THE PREPONDERANCE OF EVIDENCE INDICATES OTHERWISE?

7. **WHETHER THE COMMISSIONER ERRED AS A MATTER OF LAW IN CONCLUSION NO. 8 THAT DEFENDANTS ARE RESPONSIBLE FOR TREATMENT FOR RESPONDENT'S PSYCHOLOGICAL AND EATING DISORDER CONDITIONS WHEN THE PREPONDERANCE OF EVIDENCE INDICATES OTHERWISE?**

ARGUMENT

1. THE COMMISSIONER ERRED IN FINDING OF FACT NO. 8 THAT THE RESPONDENT "SUSTAINED HER BURDEN OF PROVING AN AGGRAVATION TO HER PSYCHOLOGICAL CONDITION" AND FINDING OF FACT NO. 9 THAT THE RESPONDENT "TESTIFIED ACCURATELY AND IN LINE WITH THE MEDICAL AND COUNSELING RECORDS IN THIS CASE" WHEN THE PREPONDERANCE OF THE EVIDENCE INDICATES OTHERWISE BECAUSE RESPONDENT DID NOT COMPLETE INPATIENT TREATMENT AT THE RIDGEVIEW INSTITUTE FOR HER PSYCHOLOGICAL CONDITION JUST THREE MONTHS PRIOR TO THE ACCIDENT.

a. Respondent's testimony was not accurate and in-line with the medical and counseling records.

Respondent testified "I was discharged from [the Ridgeview Institute] on February 17, I had completed the part of the program that I was—that I had gone there for. And then instead of getting discharged home, I had to go straight to the WellStar Cobb [Hospital] because of my lung." (Tr. 38: 21-25.) However, medical records from WellStar Cobb Hospital report "[t]he patient presented to the ER today from Ridgeview Psychiatric Center for mild shortness of breath and generally not feeling well for the past few days. The patient was admitted to Ridgeview two to three weeks ago for bulimia and was set up to be discharged *tomorrow*." (Def. APA 12 p.1305) (emphasis added). Thus, Respondent was discharged *before* completing treatment at the Ridgeview Institute. Respondent missed at least two days of inpatient treatment at the Ridgeview Institute due to her collapsed lung that required hospitalization.

Respondent also testified she was not able to participate in the intensive outpatient program at the Ridgeview Institute because her insurance would not cover it. (Tr. 38: 16-20.)

However, the Ridgeview discharge summary notes Respondent's disposition was to a local day program for one to two weeks and recommended weekly therapy with information on depression and bulimia. (Def. APA 10 p. 905.) Respondent admitted she was unable to accomplish the transitional step of partial hospitalization after the inpatient treatment at the Ridgeview Institute. (Def. APA 16 p. 1348.) Dr. Lind opined this outpatient treatment "is important as it is designed to transition the patient from the controlled hospital environment to the less structured 'real world.' The treatment that was initiated in the military was therefore never completed and, as a result, she was not able to adapt to the less structured world outside the hospital." (Def. APA 16 p. 1349.) Instead, Respondent did not seek *any* psychological treatment for twenty days after her discharge for the collapsed lung, and purposefully skipped an appointment scheduled with a dietician. While Respondent *almost* completed her inpatient treatment, Respondent was required to follow up with daily treatment. Respondent did not participate in follow up treatment, and therefore did not complete the treatment necessary for her to recover from her psychological condition and eating disorder. Thus, the Ridgeview Institute treatment was a failure. (Id.)

Further, Respondent testified she was not required by the Air Force to go into inpatient treatment (Tr. 38: 2-4,) but the Ridgeview Institute initial clinical assessment states "[m]y work told me I need to get help" when asked why the patient was seeking treatment. (Def. APA 10 p. 937, 939.)

Respondent's testimony was not in-line with the medical records presented to the hearing commissioner. Respondent did not complete treatment with the Ridgeview Institute because she had a collapsed lung, and did not seek the recommended daily treatment for one to two weeks after discharge as recommended by the Ridgeview Institute. Respondent's psychological condition suffered because of her choice to not seek the recommended treatment.

b. Respondent did not meet her burden of proving an aggravation of her psychological condition because she did not complete treatment at the Ridgeview Institute or the recommended follow up treatment.

Respondent's psychological condition was the same at the hearing before the single commissioner as it was prior to the admitted accident. Respondent, just three months prior to the accident, was refusing daily treatment followed by weekly therapy sessions as recommended by her last inpatient treatment, the Ridgeview Institute.

"Preexisting depression does not preclude workers' compensation benefits for a mental injury." Doe v. S.C. Dep't of Disabilities and Special Needs, 377 S.C. 346, 351, 660 S.E.2d 260, 263 (2008). In Doe, claimant worked as a nurse in the special needs department, and, as a result of downsizing, received an increased patient population of passive and aggressive patients. 377 S.C. at 348, 660 S.E.2d at 261. Claimant sought psychiatric care and filed a mental-mental claim alleging stress caused a relapse in her depression. Id. at 349, 660 S.E.2d at 261. The Supreme Court held that despite Claimant's preexisting depression seventeen years prior to the alleged accident and Claimant's father's death the same year as the alleged accident, Claimant's psychological condition was compensable. Id. at 351, 660 S.E.2d at 263. The court reasoned there was no support in the record for the conclusion that any of these outside factors caused or contributed to Claimant's mental injury, and the only evidence of causation is that Claimant's mental injury was caused by stress at work. Id.

Unlike Doe, where the Claimant's prior history of depression was seventeen years prior to the alleged accident, in the instant case, Respondent had inpatient treatment for her bulimia and psychological condition just three months prior to the accident. Further, Respondent did not undergo the recommended one to two weeks of daily therapy, and did not seek counseling for twenty days after being released from the hospital for a collapsed lung. Moreover, Respondent

had 17 impatient psychiatric treatments as well as outpatient treatments dating back to 2000 for her ongoing, pre-existing condition.

Appellants concede six surgeries on one's knee is tolling on an injured worker. However, unlike Doe, where the only evidence of outside stressors was the claimant's father's death, in the instant case, Respondent was not only battling her depression and eating disorder, but also issues with her family, getting out of the military, a failed marriage and financial trouble.

At the time of Respondent's knee injury, she was suffering from severe ongoing psychological issues and had been recommended to attend daily treatment followed by weekly therapy sessions. However, Respondent did not follow these recommendations and her underlying psychological condition suffered. Thus, Respondent did not meet her burden of proving the knee injury aggravated her underlying psychological condition by a preponderance of the evidence. Instead, her psychological condition at the time of the hearing before the single commissioner was merely a continuation of her longstanding and ongoing preexisting condition.

2. THE COMMISSIONER ERRED IN FINDINGS OF FACT NOS. 8 AND 10 AND CONCLUSIONS NOS. 2, 3 AND 9 THAT THE RESPONDENT "SUSTAINED HER BURDEN OF PROVING AN AGGRAVATION TO HER PSYCHOLOGICAL CONDITION" AND FINDING OF FACT NO. 11 THAT RESPONDENT "HAS SUSTAINED HER BURDEN OF PROOF, IN SPITE OF THE COMPETING EVIDENCE SUBMITTED IN THIS CASE," WHEN THE PREPONDERANCE OF THE EVIDENCE INDICATES OTHERWISE BECAUSE RESPONDENT HAD SEVERE AND SUBSTANTIAL PREEXISTING PSYCHOLOGICAL CONDITIONS SINCE 2000, INCLUDING APPROXIMATELY 17 IN-PATIENT PSYCHIATRIC TREATMENTS, BOTH VOLUNTARY AND INVOLUNTARY, AS WELL AS OUTPATIENT TREATMENT LESS THAN ONE MONTH PRIOR TO THE ACCIDENT.

Respondent admitted her eating disorder and depression were ongoing psychiatric problems both before and after the accident which is the subject of this claim. Both before and after the accident, Respondent has had relationship problems with men and her family, financial

issues, and anxiety about school. (Tr. 42: 18-24.) Respondent has also refused inpatient treatment as recommended by Counselor Hobbs and has refused treatment with a dietician before and after the accident. (Tr. 42: 25-43: 1-5.) Respondent also admitted she was purging her last week at the Ridgeview Institute and was not able to complete the outpatient program, symptoms which she still complains of today. (Def. APA 16 p.1348.)

Respondent has had substantial psychological treatment for her condition since she was seventeen or eighteen years old, including seventeen inpatient treatments for anorexia, bulimia, anxiety, obsessive compulsive disorder and depression. Respondent was referred to a dietician by the Ridgeview Institute and Counselor Hobbs just a few weeks prior to the accident, but Respondent refused. Respondent admitted to Counselor Hobbs just seven weeks before the accident that she was still purging.

Respondent argues she only had one inpatient treatment for her psychological condition since 2005. However, Respondent refused additional medical treatment on April 18, 2007, May 1, 2007, June 20, 2007, July 17, 2007, February 25, 2008 and March 23, 2009. (Def. APA 9 p. 865, 866, 869, 871, 874, 880.) Respondent also terminated her counseling relationship with Counselor Hobbs in September 2007, where Counselor Hobbs noted Respondent is "just not ready to change and doesn't feel ready to continue therapy." (Def. APA 9 p. 873.)

Respondent's eating disorder has remained a problem since she was a teenager. Respondent's psychological condition became worse because of other stressors in Respondent's life including family and relationship problems as well as Respondent's time in the Air Force.

Respondent's military service definitely aggravated Respondent's psychological condition. Before Respondent joined the Air Force, her bulimia was improving and she was only

purging every three to four weeks. (Def. APA 9 p. 834, 844.) Respondent admitted to Counselor Hobbs that she was in recovery from her eating disorder. (Def. APA 9 p. 847.) However, after about a year of military service, Respondent was going to the gym six days a week for two hours a day, taking diet pills with energy drinks, obsessing about her weight and body image, restricting her diet and purging two times a week. (Def. APA 9 p. 850.) In early 2007, Respondent was purging daily and by the end of 2008, Respondent admitted her eating disorder symptoms increased when she was stationed in Washington D.C. (Def. APA 9 p. 853, 875.)

In addition, Respondent had external stressors including problems with her family and men as well as financial issues. At Respondent's last visits with her counselor before the accident, Respondent admitted she was purging a lot and was stressed about money. After Respondent broke up with her boyfriend, she admitted being resistant to seeing a dietitian or going for inpatient treatment. (Tr. 42:18-21; 43:10-23.) About the same time as Respondent split with her boyfriend, she admits she was also not speaking with her mother. (Tr. 42: 22-24.)

Thus, Respondent did not establish that her preexisting psychological condition was aggravated by her work accident by a preponderance of the evidence. Respondent's eating disorder was in remission until Respondent joined the Air Force, which exacerbated her psychological condition and derailed her treatment at the Ridgeview Institute. Respondent's psychological condition was worsening well before her knee injury and subsequent treatment, and Respondent was not willing to seek the treatment she needed for her condition. Her psychiatric condition at the time of the hearing was clearly a continuation of her preexisting condition.

3. THE COMMISSIONER ERRED IN FINDINGS OF FACT NOS. 12 AND 13 AND CONCLUSION NO. 8, THAT DEFENDANTS ARE RESPONSIBLE FOR

PSYCHOLOGICAL AND EATING DISORDER MEDICAL TREATMENT AS A RESULT OF RESPONDENT HAVING ESTABLISHED BY EXPERT OPINION AND TESTIMONY THAT THE PHYSICAL INJURY AND SUBSEQUENT TREATMENT AGGRAVATED HER PREEXISTING CONDITIONS, WHEN THE PREPONDERANCE OF THE EVIDENCE INDICATES OTHERWISE.

While both Counselor Hobbs and Dr. Piasecki opined Respondent's psychological condition was aggravated by her work accident, the only psychologist to review Respondent's medical records and extensive prior psychological treatment, Dr. Nicholas A. Lind, opined Respondent's psychological condition was not aggravated by the knee injury or subsequent treatment.

> Stress, mental injuries, and mental illness alleged to have been aggravated by a work-related physical injury may not be found compensable unless the aggravation is: (1) admitted by the employer/carrier; (2) noted in a medical record of an authorized physician that, in the physician's opinion, the condition is at least in part causally-related or connected to the injury or accident, whether or not the physician refers the employee for treatment of the condition; (3) found to be causally-related or connected to the accident or injury after evaluation by an authorized psychologist or psychiatrist; or (4) noted in a medical record or report of the employee's physician as causally-related or connected to the injury or accident.

S.C. Code Ann. § 42-1-160(D). "The employee shall establish by a preponderance of the evidence, including medical evidence, that: (1) the subsequent injury aggravated the preexisting condition or permanent physical impairment; or (2) the preexisting condition or the permanent physical impairment aggravates the subsequent impairment." S.C. Code Ann. § 42-9-35 (A).

Dr. Piasecki, Respondent's orthopaedic surgeon, who has only been practicing four years, admitted he had not reviewed any of Respondent's prior medical records related to her psychological treatment. (Piasecki Depo. Tr. 6: 8-16.) Dr. Piasecki only met Respondent seven times, and did not know Respondent prior to the accident. (Piasecki Depo. Tr. 6:2-4.) In fact, Dr. Piasecki only met with Respondent *one time* after learning of her eating disorder. (Piasecki

Depo. Tr. 7:11-24.) Dr. Piasecki was not aware of Respondent's extensive psychological inpatient treatment prior to the accident, including treatment at the Ridgeview Institute just three months before the accident. (Piasecki Depo. Tr. 7: 25-8: 1-6.) He also admitted he was not aware of Respondent's issues with her mother and men or the sexual abuse Respondent suffered. (Piasecki Depo. Tr. 10: 10-25-11: 1-3.) Yet, Dr. Piasecki opined Respondent's psychological condition was aggravated by her knee injury and subsequent treatment because he does "not believe a psychiatrist understands the stress and anxiety psychologically that is entailed in the number of knee surgeries, the pain and the recovery. That process, I think, is probably not possible for a psychiatrist to appreciate." (Piasecki Depo. Tr. 10: 7-15.) However, Dr. Piasecki is not a psychiatrist or a psychologist, but an orthopaedic surgeon, and as such is not trained to treat or even diagnose a patient's psychological conditions. See Potter v. Spartanburg Sch. Dist. 7, 395 S.C. 17, 23, 716 S.E.2d 123, 126 (Ct. App. 2011) (the Commission should ascertain the proficiency of an expert and decide whether a "higher degree of expertise" is needed to render an opinion) (citing McLeod v. Piggly Wiggly Co., 280 S.C. 466, 471, 313 S.E.2d 38, 41 (Ct. App. 1984)). Further, Dr. Piasecki's rendered an opinion without even a cursory glance at Respondent's extensive psychological treatment. Dr. Piasecki's opinion regarding Respondent's psychological condition was misguided and beyond his area of expertise. It should not have been given much, if any weight at all when determining whether Respondent's preexisting condition was aggravated. Appellants contend Dr. Piasecki's opinion should be disregarded altogether.

Counselor Hobbs also opined Respondent's psychological treatment was aggravated by her knee injury and subsequent treatment. However, Counselor Hobbs is also not a psychologist. She did not go to medical school and only serves as a counselor, *not* a physician. She is not

qualified to render an opinion regarding causation or aggravation of a psychiatric condition. This issue is beyond her expertise. See Potter v. Spartanburg Sch. Dist. 7, 395 S.C. 17, 23, 716 S.E.2d 123, 126 (Ct. App. 2011). Her records are not considered "medical records or reports" pursuant to § 42-1-160(D) ("noted in a medical record of an authorized *physician*") (emphasis added). Counselor Hobbs has never reviewed Respondent's medical records for treatment prior to the date of accident, and guessed Respondent had five inpatient treatments prior to the accident, when Respondent actually had seventeen. (Hobbs Depo. Tr. 10: 12-22; 13:2-8.) Counselor Hobbs opined Respondent's eating disorder has increased since the date of accident, but just five months prior to the accident, Counselor Hobbs was encouraging Respondent to enter inpatient treatment because her eating disorder was out of control, and just two months prior to the accident (after inpatient treatment), Counselor Hobbs noted Respondent was purging a lot and would not go to a dietician. (Def. APA 9 p. 877, 880.) Counselor Hobbs testified Respondent has had consistent weight loss since the date of accident, but Respondent weighed 118 pounds when she was at the Ridgeview Institute before the accident, 112 pounds at her last treatment through the VA Hospital on October 18, 2011 and 109 pounds at the hearing, a difference of only 9 pounds. (Tr: 45: 3-5; 47: 8-11; Def. APA 9 p. 901; Hobbs Depo. Tr. 28: 19-23.) Counselor Hobbs' opinion that Respondent's preexisting condition was aggravated was clearly based on her sympathy for Respondent and her desire that Respondent seek treatment, which Counselor Hobbs was recommending well before the accident. Counselor Hobbs' opinion should be given no weight under the standard contained in § 42-1-160(D) and § 42-9-35(A).

The only psychologist to render an opinion as to whether Respondent's preexisting psychological condition was aggravated by her work accident was Nicholas A. Lind, PhyD. Dr. Lind received his South Carolina license to practice clinical psychology in 2003. (Def. APA C p.

4000.) Since 2005, Dr. Lind has worked in private practice as a clinical psychologist with Post Trauma Resources. (Def. APA C p. 4001.) Prior to private practice, Dr. Lind served as the Commander of the Mental Health Flight at Shaw Air Force Base where he oversaw clinical services for all Shaw Air Force Base primary, secondary and tertiary mental health programs while also serving as a staff psychologist. (Def. APA C p. 4001.) Thus, Dr. Lind was especially qualified to render an opinion as to whether Respondent's preexisting psychological condition, which was aggravated by her time in the Air Force, was worse as a result of her work accident.

Dr. Lind reviewed Respondent's extensive psychological medical records and met with Respondent. Respondent admitted to Dr. Lind her binging and purging behaviors worsened when she was deployed stateside as a flight medic. (Def. APA 16 p. 1348.) Respondent lost 30-35 pounds in three months while in the Air Force. (Id.) Respondent admitted her treatment at the Ridgeview Institute was not as successful as it could have been, and she was able to purge without being detected by the staff the last week of her stay. (Id.) Respondent also admitted that since her lung collapsed, she was unable to accomplish the transitional step of partial hospitalization, and she in effect never completed the treatment. (Id.) Dr. Lind opined Respondent psychological condition is no different than before her work injury. (Def. APA 16 p. 1349.) Dr. Lind's opinion should be given much more weight than Dr. Piasecki and Counselor Hobbs because Dr. Lind was the only physician to review all of Respondent's prior psychological treatment and the only psychologist who specifically met with Respondent to discuss her current psychological problems as compared to her treatment prior to the accident.

Accordingly, the preponderance of the evidence clearly indicates Respondent did not meet her burden of proving her preexisting psychological condition was aggravated by her work accident. The only psychologist to render an opinion opined Respondent's psychological

condition is the same today as it was prior to the accident due to her failed treatment with the Ridgeview Institute. Dr. Lind's opinion outweighs that of Dr. Piasecki who never reviewed her prior records, and that of Counselor Hobbs, whose opinion should not have been considered. Respondent's condition at the time of the hearing was clearly a continuation of her severe and ongoing preexisting psychological condition.

CONCLUSION

Respondent's severe and actively ongoing preexisting psychological condition was not aggravated by her knee injury or subsequent treatment. A preponderance of the evidence shows Respondent's testimony was not in line with the medical records. The best expert qualified to render an opinion about Respondent's psychological condition, Dr. Lind (board certified psychologist), opined Respondent's condition was not aggravated. The issue presented is beyond the area of expertise of both Dr. Piasecki and Counselor Hobbs. Respondent had extensive treatment for anorexia, bulimia, obsessive compulsive disorder and depression prior to the work accident including seventeen inpatient treatments. Respondent did not complete her last inpatient treatment, just three months prior to the accident, and thus it was a failure. For the foregoing reasons, the decision of the Single Commissioner should be reversed in its entirety.

Respectfully submitted,



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June 13, 2012
Columbia, South Carolina

PROOF OF SERVICE

The undersigned certifies that she is an employee at TURNER, PADGET, GRAHAM & LANEY, P.A., and that the attached **Appellants' Brief** was served upon J. Bradley Baker, Esquire, the attorney for the claimant, this 13th day of June, 2012, in accordance with Regulations 67-210, 67-211, 67-213, 67-214, and 67-215 and such other law as may be applicable, by depositing a copy of same in the United States Mail, postage prepaid, addressed to:

Virginia L. Crocker, Judicial Director, Commissioner
SC Workers' Compensation Commission
P. O. Box 1715
Columbia, SC 29202-1715

J. Bradley Baker, Esquire
Law Office of J. Bradley Baker, LLC
403 East Main Street, Suite E
Lexington, SC 29072

Stephanie Newman

Stephanie L Newman
Secretary to Michael E. Chase

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO: 0905068

Alison R. Morrett,

Claimant,

v.

Capital City Ambulance of GA Ltd., and

Companion Property and Casualty Ins. Co., Carrier,

Defendants.

RESPONDENT'S BRIEF

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SC Workers' Comp Comm

STATEMENT OF THE CASE

A hearing was held before Commissioner Derrick Williams on February 6, 2012. After the hearing the Commissioner issued an order finding Respondent's psychological condition was aggravated by her work accident and subsequent treatment and awarded temporary total payments and causally related medical care. The Claimant sought benefits under the South Carolina Workers' Compensation Act based upon an admitted accident which occurred on May 11, 2009. At the hearing the parties agreed that the Claimant had suffered a compensable injury to her right lower extremity. It was the position of the Claimant that the admitted compensable physical injury and the surgeries that followed aggravated her pre-existing psychological condition as well as her pre-existing eating disorder. Claimant was seeking treatment for the psychological and eating disorder. Defendants denied that the Claimant's conditions had been aggravated.

MEDICAL EVIDENCE

The Claimant was involved in an admitted physical injury on May 11, 2009 to her right knee. Since that time the Claimant has undergone six (06) surgeries to repair her injured knee, the most recent surgery being conducted on January 23, 2012. The operative reports surrounding the six (6) surgeries performed on the

Claimant's right lower extremity can be found at Claimant's APAs pg. 23, pg. 47, pg. 76, pg 125, pg 152A and pg. 116A. The dates of the surgeries were May 29, 2009, October 16, 2009, March 16, 2010, July 28, 2010, September 2, 2011 and January 23, 2012.

By way of history, the Claimant has suffered from an eating disorder since she was approximately 14 years of age. In the year 2000 at the age of 18, the Claimant was diagnosed with major depression, anorexia, bulimia, and borderline personality disorder. The Claimant has been receiving treatment for her diagnoses of major depression, anorexia, bulimia and borderline personality disorder since early 2000. During her ongoing treatment the Claimant has been admitted into psychiatric care, voluntary and involuntary.

The Claimant's current authorized treating physician is Dana Piasecki, M.D. Dr. Piasecki noted in his office visit of October 20, 2011 (Claimant's APA 138-139) that "a long discussion is had today with Alison, her family and the case manager regarding some issues with self-induced vomiting on a regular basis given concerns over her weight as well as relative depression which appears to be limiting her energy level with respect to doing therapy on her own". Dr Piasecki then goes on to state "I have discussed with Alison at some length today that these issues are not terribly surprising given her long surgical history and the prolonged rehab and recovery which is necessary from her current staged operative approach. I do believe that her psychological state is work related given the multiple surgeries which have been involved here and I would recommend that she see a nutritionist as well as get back on an antidepressant which she has previously been prescribed. She should have follow up for this with a psychiatrist in my opinion".

Dr. Piasecki confirmed his opinion in a questionnaire dated November 30, 2011 which was introduced as Claimant's APA 148. Within the questionnaire, Dr. Piasecki confirms that the opinions expressed in his medical note of October 20, 2011 are his opinions to a reasonable degree of medical certainty. Further, in his deposition of January 26, 2012, Dr. Piasecki (referred to incorrectly as Tiasecki by the court reporter) reaffirms his opinions.

After being confronted with the report of Psychologist Lind and the extensive prior treatment and

trauma that the Claimant has endured, Dr. Piasecki stated that "I would say that the stress of undergoing as many surgeries as she has, has increased the likelihood of her having worsening depression and eating disorders more than 50 percent..." (Piasecki Depo. Pg. 9, lines 14-21). At pages 16 and 17 of his deposition Dr. Piasecki opines that the decline in Ms. Morrett's psychological state is causatively related/connected to the physical injury of May 11. 2009 and the subsequent treatment and surgeries that followed. He also opined that the aggravation of Ms. Morrett's eating disorder is causatively related or connected to her physical injury of May 11, 2009 and the treatment and surgeries that followed. At pages 16 and 17 of his deposition, Dr. Piasecki also opines that Ms. Morrett's need for treatment for her psychological decline and exacerbation of eating disorder is related or connected to her physical injury and subsequent surgeries.

Marjorie Hobbs, MA, LPC is a licensed professional counselor who has the unique perspective of having treated the Claimant both before and after the accident. Ms. Hobbs has been treating the Claimant since 2004 and is well aware of the Claimant's history. At page 25 of her deposition, Ms. Hobbs testified that in her opinion the physical injury coupled with the six surgeries, the inability to work, the pain, the isolation, the financial stress and the fear of never regaining full use of her leg has exacerbated Ms. Morrett's psychological condition. Ms. Hobbs also opined that the physical injury coupled with the six surgeries, the inability to work, the pain as well as fear of the unknown has exacerbated Ms. Morrett's eating disorder (see pages 25-26 of Hobbs Depo).

Nicholas A. Lind, PsyD of Post Trauma Resources conducted an evaluation of the Claimant on January 11, 2012. Dr. Lind diagnosed the Claimant with Bulimia Nervosa and opined that this diagnoses is directly related to her military service. (Defendant's APA 1350A). Dr. Lind further opines that the Claimant's inability to complete an intensive outpatient program due to a medical emergency of a collapsed lung contributes to her ongoing eating behaviors (Defendant's APA 1349).

Defendants' APAs 2, 4, 5, 6, 9, 10 and 12 contain records related to the Claimant's extensive pre-injury treatment for her psychological issues as well as her eating disorder. The records include many of

the hospitalizations the Claimant endured prior to her injury.

TESTIMONY FROM HEARING

Ms. Morrett testified that she was born [redacted]d is twenty nine years of age. Ms. Morrett is single and has no dependents (Tr. p. 6, Lines 19 - 25). Ms. Morrett has a two year degree in nursing from Midlands Technical and is currently enrolled online doing an RN to BSN to MSN program (Tr. p. 7, Lines 03 - 05). Ms. Morrett testified that her past employment consisted of waiting tables, working in retail, a receptionist in a medical office, a bank teller and then she joined the Air Force. Ms. Morrett served in the Air Force from 2005 to 2010 (Tr. p. 7, Lines 06 - 12). Ms. Morrett further testified that she was honorably discharged from the Air Force and that her position held in the military was an EMT (Tr. p. 7, Lines 14 - 18). Ms. Morrett worked in the private sector as an EMT from 2007 to 2009 until the date of her injury (Tr. p. 7, Lines 19 - 22). Ms. Morrett testified that she worked for two different companies (Tr. p. 7, Lines 23-25).

Ms. Morrett testified that she began receiving treatment for depression and her eating disorder in high school at either age 17 or 18 (Tr. p. 8, Lines 06 - 07). Ms. Morrett further testified that this was something that she has struggled with (Tr. p. 8, Lines 08 - 09). Ms. Morrett stated that she has had points in her life that she has done really well and then there has always been situational depression and situational anxiety, but that it has been a continuous process (Tr. p. 8, Lines 10 - 15). Ms. Morrett testified that she has been hospitalized for eating disorder on a number of occasions (Tr. p. 8, Lines 16 - 18). Ms. Morrett testified that she was not exactly sure how many times she has been hospitalized but that from 2005 until the present there was only one hospitalization (Tr. p. 8, Lines 19 - 23).

Ms. Morrett testified that things happened in her life that impacted her eating disorder and psychological situation (Tr. p. 9, Lines 03 - 08). Ms. Morrett further stated that her family moved a lot, her entire life. Her father was in sales so they never really stayed in one place. (Tr. p. 9, Lines 09 - 13). Ms. Morrett testified that she had been in three elementary schools, two middle schools, two high schools and that she had suffered abuse as a child that she never really dealt with (Tr. p. 9, Lines 13 - 16). Ms. Morrett

further testified that she never got along with her family that well (Tr. p. 9, Line 17). That she is the oldest and was always expected to be perfect (Tr. p. 9, Lines 18 - 19). But that she always marched to the beat of her own drum and didn't pick the career choice they wanted, so she has kind of done her own thing with that (Tr. p. 9, Lines 19 - 22).

Ms. Morrett testified that she had been sexually assaulted (Tr. p. 9, Lines 24 – 25 and Tr. p. 10, Line 1). Ms. Morrett testified that one of the assaults occurred when she was a child and one was when she was an adult (Tr. p. 10, Lines 02 - 05). Ms. Morrett testified that she has been through a divorce (Tr. p. 10, Lines 06 - 07). That she has had issues with her parents and her mother (Tr. p. 10, Lines 08 - 11). That she has had a number of hospitalizations but only one since 2005 (Tr. p. 10, Lines 08 - 14).

Ms. Morrett testified that she began treating with Marjorie Hobbs in 2004, but that she hasn't treated with her consistently all the way from 2004 to now (Tr. p. 10, Lines 17 - 19). Ms. Morrett testified that while in the military she did not treat with Marjorie Hobbs (Tr. p. 10, Lines 19 - 21) but that she was the only person she has seen before, pre-knee injury, and after (Tr. p. 10, Lines 22 - 23) and that she has seen her really consistent in the last year (Tr. p. 10, Lines 24 - 25). Ms. Morrett testified that she probably goes to see Ms. Hobbs a couple time a month, simply because she cannot afford to go every week (Tr. p. 10, Line 25 and Tr. p. 10, Line 1). Ms. Morrett testified that Marjorie Hobbs is the only provider you has treated her both before this injury and after this injury (Tr. p. 11, Lines 03 - 06).

Ms. Morrett testified that she saw Dr. Lind just one time (Tr. p. 11, Lines 07 - 10) and that she spent about fifty minutes with him (Tr. p. 11, Lines 11 - 12) and that she did testing after that (Tr. p. 11, Lines 16 - 17). Ms. Morrett testified that she had review Dr. Lind's report and that her understanding when she read the report was that he mainly focused on the one treatment in 2009 and that the single knee surgery that happened in May 2009 wasn't really responsible for any of the issues that she is having now (Tr. p. 11, Lines 20 – 25 and Tr. p. 12, Lines 01 - 03). Ms. Morrett further testified that she understood Dr. Lind's report focused a lot around just the single incident and the single treatment in February of 2009 (Tr. p. 12, Lines

04 - 09). Ms. Morrett testified that the incident of 2009 was the treatment at Ridgeview (Tr. p. 12, Lines 10 - 11). Ms. Morrett testified that she was transferred from Ridgeview in February to the main hospital at Emory, then she returned, then she went back until the 17th which was her discharge date that she had completed the program (Tr. p. 12, Lines 14 - 19) and that instead of being discharged home she was discharged to Wellstar Cobb where she had lung surgery for a collapsed lung (Tr. p. 12, Lines 20 - 25). Ms. Morrett testified that she returned to Ridgeview after discharge of February 10 (Tr. p. 13, Lines 12 - 14). Ms. Morrett further testified that she left Ridgeview or was discharged from Ridgeview on February 17 to go straight to the emergency room for her lung (Tr. p. 13, Lines 17 - 20). Ms. Morrett testified that her actual discharge date from Ridgeview was the 17th rather than the 10th (Tr. p. 13, Lines 21 - 25).

Ms. Morrett testified that she began working for Capital City Ambulance in March of 2009 (Tr. p. 14, Lines 01 - 05). Ms. Morrett testified that she was doing well during that time, that she had done the program and then had the lung surgery and rehabilitated off of that (Tr. p. 14, Lines 06 - 09). Ms. Morrett testified that she was finally going back to work for the first time since having been deployed and that she was living independently, doing the things that she enjoyed doing like working and being active and having all of those things in her life that normal people have and feeling like a productive member of society (Tr. p. 14, Lines 10 - 17).

Ms. Morrett testified that the day of her injury that she and her partner had gotten a call and it was dark, it was between 4:00 and 5:00 in the morning (Tr. p. 14, Lines 18 - 22) that it had been raining and it was wet, that they had gone to get this person multiple times, that the patient lived on top of a hill and when she was coming out of the patient's house on their sidewalk, she fell down the hill with the stretcher and tore her ACL (Tr. p. 14, Lines 23 – 25 and Tr. p. 15, Lines 01 - 04). Ms. Morrett testified that she had her first knee surgery in May of 2009 (Tr. p. 15, Lines 12 - 13) and that after her first surgery she went to PT and was wearing a brace (Tr. p. 15, Lines 14 - 15). Ms. Morrett testified that she continued to do PT, home exercises and go to the doctor through July or August of 2009 (Tr. p. 15, Lines 16 - 23). In August of 2009 she went to see Dr. Holmes for a second opinion and an MRI (Tr. p. 15, Lines 24 - 25). Ms. Morrett testified that

when the MRI was viewed it was discovered that the ACL was not put in or reconstructed appropriately and then the PCL was also torn inter-operatively and a second surgery was then scheduled to complete those two reconstructions (Tr. p. 16, Lines 01 - 05). Ms. Morrett testified that Dr. Holmes did three of her six surgeries (Tr. p. 16, Lines 06 - 07). Ms. Morrett testified that at some point in 2011, Dr. Holmes was done with doing trial and error but knew something was still not right so he referred her to Dr. Piasecki in Charlotte at OrthoCarolina (Tr. p. 16, Lines 08 - 13). Ms. Morrett testified that she has had two surgeries with Dr. Piasecki (Tr. p. 16, Lines 14 - 15).

Ms. Morrett testified that recovery after each one of her surgeries consists of no driving for six to eight weeks, then starting the PT process over each time and then it is a waiting game (Tr. p. 17, Lines 03 - 06). Ms. Morrett testified that she has not been able to work since her injury (Tr. p. 17, Lines 07 - 08) and that she has experienced pain since her injury (Tr. p. 17, Lines 09 - 10). Ms. Morrett testified that the injury and the surgeries that followed have definitely caused problems in her life (Tr. p. 17, Lines 11 - 14). Ms. Morrett further testified that she was an extremely active person, she was a runner doing triathlons and to go from that level of activity in her life to nothing in a three second fall down a hill has completely changed everything (Tr. p. 17, Lines 14 - 20). Ms. Morrett further testified that she wanted to be rehabilitated and she wants to return to work because she is young (Tr. p. 17, Lines 20 - 22) and that she cannot stand the thought of not being able to be a nurse and do what she wants to do (Tr. p. 17, Lines 22 - 25). Ms. Morrett testified that not being able to drive, trying to find rides to appointment and having people come to her is a very isolating (Tr. p. 17, Line 25 and Tr. p. 18 Lines 01 - 04).

Ms. Morrett testified that the injury has impacted her life financially and that getting a percentage of your pay compared to the full pay is a hit (Tr. p. 18, Lines 05 - 07) but that also she feels that she is losing because she is not able to go to work as a nurse, that it is definitely a struggle (Tr. p. 18, Lines 08 - 10).

Ms. Morrett testified that the injuries and subsequent surgeries have affected her preexisting depression and eating disorder (Tr. p. 18, Lines 11 - 14) and that the whole rehabilitation period has spun

out of control and has taken a toll on her psyche (Tr. p. 18, Lines 15 - 22). Ms. Morrett further testified that there have been times when her eating disorder and depression have interfered with her recovery (Tr. p. 18, Lines 23 – 25) especially after the surgery in September of last year and that is the one that threw her over the edge (Tr. p. 19, Lines 01 - 04) she further testified that she did not have the energy or appropriate nutrition and had some problems with the bone healing a right way (Tr. p. 19, Lines 05 - 07). Ms. Morrett testified that physical therapy was a lot slower than normal and that because the bone was not healing properly they could not progress like normal (Tr. p. 19, Lines 08 - 14).

Ms. Morrett testified that she just had surgery and that she still had staples in her leg, approximately 50 or 70 total (Tr. p. 19, Lines 15 - 19). Ms. Morrett testified that she would return sometime this week to hopefully have the staples removed and then she would begin the PT process (Tr. p. 19, Lines 20 - 25) and that recovery could take from nine to twelve months but that she will probably have to have one to two more minor knee surgeries or scopes to clean out the scar tissue and everything else that has accumulated over time and have a better recovery with better mobilization (Tr. p. 19, Lines 25 and Tr. p. 20, Lines 01 - 06).

Ms. Morrett testified in February and March of 2009 she was in a different spot having finished up treatment, going back to work and being more active (Tr. p. 20, Lines 07 - 15). That this whole process over almost three years has changed it all and has taken its toll (Tr. p. 20, Lines 16 - 22). Ms. Morrett testified that her mental condition and eating disorder were not exacerbated immediately after the injury but in progression with the treatment of multiple surgeries (Tr. p. 20, Lines 23 – 25 and Tr. p. 21, Lines 01 - 04). Ms. Morrett further testified that prior to the hearing she had voluntarily signed multiple authorizations in this case (Tr. p. 21, Lines 05 - 08) and have allowed the Defendants to obtain her medical records from the past (Tr. p. 21, Lines 09 - 11). She further testified that she had also signed releases for the Defendants to obtain her military records (Tr. p. 21, Lines 12 - 14).

Ms. Morrett testified that she does feel she needs more intense treatment at this time (Tr. p. 21, Lines 15 - 18) and she further testified that she and Marjorie Hobbs have discussed the limitations to what Marjorie Hobbs can do as well as the financial limitations on herself because of only receiving sixty percent

of her income (Tr. p. 21, Lines 18 - 22). Ms. Morrett testified that she could not afford to live and make the payment to Marjorie Hobbs once or twice a week, every week, monthly and that she has no resources outside of herself (Tr. p. 21, Lines 23 – 25 and Tr. p. 23, Line 01). Ms. Morrett testified that she sees Marjorie Hobbs on a self pay basis (Tr. p. 22, Lines 02 - 03) and that she is not able to get inpatient treatment on her own (Tr. p. 22, Lines 04 - 06). Ms. Morrett testified that when she was injured she had insurance through Capital City and that after the injury occurred her insurance coverage was terminated (Tr. p. 22, Lines 07 - 13). Ms. Morrett testified that she does have VA benefits (Tr. p. 22, Lines 14 - 15) but that they do not have the resources either (Tr. p. 22, Lines 15 - 16). She stated that she has gone to them multiple times and tried to seek treatment and that they're researching it, but as of now, because it isn't service related, they are not going to pay for it (Tr. p. 22, Lines 17 - 19). Ms. Morrett testified that she wants inpatient treatment (Tr. p. 22, Lines 20 - 21) and that she feels this time will be different because she is in a different place in her life (Tr. p. 22, Lines 22 – 25 and Tr. p. 23, Line 01). Ms. Morrett testified that she has a degree she wants to use and that she wants to return to school whenever she can go back to school and that there she had goals and things she wanted to do that she didn't want back then, that being younger she was in a different place (Tr. p. 23, Lines 02 - 07). Ms. Morrett testified that her maturity level and just being older has changed where she is (Tr. p. 23, Lines 08 - 13).

On Cross Examination by Mr. Chase, Ms. Morrett testified that she had the ideas of an eating disorder when she was twelve but she didn't take any action towards it until she was around thirteen or fourteen, early adolescence (Tr. p. 23, Lines 20 – 25 and Tr. p. 24, Lines 01 - 04). Ms. Morrett testified that she was living in Atlanta during this time (Tr. p. 24, Lines 05 - 06). She further testified that she did notice a weight loss at that time that it comes and goes, being pretty situational, but at that age she did notice weight loss (Tr. p. 24, Lines 07 - 11). Ms. Morrett testified that she had her first hospitalization at Palmetto Health Baptist at the age of 17 (Tr. p. 24, Lines 15 - 17). She further testified that the first hospitalization was February 20, 2000 and that she was diagnosed with major depression and anorexia (Tr. p. 24, Lines 22

– 25 and Tr. p. 25, Lines 01 – 02). She further testified that she continued on in the hospital through March 22, 2000 and that it was an extended stay (Tr. p. 25, Lines 03 - 05). Ms. Morrett testified that during this time she had gotten down to ninety five pounds (Tr. p. 25, Lines 06 - 08) and that she had a feeding tube (Tr. p. 25, Lines 09 - 10). Ms. Morrett further testified that she went directly from the first hospital admission to her second, a residential program in Arizona at Remuda Ranch (Tr. p. 25, Lines 11 - 17) and that the residential program was private pay (Tr. p. 25, Lines 17 - 20). Ms. Morrett testified that her stay at Remuda Ranch was seventy five days (Tr. p. 25, Line 25 and Tr. p. 26, Lines 01 - 02). Ms. Morrett further testified that her stay at Remuda Ranch was extended due to her physical labs as well as some compliance issues with what they were trying to do at that point in her life (Tr. p. 26, Lines 03 - 13). Ms. Morrett testified that her third hospital admission was in June of 2000 (Tr. p. 26, Lines 14 - 17) and that admission was to Palmetto Health Baptist (Tr. p. 26, Lines 18 - 19). Ms. Morrett testified that their diagnoses at that time included self mutilating (Tr. p. 26, Lines 20 - 22) she further testified that she felt that Remuda Ranch did not help her (Tr. p. 26, Lines 23 – 25 and Tr. p. 27, Line 01). Ms. Morrett testified that her fourth admission was at MUSC from August 28 through September 7, 2000 (Tr. p. 27, Lines 02 - 08) and that her diagnoses at MUSC was bulimia (Tr. p. 27, Lines 09 - 11). She further testified that her fifth hospital admission was also to MUSC (Tr. p. 27, Lines 15 - 17). Ms. Morrett testified that her sixth hospital admission was in Columbia at Palmetto Health Baptist in August of 2001 (Tr. p. 27, Lines 18 - 21) and at that time she was down to weighing seventy pounds (Tr. p. 27, Lines 22 - 25). Ms. Morrett testified that her seventh admission was at Palmetto Health Baptist on February 13, 2002 (Tr. p. 27, Line 25 and Tr. p. 28, Lines 01 - 03). Ms. Morrett further testified that during this stay she applied for Mercy Ministries but was never accepted due to the year and a half to two year waiting period (Tr. p. 28, Lines 04 – 08). Ms. Morrett testified that Mercy Ministries was an inpatient or resident program (Tr. p. 28, Lines 09 - 11). Ms. Morrett testified that her eighth admission was to Richland Springs from April 8 through the 16th of 2002 (Tr. p. 28, Lines 12 - 14) and that her ninth admission was to Palmetto Health Richland in Columbia from June 8th through the 14th of 2002 (Tr. p. 28, Lines 15 - 18). Ms. Morrett further testified that she was committed as an inpatient to

Bryan Psychiatric, but couldn't remember when she went (Tr. p. 28, Lines 19 – 25 and Tr. p. 29, Lines 01 - 02) and that she believed she was inpatient at Bryan Psychiatric for three days (Tr. p. 29, Lines 03 - 04). Ms. Morrett testified that her parents had her committed (Tr. p. 29, Lines 05 - 07). She further testified that her tenth admission was to Richland Springs on March 7th through the 27th of 2003 (Tr. p. 29, Lines 08 - 10) and that her eleventh admission was from June 1 through June 3, 2004 at Palmetto Health Baptist (Tr. p. 29, Lines 11 - 14). Ms. Morrett testified that she had a diagnosis at this time of obsessive compulsive disorder as well (Tr. p. 29, Lines 15 - 17). She further testified that her thirteenth admission was from August 6 2004 to August 12, 2004 (Tr. p. 29, Lines 22 - 24). Ms. Morrett testified that she could not recall why at that time she had asked for a feeding tube, but what came to mind was that if somebody else did it for her then she wouldn't have to deal with it and she could work on everything else in her life (Tr. p. 30, Lines 01 - 08). She further testified that she began treating with her counselor, Marjorie Hobbs, later that same month when released from Palmetto Health Baptist, around August 19, 2004 (Tr. p. 30, Lines 09 - 13). She further testified that she weighed 101 pounds when she began treating with counselor Hobbs and that counselor Hobbs took a very long history from her when she first started treating her (Tr. p. 30 Lines 14 - 21) and that on her second visit with counselor Hobbs she requested that she contact Dr. Dodds to see if they'd be willing to take her back (Tr. p. 30, Lines 22 - 25). Ms. Morrett testified that Dr. Dodds was a medical doctor and that counselor Hobbs requested she be followed medically while treating with her (Tr. p. 30, Line 25 and Tr. p. 31, Lines 01 - 02). Ms. Morrett testified that during this time she was still receiving short term disability from her previous employer, a doctor's office (Tr. p. 31, Lines 03 - 07) and that the short term disability was for her psychological problems (Tr. p. 31, Lines 08 - 10). She further testified that she was under their disability program for maybe a month. (Tr. p. 31, Lines 11 - 13). Ms. Morrett testified that she continued treating with counselor Hobbs throughout 2004 (Tr. p. 31, Lines 15 - 17). She further testified that she reported taking "Stackers" which are diet pills (Tr. p. 31, Lines 18 - 19).

Ms. Morrett testified that she began school in late 2004 or early 2005 (Tr. p. 31, Line 25 and Tr. p.

32, Lines 01 - 02). Those classes were her nursing classes and prerequisites (Tr. p. 32, Lines 03 - 04). Ms. Morrett testified that during this time her bulimia symptoms would flare up and then go back down (Tr. p. 32, Lines 05 - 07). Ms. Morrett testified that during a visit with counselor Hobbs on March 23, 2005 she reported that her bulimia had improved but then she suffered a setback at the beach (Tr. p. 32, Lines 08 - 12). Ms. Morrett testified that she officially enlisted in the Air Force in October of 2005 but due to school, she did not leave to go to basic training until January of 2006 (Tr. p. 32, Lines 16 - 20). She further testified that her first visit with counselor Hobbs after basic training was November 29, 2006 (Tr. p. 32, Lines 21 - 25). She further testified that she reported to counselor Hobbs that she was throwing up "sometimes" (Tr. p. 33, Lines 01 - 03). Ms. Morrett testified that when she saw counselor Hobbs on December 13, 2006, she reported that she was throwing up two times a week and restricting her diet (Tr. p. 33, Lines 04 - 07). She further testified that on January 31, 2007 she reported to counselor Hobbs that she was still restricting and purging daily and reported that "this time it's different and it's scaring me" (Tr. p. 33, Lines 11 - 17). Ms. Morrett testified that she reported to counselor Hobbs on February 6, 2007 that she had gone to court and committed to long-term residential treatment center, Remuda Ranch (Tr. p. 33, Lines 18 - 25).

Ms. Morrett testified that she worked for an ambulance service for a couple of months prior to working for the employer (Tr. p. 34, Lines 06 - 09) and that she continued to treat with counselor Hobbs (Tr. p. 34, Lines 10 - 12) and that she still had all the purging problems and bulimia problems throughout 2007 but that there were times when it was better and when it was worse, that it wasn't ever always bad or good (Tr. p. 34, Lines 13 - 17). She further testified that despite counselor Hobbs wanting her to have more intensive treatment in 2007 she rejected that because she was in the military and was trying to do a lot of things at that point and that she didn't see the importance of it at that point (Tr. p. 34, Lines 18 - 24).

Ms. Morrett testified that she reported to counselor Hobbs on July 17, 2007 that she denied having a "real problem" (Tr. p. 34, Line 25 and Tr. p. 35, Lines 01 - 05). She further testified that on September 11, 2007 she called counselor Hobbs and terminated the counseling relationship stating that she was not ready to change and didn't feel ready to continue therapy (Tr. p. 35, Lines 06 - 12). She further testified that she

resumed treatment with counselor Hobbs in February of 2008 (Tr. p. 35, Lines 13 - 17) and that she was enrolled in a full school schedule at that time (Tr. p. 35, Lines 18 - 20). She further testified that she reports to throwing up daily, restricting her diet, lost weight and depressed (Tr. p. 35, Lines 21 - 23) and that counselor Hobbs again recommended Remuda Ranch but she rejected that and asked for something local (Tr. p. 35, Lines 24 - 25) stating that it was also the financial aspect of it because it is really expensive and she has no one else no other means of financial support (Tr. p. 36, Lines 01 - 04). Ms. Morrett testified that she did not go at that time but did go later in 2009 (Ridgeview) (Tr. p. 36, Lines 05 - 07).

Ms. Morrett testified that she was married in April of 2008 (Tr. p. 36, Lines 11 - 12). She further testified that her husband went to her commanding officer and reporter her eating disorder and that is how the military found out about her eating disorder (Tr. p. 36, Lines 18 - 23). She testified that she was officially divorced in February or March of 2009 (Tr. p. 37, Lines 04 - 05).

Ms. Morrett testified that she applied for a position with the employer in January of 2009 but did not go to work until March of 2009 (Tr. p. 37, Lines 12 – 15). She further testified that she reported to counselor Hobbs on January 12, 2009 that "I need an intervention" which meant she needed some inpatient treatment (Tr. p. 37, Lines 16 - 20) and that she was admitted approximately a week later, on January 26, 2009 to Ridgeview Institute (Tr. p. 37, Lines 21 - 24). Ms. Morrett testified that the military did not require her to do it, but that her job could have been on the line, but they didn't force her (Tr. p. 37, Line 25 and Tr. p. 38, Lines 01 – 04) but that she knew she had to go to keep her job in the military (Tr. p. 38, Lines 05 - 07).

Ms. Morrett testified that she was never scheduled to partake in the intensive outpatient program at Ridgeview Institute because her insurance wouldn't pay for it so when she discharged on February 17th she had completed the program she had gone there for (Tr. p. 38, Lines 17 - 25). Ms. Morrett testified that she received treatment for her lung at Wellstar in Atlanta (Tr. p. 39, Lines 14 - 15) and that once she was released from Ridgeview she saw counselor Hobbs three more time before her knee injury (Tr. p. 39, Lines 18 - 21). Ms. Morrett testified that prior to entering Ridgeview she spent two weeks alone, taking diet pills,

laxatives and purging (Tr. p. 39, Lines 23 – 25 and Tr. p. 40, Line 01). She further testified that she had an appointment with a dietician Wilkerson, but never went there (Tr. p. 40, Lines 03- 05). Ms. Morrett testified that she is currently seeing a dietician at the VA (Tr. p. 40, Lines 06 - 09) and further testified that she had seen one when she returned from Remuda in 2000 and then in treatment (Tr. p. 40, Lines 10 - 13).

Ms. Morrett testified that she did not recall stating to counselor Hobbs on March 23, 2009, "purging a lot last week. Wont' go to dietician." but would not disagree with it if it's in her records (Tr. p. 40, Lines 14 - 22).

Ms. Morrett testified that she continued seeing counselor Hobbs and that she would discuss her stress about money. She continued to see counselor Hobbs and discuss her knee, problems with her mom and her living situation (Tr. p. 41, Lines 01 - 10). She also discussed her new relationships, including one with a police officer and that she continued to have problems with purging but it was not as severe at that point, in 2009 (Tr. p. 41, Lines 11 - 18). She further testified that counselor Hobbs was still recommending as of August 24, 2009 that she see a dietician (Tr. p. 41, Lines 21 - 23). Ms. Morrett testified that she returned to school in January 2010, attending in person, at Midlands Tech but what was offered online she took online (Tr. p. 42, Lines 01 - 09). She further testified that she moved in with her boyfriend in April of 2010 and was making friends at school (Tr. p. 42, Lines 12 - 17) and that during the time of her final exams she broke up with her boyfriend and was still not speaking to her mother at that point (Tr. p. 42, Lines 18 - 24). She further testified that again in December of 2010, counselor Hobbs was recommending that she have some kind of inpatient treatment for her eating disorder (Tr. p. 42, Line 25 and Tr. p. 43, Lines 01 - 03) and that she refused at that time because she had no insurance (Tr. p. 43, Lines 04 - 05). She further testified that she worked for the employer for two months and received day one benefits (Tr. p. 43, Lines 06 - 09).

Ms. Morrett testified in the beginning of 2011 that she reported to counselor Hobbs that she was experiencing anxiety over school starting back up and was still resistant to seeing a dietician at this time (Tr. p. 43, Lines 10 - 15) and she further testified that she checked herself into a clinical trial at UMC Chapel Hill for her eating disorder, but that she had to live local to participate (Tr. p. 43, Lines 16 - 18). She testified

that in February of 2011 that she discussed with counselor Hobbs inpatient treatment at a place called Magnolia Creek (Tr. p. 43, Lines 19 - 22) and that she passed her nursing boards in March of 2011 (Tr. p. 43, Lines 23 - 25). She further testified that she might consider inpatient treatment after school ends in August of 2011 (Tr. p. 44, Lines 01 - 05). She was evaluated by the VA Hospital on July 28, 2011 (Tr. p. 44, Lines 06 - 10) where she reported to them that she had 17 prior inpatient psychiatric treatments for bulimia, anxiety and depression (Tr. p. 44, Lines 11 - 14). She further testified that on October 18, 2011 she reported to the VA Hospital that she wanted outpatient treatment for bulimia, but not at the VA, because every time she goes into the VA she has never seen another female in there, but she is now followed consistently by a female doctor at the VA who has agreed that they do not have a program for this specific issue and that the road block they were running into was it was not service related (Tr. p. 44, Lines 15 – 25 and Tr. p. 46, Lines 01 - 02). She testified that her weight was 112 pounds on October 18, 2011 (Tr. p. 45, Lines 03 - 05). She further testified that on November 2, 2011 she saw a Wendy Wang, who is a psychiatrist at the VA, but that she only saw her one time and then that lady was deployed and they reassigned her to another doctor (Tr. p. 45, Lines 06 - 11). Ms. Morrett testified that during her visit at the VA on December 2, 2011 she wanted the VA to refer her directly to a VA facility that has an eating disorder inpatient unit (Tr. p. 45, Lines 12 - 16). She further testified that she had reviewed Dr. Lind's letter issued January 23, 2012 but had not presented it to the VA or her military benefits yet because she hadn't had an appointment since this (Tr. p. 45, Lines 17 – 25 and Tr. p. 46, Lines 01 - 03). Ms. Morrett testified that she was aware of Dr. Lind's opinion (Tr. p. 46, Lines 04 - 08).

Ms. Morrett further testified that she met with Dr. Lind for about an hour (Tr. p. 46, Lines 10 - 11) and she acknowledge to Dr. Lind that she engaged in purging behaviors during her final week of her hospital stay at the Ridgeview institute (Tr. p. 46, Lines 13 - 16). She further testified that she confided in Dr. Lind and revealed to him that by the last week of her stay at Ridgeview she had learned that by waiting for a certain amount of time to elapse after eating she could vomit without being detected by the Ridgeview staff

(Tr. p. 46, Lines 17 - 22). Ms. Morrett also testified that she explained to Dr. Lind that when she was serving her third year in the US Air Force she found that assignment, that deployment to have lack of structure and that was stressful to her (Tr. p. 46, Lines 23 – 25 and Tr. p. 47, Lines 01 - 03) and that she reported to Dr. Lind that she lost thirty to thirty five pounds in approximately thirty months during that deployment (Tr. p. 47, Lines 04 - 07). She further testified that her weight at the present time is 109 pounds (Tr. p. 47, Lines 08 - 11) and that when she first started seeing counselor Hobbs, back in 200 she was 101 pounds (Tr. p. 47, Lines 12 - 15). Ms. Morrett testified that she was currently still in school (Tr. p. 47, Lines 16 - 17) and that she was currently working on her BSN and taking all courses online (Tr. p. 47, Lines 16 - 22). She testified that she was taking those courses through Chamberlain College of nursing (Tr. p. 47, Line 25 and Tr. p. 48, Line 1).

Ms. Morrett testified that before the recent surgery of last month she was back to driving her Toyota Camry (Tr. p. 48, Lines 02 - 05) and that when she came to the office for her deposition she did not use a cane (Tr. p. 48, Lines 06 - 08). She further testified that she was back to doing some grocery shopping and was able to cook her own meals before her most recent surgery (Tr. p. 48, Lines 09 - 12).

ISSUES

1. WHETHER THE COMMISSIONER ERRED IN FINDING OF FACT NO.8 IN WHICH THE COMMISSIONER HELD THAT THE RESPONDENT "SUSTAINED HER BURDEN OF PROVING AN AGGRAVATION TO HER PSYCHOLOGICAL CONDITION"?

2. WHETHER THE COMMISSIONER ERRED IN FINDING OF FACTS NOS. 8 AND 10 WHEN HE HELD THAT THE RESPONDENT "SUSTAINED HER BURDEN OF PROVING AN AGGRAVATION TO HER PSYCHOLOGICAL CONDITION?

3. WHETHER THE COMMISSIONER ERRED IN FINDING OF FACT NO. 9 WHEN HE HELD THAT THE RESPONDENT "TESTIFIED ACCURATELY AND IN LINE WITH THE MEDICAL AND COUNSELING RECORDS IN THIS CASE?

4. WHETHER THE COMMISSIONER ERRED IN FINDING OF FACT NO. 11 WHEN HE HELD THAT RESPONDENT "HAS SUSTAINED HER BURDEN OF PROOF IN THIS CASE?

5. WHETHER THE COMMISSIONER ERRED IN FINDINGS OF FACT NOS. 12 AND 13 WHEN HE HELD THAT DEFENDANTS ARE RESPONSIBLE FOR MEDICAL TREATMENT FOR THE CLAIMANT'S PSYCHOLOGICAL AND EATING DISORDER

AS A RESULT OF RESPONDENT HAVING ESTABLISHED BY EXPERT OPINION AND TESTIMONY THAT THE PHYSICAL INJURY AND SUBSEQUENT TREATMENT AGGRAVATED HER PREEXISTING CONDITIONS?

6. WHETHER THE COMMISSIONER ERRED AS A MATTER OF LAW IN CONCLUSIONS NOS. 2, 3, AND 9 WHEN HE HELD THAT THE PHYSICAL INJURY AGGRAVATED THE PREEXISTING PSYCHOLOGICAL AND EATING DISORDER?

7. WHETHER THE COMMISSIONER ERRED AS A MATTER OF LAW IN CONCLUSION NO. 8 WHEN HE HELD THAT DEFENDANTS ARE RESPONSIBLE FOR TREATMENT FOR RESPONDENT'S PSYCHOLOGICAL AND EATING DISORDER?

ARGUMENT

1. THE COMMISSIONER DID NOT ERR IN FINDING OF FACT NO. 8 WHEN HE HELD THAT THE CLAIMANT/ RESPONDENT SUSTAINED HER BURDEN OF PROVING AN AGGRAVATION TO HER PSYCHOLOGICAL CONDITION AND HE DID NOT ERR IN FINDING OF FACT NO. 9 WHEN HE HELD THAT THE CLAIMANT/RESPONDENT "TESTIFIED ACCURATELY AND IN LINE WITH THE MEDICAL AND COUNSELING RECORDS IN THIS CASE.

   a. Respondent's testimony was accurate and in-line with the medical and counseling records.

The testimony of the Claimant was accurate and in-line with the medical and counseling records. Ms. Morrett testified that she was transferred from Ridgeview in February to the main hospital at Emory. She then returned to Ridgeview until the 17th of February which was her discharge date. At the time of discharge she had completed the program (Tr. p. 12, Lines 14 - 19) and that instead of being discharged home she was discharged to Wellstar Cobb where she had lung surgery for a collapsed lung (Tr. p. 12, Lines 20 - 25). Ms. Morrett testified that she returned to Ridgeview after discharge of February 10 (Tr. p. 13, Lines 12 - 14). Ms. Morrett further testified that she left Ridgeview or was discharged from Ridgeview on February 17 to go straight to the emergency room for her lung (Tr. p. 13, Lines 17 - 20). Ms. Morrett testified that her actual discharge date from Ridgeview was the 17th rather than the 10th (Tr. p. 13, Lines 21 - 25).

The appellant has picked one note from Wellstar (Def. APA 12 p. 1305) which mentions that Ms. Morrett was set to be discharged from Ridgeview "tomorrow". However this note conflicts with Def APA

12, p. 1300. The discharge summary from Wellstar states: "The patient is a 26-year old white female, otherwise in good health, who was an inpatient at a local psychiatric hospital, being treated for bulimia. The patient was due to be **discharged**, but was complaining of fatigue and difficulty breathing. She underwent a chest x-ray showing a large left sided pneumothorax. She was sent to the Cobb emergency room for evaluation."(Def APA 12, p. 1300). This note is consistent with Ms. Morrett's testimony that she had completed the program at Ridgeview when she was discharged.

The Defense next argues that Def. APA 10 p. 905 supports their argument that the Claimant's testimony was not in line with the medical records. The Defendants refer to Def. APA 10 p. 905 as the "Ridgeview discharge summary". Def. APA 10 p. 905 is actually the third page of the Ridgeview admitting note. The admitting note starts at Def. APA 10 p. 903. The note was completed on February 12 which was 5 days prior to the Claimant's actual discharge from Ridgeview. The admitting note clearly is stating what the anticipated treatment and plan will be. The fact is that the Claimant was not discharged to a local day program as the Defense would argue. This is a fact that is proven by Def APA 12, p. 1300 which indicates that the Claimant was discharged to Wellstar due to her lung collapse. The Claimant's testimony was in line with the medical records.

The Defendants next try to indicate that the Claimant's testimony is not in line with the medical records because she testified that the Air Force did not require that she go for inpatient treatment because a note from Ridgeview says the Claimant was told she needed to get help.(see Def. APA 10, p. 937, 939). This note is consistent with the testimony of the Claimant at the hearing. The Claimant testified that the military did not require her to do it, but that her job could have been on the line, but they didn't force her (Tr. p. 37, Line 25 and Tr. p. 38, Lines 01 – 04) but that she knew she had to go to keep her job in the military (Tr. p. 38, Lines 05 - 07).

As the Commissioner held the Claimant's testimony was accurate and in-line with the medical and counseling records.

b. Respondent did meet her burden of proving an aggravation of her

psychological condition.

The Claimant was involved in an admitted physical injury on May 11, 2009 to her right knee. Since that time the Claimant has undergone six (06) surgeries to repair her injured knee, the most recent surgery being conducted on January 23, 2012. Claimant is now seeking treatment for aggravation of a pre-existing psychological condition and eating disorder.

Under South Carolina Code § 42-1-160(D) stress, mental injuries, and mental illness alleged to have been aggravated by a work-related physical injury may not be found compensable unless the aggravation is:

(1) admitted by the employer/carrier;
(2) noted in a medical record of an authorized physician that, in the physician's opinion, the condition is at least in part casually-related or connected to the injury or accident, whether or not the physician refers the employee for treatment of the condition;
(3) found to be casually-related or connected to the accident or injury after evaluation by an authorized psychologist or psychiatrist; or
(4) noted in a medical record or report of the employee's physician as casually-related or connected to the injury or accident.

In this case the Claimant's current authorized treating physician is Dana Piasecki, M.D. Dr. Piasecki noted in his office visit of October 20, 2011 (Claimant's APA 138-139) that "a long discussion is had today with Alison, her family and the case manager regarding some issues with self-induced vomiting on a regular basis given concerns over her weight as well as relative depression which appears to be limiting her energy level with respect to doing therapy on her own". Dr Piasecki then goes on to state "I have discussed with Alison at some length today that these issues are not terribly surprising given her long surgical history and the prolonged rehab and recovery which is necessary from her current staged operative approach. I do believe that her psychological state is work related given the multiple surgeries which have been involved here and I would recommend that she see a nutritionist as well as get back on an antidepressant which she has previously been prescribed. She should have follow up for this with a psychiatrist in my opinion".

Dr. Piasecki has confirmed his opinion in a questionnaire dated November 30, 2011 which was

introduced as Claimant's APA 148. Within the questionnaire Dr. Piasecki confirms that the opinions expressed in his medical note of October 20, 2011 are his opinions to a reasonable degree of medical certainty. Further, in his deposition of January 26, 2012, Dr. Piasecki (referred to incorrectly as Tiasecki by the court reporter) reaffirms his opinions.

After being confronted with the report of Psychologist Lind and the extensive prior treatment and trauma that the Claimant has endured, Dr. Piasecki stated that "I would say that the stress of undergoing as many surgeries as she has, has increased the likelihood of her having worsening depression and eating disorders more than 50 percent..." (Piasecki Depo. Pg. 9, lines 14-21). At pages 16 and 17 of his deposition Dr. Piasecki opines that the decline in Ms. Morrett's psychological state is causatively related/connected to the physical injury of May 11. 2009 and the subsequent treatment and surgeries that followed. He also opined that the aggravation of Ms. Morrett's eating disorder is causatively related or connected to her physical injury of May 11, 2009 and the treatment and surgeries that followed. At pages 16 and 17 of his deposition, Dr. Piasecki also opines that Ms. Morrett's need for treatment for her psychological decline and exacerbation of eating disorder is related or connected to her physical injury and subsequent surgeries.

Just as compelling is the testimony of Marjorie Hobbs, MA, LPC. Ms. Hobbs a licensed professional counselor who has the unique perspective of having treated the Claimant both before and after the accident. Ms. Hobbs has been treating the Claimant since 2004 and is well aware of the Claimant's history. At page 25 of her deposition, Ms. Hobbs testified that in her opinion the physical injury coupled with the six surgeries, the inability to work, the pain, the isolation, the financial stress and the fear of never regaining full use of her leg has exacerbated Ms. Morrett's psychological condition. Ms. Hobbs also opined that the physical injury coupled with the six surgeries, the inability to work, the pain as well as fear of the unknown has exacerbated Ms. Morrett's eating disorder (see pages 25-26 of Hobbs Depo).

The Claimant has clearly satisfied South Carolina Code § 42-1-160 and should be awarded treatment for her declining psychological condition and the exacerbation of her eating disorder. The Claimant has also satisfied South Carolina Code § 42-9-35 in that the Claimant has produced significant medical evidence that

the injury of 2009 and the extensive treatment that has followed has aggravated the Claimant's pre-existing eating disorder and psychological issues.

The Claimant has clearly met her burden of proving an aggravation of her psychological condition and her eating disorder.

2. THE PREPONDERANCE OF THE EVIDENCE SUPPORTS THE COMMISSIONER'S FINDINGS OF FACT NOS. 8 AND 10 AND CONCLUSIONS NOS. 2,3, AND 9 THAT THE RESPONDENT "SUSTAINED HER BURDEN OF PROVING AN AGGRAVATION O HER PSYCHOLOGICAL CONDITION" AND FINDING OF FACT NO. 11 THAT RESPONDENT "HAS SUSTAINED HER BURDEN OF PROOF.

As indicated above the Claimant has clearly satisfied her statutory burden in this case. It cannot be denied that the Claimant has an extensive history of psychological issues and an eating disorder. It also cannot be denied that (6) six surgeries over a three year period of time would take a psychological toll on most anyone. It has never been the position of the Claimant that the injury alone aggravated her psychological condition and eating disorder. It is the physical injury coupled with the six surgeries, the recovery from six surgeries, the rehabilitation following six surgeries, the inability to work, the pain, the isolation, the financial stress and the fear of never regaining full use of her leg that has exacerbated Ms. Morrett's psychological condition and eating disorder.

The authorized treating physician, Dr. Piasecki, stated that "I would say that the stress of undergoing as many surgeries as she has, has increased the likelihood of her having worsening depression and eating disorders more than 50 percent..." (Piasecki Depo. Pg. 9, lines 14-21). At pages 16 and 17 of his deposition Dr. Piasecki opines that the decline in Ms. Morrett's psychological state is causatively related/connected to the physical injury of May 11. 2009 and the subsequent treatment and surgeries that followed. He also opined that the aggravation of Ms. Morrett's eating disorder is causatively related or connected to her physical injury of May 11, 2009 and the treatment and surgeries that followed. At pages 16 and 17 of his deposition, Dr. Piasecki also opines that Ms. Morrett's need for treatment for her psychological decline and

exacerbation of eating disorder is related or connected to her physical injury and subsequent surgeries.

The record in this case clearly supports the Commissioner's decision.

3. THE PREPONDERANCE OF THE EVIDENCE SUPPORTS THE COMMISSIONER'S FINDINGS OF FACT NOS. 12 AND 13 AND CONCLUSION NO. 8, THAT DEFENDANTS ARE RESPONSIBLE FOR PSYCHOLOGICAL AND EATING DISORDER MEDICAL TREATMENT AS A RESULT OF RESPONDENT HAVING ESTABLISHED BY EXPERT OPINION AND TESTIMONY THAT THE PHYSICAL INJURY AND SUBSEQUENT TREATMENT AGGRAVATED HER PREEXISTING CONDITIONS.

The Commissioner's decision is supported by the medical evidence and expert testimony in the record. Appellant's argument is based on the assertion that the opinion of Dr. Lind should be given greater weight than the opinions of Dr. Piasecki and Marjorie Hobbs. It is important to note that Dr. Piasecki is the authorized treating physician. This is an important fact because the Defense seems to now want to challenge the credibility of a physician that they chose. Dr. Piasecki's credentials are impeccable. Dr. Piasecki is a board certified orthopedic surgeon. He attended undergraduate training at Harvard University and obtained his medical degree from Vanderbilt University. He specializes in difficult cases such as Ms. Morrett's.

The Commissioner's decision is also supported by the opinion of Marjorie Hobbs, MA, LPC who is a licensed professional counselor. Counselor Hobbs counsels full time at Palmetto Health and also rents space and counsels at First Pres Counseling. Marjorie Hobbs has the unique perspective of having treated the Claimant both before and after the accident. Ms. Hobbs has been treating the Claimant since 2004 and is well aware of the Claimant's history. At page 25 of her deposition, Ms. Hobbs testified that in her opinion the physical injury coupled with the six surgeries, the inability to work, the pain, the isolation, the financial stress and the fear of never regaining full use of her leg has exacerbated Ms. Morrett's psychological condition. Ms. Hobbs also opined that the physical injury coupled with the six surgeries, the inability to work, the pain as well as fear of the unknown has exacerbated Ms. Morrett's eating disorder (see pages 25-26 of Hobbs Depo).

Furthermore, there are significant flaws in the report and opinion of Dr. Lind. One of the significant

problems with Lind's report seems to stem from the referral questions he was asked. They are contained at Def APA 16, p. 1345. The causation question is stated as "Was this condition more likely than not, with as much certainty reasonable in the field of psychology, aggravated by her 11 May 2009 work-related injury." As indicated, it is not the position of the Claimant that the injury alone has exacerbated or aggravated her psychological condition and her pre-existing eating disorder. It is the significant treatment consisting of (6) six surgeries coupled with the recovery time, the pain, the isolation, the immobilization, inability to work etc. that has aggravated the Claimant's pre-existing conditions. Focusing on the injury alone is ignoring the tremendous toll of six surgeries and the recoveries from six surgeries.

Furthermore, the report of Dr. Lind confirms he only met with the Claimant one time for 60 minutes. (Def APA 16, p. 1345). Dr. Lind's report also contains inaccuracies about the Claimant. At p. 1346 he indicates that the Claimant lives in Manning. The Claimant has never lived in Manning. Dr. Lind also indicates the records he supposedly reviewed. The Claimant has not treated with any of the providers listed within Dr. Lind's report. At the time he prepared the report he did not have the records from Ridgeview Institute although the basis of his opinion is that the Claimant did not complete the treatment at Ridgeview. At Def APA 16 p. 1349 Dr. Lind again focuses on just the injury and ignores the six surgeries when he states "In my opinion it is this treatment failure, and not the work-related injury that occurred approximately three months later, that contributes to her ongoing eating behaviors." This opinion again refers only to the injury. Dr. Lind has ignored the six surgeries over nearly a three year period of time. For that reason his opinion is flawed.

The Claimant has satisfied her statutory burden of proof and the decision of the Commissioner is supported by the preponderance of the evidence in this matter.

CONCLUSION

The preponderance of the evidence supports the Commissioner's decision that this admitted physical injury and the subsequent treatment have aggravated the Claimant's pre-existing psychological condition

and her pre-existing eating disorder. Furthermore, the record supports the Commissioner's decision that the carrier should be responsible for treatment of the Claimant's psychological condition and eating disorder. The decision of the Commissioner should be affirmed.

LAW OFFICE OF J. BRADLEY BAKER, LLC

BY:
J. Bradley Baker, Esquire

June 27, 2012
Lexington, South Carolina

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SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 0905068

Alison Renee Morrett, Employee/Respondent, Claimant, vs. Capital City Ambulance of GA Ltd, Employer, AND Companion Property and Casualty Group, Carrier, Defendants/Appellants.	**APPELLANTS' REPLY BRIEF**

The following constitutes the Reply Brief of Appellants in response to Respondent's Brief to the Full Commission. Appellants hereby reply to Respondent's Brief pursuant to Regulation 67-705(D).

ARGUMENT

I. Respondent did not meet her burden under § 42-1-160(D) that her preexisting psychological condition was aggravated by her work-related injury.

Respondent, only twenty-nine years old, has had substantial psychological treatment since she was seventeen or eighteen years old, including seventeen inpatient treatments, both voluntary and involuntary. Prior to this accident, Respondent treated at the Ridgeview Institute where she was still able to purge in her last week of treatment without being caught by staff. Respondent did not follow this inpatient treatment with the recommended daily outpatient treatment to be followed by weekly treatment. Throughout her recovery from this work accident,

Respondent has continued to refuse treatment as recommended by her counselor including treatment with a dietician and inpatient treatment.

The only physician qualified to render an opinion as to whether Respondent's psychological condition was aggravated by her work injury and subsequent treatment was Nicholas A. Lind, PhyD. While Dr. Lind only met with Respondent on one occasion, he was the only expert to render an opinion who had reviewed Respondent's medical records documenting extensive preexisting psychological treatment and continued treatment after the date of accident. In addition, he was the only expert who specifically met with Respondent to discuss her current psychological condition in comparison to her condition prior to the accident. Dr. Lind opined Respondent's psychological condition worsened when she was deployed stateside as a paramedic for the Air Force. Dr. Lind is especially qualified to render opinions regarding one's psychological condition as a result of military service because he served as the Commander of the Mental Health Flight at Shaw Air Force Base where he oversaw mental health programs and served as a staff psychologist.

Respondent contends Dr. Lind did not review the medical records for the treatment centers listed in his report because he did not have records from the Ridgeview Institute. Contrary to Respondent's contention, Respondent *admitted* to Dr. Lind her treatment was not as successful at the Ridgeview Institute as it could have been, that she was able to purge the last week of her stay without being detected by staff, and that she was unable to accomplish the transitional step of partial hospitalization to complete the treatment started at the Ridgeview Institute. After the unsuccessful treatment at the Ridgeview Institute (just three months prior to the accident), Respondent also refused to seek any treatment for twenty days, did not follow up treatment with a daily program, did not meet with a dietician, and admitted she was still purging.

Since Respondent's two experts were not qualified to render opinions as to Respondent's preexisting psychological condition, Respondent did not meet her burden under § 42-1-160(D) of proving an aggravation to her underlying psychological condition.

a. Dr. Piasecki's opinion that Respondent's preexisting psychological condition was aggravated by the work-related injury was unfounded and based on conjecture and surmise.

While Dr. Piasecki serves as the authorized treating physician for Respondent's ongoing knee rehabilitation, he was not in a position to render an opinion regarding Respondent's psychological condition. First, when Dr. Piasecki rendered his opinions on October 20, 2011 and November 30, 2011 that Respondent's psychological state was work related, he was not even remotely aware of Respondent's long-standing, extensive psychological treatment, including seventeen voluntary and involuntary inpatient treatments as recent as three months prior to the work accident. Dr. Piasecki admitted he has never reviewed any of Respondent's medical records relating to her psychological condition. He also admitted he was not aware of any outside stressors in Respondent's personal life that have caused her ongoing psychological issues, including issues with her mother and family or her history of sexual abuse. Dr. Piasecki admitted he only discussed Respondent's psychological condition with her on one occasion, and only spoke with Respondent one time after that discussion, which was solely related to her right knee.

Second, Dr. Piasecki is not a psychiatrist or psychologist. He has only been practicing for four years and does not have the expertise to render an opinion as to whether Respondent's preexisting psychological condition was aggravated by her work injury because he is not a psychologist. See Potter v. Spartanburg Sch. Dist. 7, 395 S.C. 17, 23, 716 S.E.2d 123, 126 (Ct. App. 2011) (citing McLeod v. Piggly Wiggle Co., 280 S.C. 466, 471, 313 S.E.2d 38, 41 (Ct. App. 1984)).

Accordingly, Dr. Piasecki's opinion should not have been given any weight when determining whether Respondent's preexisting psychological condition was aggravated by the work accident.

b. Counselor Hobbs' opinion as to whether Respondent's preexisting psychological condition was aggravated by the work-related injury does not satisfy § 42-1-160(D).

Counselor Hobbs is not a physician and did not go to medical school. Thus, her opinion and records do not satisfy the § 42-1-160(D) requirement for allowing the aggravation of a preexisting psychological condition to be compensable. Further, even if Counselor Hobbs was a physician, her opinions are not based on her treatment of Respondent, but merely her sympathy towards Respondent and desire for Respondent to receive psychological treatment.

Counselor Hobbs opined Respondent aggravated her preexisting psychological condition, but she admitted she has never reviewed Respondent's medical records and guessed Respondent had been treated as an inpatient five times when Respondent has been in inpatient treatment seventeen times for her psychological condition. Counselor Hobbs believes Respondent's psychological condition has worsened since the date of accident, but for this to be true, Counselor Hobbs must disregard her appeals to Respondent to seek inpatient treatment five months prior to the accident and her notes that Respondent was purging a lot and refusing to see a dietician just two months prior to the accident.

Therefore, Counselor Hobbs' opinion regarding the aggravation of Respondent's psychological condition does not satisfy Respondent's burden pursuant to 42-1-160(D) and should be disregarded.

CONCLUSION

The preponderance of the evidence does not support the Single Commissioner's Order finding Respondent's preexisting psychological condition was aggravated by her work accident. Respondent had substantial treatment prior to the accident and continued to disregard physician and counselor advice after the work accident, which in turn worsened her psychological condition. The only physician with expertise in the area of psychology to render an opinion as to whether Respondent's condition was worsened by the work accident, Dr. Lind, opined Respondent's condition was no different than before the accident. Dr. Piasecki's opinion should not bear any weight on the issue because he is not aware of Respondent's preexisting condition that would enable him to render an educated opinion as to whether Respondent's psychological condition was aggravated. Further, Counselor Hobbs' opinion should not be given deference because she is not a physician as required in § 42-1-160(D).

Therefore, the Single Commissioner's Order should be reversed in its entirety.

Respectfully submitted,



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July 5, 2012
Columbia, South Carolina

PROOF OF SERVICE

The undersigned certifies that she is an employee at TURNER, PADGET, GRAHAM & LANEY, P.A., and that the attached Pre-Hearing Brief and Notice of Witnesses and Written Medical Reports to be Introduced as Direct Evidence on Behalf of Defendants were served upon J. Bradley Baker, Esquire, the attorney for the claimant, this 5th day of July, 2012, in accordance with Regulations 67-210, 67-211, 67-213, 67-214, and 67-215 and such other law as may be applicable, by depositing a copy of same in the United States Mail, postage prepaid, addressed to:

Virginia L. Crocker, Judicial Director, Commissioner
SC Workers' Compensation Commission
P. O. Box 1715
Columbia, SC 29202-1715

J. Bradley Baker, Esquire
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Stephanie L Newman
Secretary to Michael E. Chase

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

ALISON RENEE MORRETT, Employee/Claimant, -vs- CAPITAL CITY AMBULANCE COMPANY OF GA, LTD, Employer, and COMPANION PROPERTY AND CASUALTY GROUP, Carrier, Defendants.	WCC No. 0905068 DEPOSITION OF: **MARJORIE HOBBS, MA, LPC**

COPY

Given before Meghan H. Schultz, Court Reporter and Notary Public, at the law offices of Turner, Padget, Graham & Laney, P.A., 1901 Main Street, 17th Floor, Columbia, South Carolina, on Wednesday, January 25, 2012, commencing at 9:09 a.m.

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It was stipulated by and between counsel for the parties that this deposition is taken pursuant to notice and that all questions as to notice are waived; that all objections, save as to the form of the question, are reserved until the time of trial; that the deposition is taken pursuant to the South Carolina Rules of Civil Procedure, for the purposes allowed therein; and that the deponent was explained her right to read and sign the deposition and reserved that right.

(MARJORIE HOBBS, MA, LPC, being duly sworn, testified as follows:)

DIRECT EXAMINATION

BY MS. KIRKHAM:

Q. Good morning, Ms. Hobbs. My name is Ashley Kirkham, and I'm a lawyer here with Turner Padget. Mike Chase is the main attorney on this case, and he represents Capital City Ambulance of Georgia and their workers' compensation carrier, who is Companion Property and Casualty, in a workers' compensation claim that Alison Morrett has brought with regard to

a knee injury that occurred on May 11, 2009. Have you had your deposition taken before?

A. No.

Q. Okay. Well, just a couple ground rules for you. This is our court reporter right here. She's taking down every word that we say, and she's going to make a transcript of this deposition so that we can later go back and look and see exactly what both of us said.

A. Okay.

Q. In order for her to get down everything correctly, we'll have to make sure that we don't speak over each other and make sure you say yes or no instead of huh-uh or uh-huh or waving your head, and I'll try to remind you if you --

A. Yeah, you might have to remind me.

Q. Okay. Ms. Hobbs, can you state your full name for me?

A. Marjorie, M-A-R-J-O-R-I-E, Ellen Hobbs, H-O-B-B-S.

Q. And what is your current occupation?

A. Counselor.

Q. And where do you work?

A. Where Alison sees me is at the First Pres

Counseling Center.

Q. Do you work at multiple places?

A. I do. I just do that very part -- on a part-time basis.

Q. Okay. So First Pres Counseling is part-time?

A. Uh-huh. My full-time job is at Palmetto Health Day Treatment.

Q. Excuse me. Is that Palmetto Health?

A. Uh-huh.

Q. Okay.

A. Yes.

Q. And could you go through your education background for me for how you became a counselor?

A. Went to undergraduate, bachelor's in social work at Taylor University in Upland, Indiana. And received a graduate degree, master's in counseling at Columbia International University. Did you want to know dates?

Q. No, that's okay. Anything else? Do you have to get any updated training?

A. Licensure. I mean, do you need to know that? I have like a license number. I'm licensed by the State of South Carolina.

Q. Okay. And is that a yearly thing that you get

your license renewed?
A. It's renewed every two years.
Q. And how long have you been working for First Pres Counseling?
A. Since 2001 I believe.
Q. Has it always been part-time?
A. Yes.
Q. And how long have you worked for Palmetto Health?
A. 2003.
Q. And has that always been full-time?
A. I think I started on a part-time basis, and I can't remember the exact date it went full-time.
Q. Do you have --
A. Shortly thereafter.
Q. Okay.
A. Maybe like 2004. Yeah. It wasn't very long.
Q. Okay.
A. And technically, I don't know if this matters to you, but technically with First Pres I don't work for them; I rent office space there. I'm self-employed --
Q. Okay.
A. -- as most of the counselors who work there

are.
Q. So, how long have you been a counselor?
A. Since 2001. Well, from licensure or from my very first client --
Q. From your --
A. -- because that's different.
Q. -- first client.
A. 2001.
Q. Okay. And how long have you been seeing Alison Morrett?
A. Since August 2004.
Q. Was she referred to you?
A. Yes.
Q. Who was she referred by?
A. Palmetto Health Baptist Medical Center.
Q. About how many times have you seen her since August 2004? Is it once a week, once a month or --
A. Well, it's varied quite a bit over the years. The first two years that she saw me, probably one to two times a month. And then she went for about a year, and I didn't see her at all. And then it's been spotty, sporadic after that time.
Q. Okay. So, for about 2004 through 2005 it was

one or two times a month, and 2006 it was probably not at all?

A. There was -- there was almost exactly a year. I believe it was from the late fall of '05 to late fall of '06 where I didn't see her at all.

Q. Okay.

A. She had joined the military and was out of town.

Q. Okay. So you think she was in the military from 2005 to 2006?

A. I believe so.

Q. When Ms. Morrett was referred to you, what kind of problems and symptoms was she having?

A. She was referred to me for some mild depression, anxiety, some relational issues with her family of origin. She did have a history of an eating disorder. It was not, we would say, totally active at that time.

Q. And explain that to me.

A. Her -- all the eating disorder behaviors that she had exhibited in the past were -- had led up to the point that they were not impairing her functioning or, you know, she was --

Q. So, the eating disorders were not interfering with her everyday life --

A. No.
Q. -- and that meant that she wasn't having bulimia on a daily basis and --
A. Correct. And she was at an okay weight, an adequate weight, and her restricting behavior was fairly under control. I say fairly because, you know, when a person has that it's never 100 percent free usually.
Q. Okay.
A. You know, there's a little bit, but it was not significant.
Q. When you first started treating Ms. Morrett, were you given any records about her previous psychological treatment?
A. No.
Q. Have you ever had any records about any other treatment?
A. No. I have been in contact, verbal contact with people who've provided care for her in the past and with a doctor that's seen her, like a medical doctor. But I never received any records.
Q. Who have you been in contact with about her treatment?
A. I can't remember his name. William is his

first name I believe.

Q. Was he a primary care physician?

A. Yes. She saw him for a short period of time maybe a year ago.

Q. Was it Dr. Wallace at Twelve Mile Creek?

A. Maybe it was Wallace. That's what I'm thinking of. Not William. Yeah.

Q. And what did you learn from him about her condition?

A. Very little.

Q. Okay. And you said this was about a year ago that you'd spoke with him?

A. I can't -- looks like you have my record; the date would be on there. I don't know off the top of my head.

Q. I only have his name. I don't have when you spoke with him.

A. It would be around that same time though. She didn't see him for very long.

Q. Okay.

A. And he, I think, felt like he was in over his head with the significance of her eating disorder at that time.

Q. I have one date here of Dr. Wallace seeing the claimant on January 28, 2011. Does that seem

about the time that you --
A. Yeah.
Q. -- would have spoken with him? And so you don't know who Ms. Morrett has seen, other than you, for her psychological condition?
A. During the time I'm seeing her or prior to the time I've seen her?
Q. I'll do it two questions.
A. Okay.
Q. Do you know anything prior to her seeing you?
A. I know that she was in a residential treatment facility called Remuda Ranch when she was, I don't remember exactly, but I think it was when she was about 18. I know that she's been treated at an inpatient facility in the Atlanta area. That was during the time between 2004 and present. But I was not seeing her at the time, she was out of town. She was at Baptist before I saw her. I believe she's been at Baptist several times.
Q. And is that for inpatient treatment or just --
A. I believe so, yeah.
Q. -- counseling? Okay. Do you have -- do you know of the number of inpatient treatments she's had before 2005? Or excuse me, 2009?

A. I do not know.
Q. Do you have an estimate based on --
A. Like a guesstimate?
Q. Yeah. -- based on what she's told you and what you've seen and --
A. It seems like about five times, but I don't -- I wouldn't want to be held to that because I don't really know for certain.
Q. Do you know when her last inpatient treatment was before this date of accident, which was May 11, 2009?
A. I do not know. It seems like that would have been the time in Atlanta.
Q. And that was maybe in 2004?
A. Yeah. She had stated that you all were trying to get records from all those places.
Q. I think we have some of them.
A. Yeah. Those would be good records to get, the ones from Atlanta.
Q. So when was the last time you saw Ms. Morrett?
A. The 9th of January.
Q. January 9th?
A. Uh-huh.
Q. And what do her current problems seem to be?
A. Depression, anxiety, active eating disorder.

Q. Are you in a position to state whether Ms. Morrett's knee injury has aggravated her psychological condition?

A. I believe that it has. Probably more than the actual, just the existence of a knee injury is the extensive treatment that has come after the injury, the multiple surgeries, and her inability to work due to it.

Q. But you have never seen any medical records from treatment prior --

A. For the knee?

Q. No. For any psychological problems that Ms. Morrett had prior to May 11 --

A. No. No, I haven't.

Q. -- 2009? I'm going to show you an office visit note from a clinical psychologist, Dr. Nicholas Lind. He did review the claimant's past psychological medical records and sat down with the claimant for about an hour on January 11th of this year. If you don't mind, I'd like you to read this and let me know if you would agree with his statement that her psychological condition does not -- has not been aggravated by her knee injury. And we can go off the record for you to read this.

MR. BAKER: And before we go off the record, I would object to that, to the form of that question, in that it insinuates that Dr. Lind has reviewed all of Ms. Morrett's records. I don't know that that is actually the case. But I just want to note that objection for the record.

MS. KIRKHAM: Can we go off the record now?

MR. BAKER: Sure.

(Short break was taken.)

BY MS. KIRKHAM:

Q. We're back on the record. Have you had a chance to review Dr. Lind's --

A. Yes.

Q. -- medical record? And I'll mark this as Defendant's Exhibit No. 1.

(Whereupon, Defendant's Exhibit No. 1 was marked for identification.)

MR. BAKER: Can I take a quick look at that? I just want to make sure it's the -- thank you.

Q. Do you agree with Dr. Lind's opinion that her psychological condition has not been

aggravated?

A. No.

Q. And why do you not agree with that?

A. Because I have seen her depression worsen. I've seen the eating disorder behaviors increase and her isolation increase. Her hopelessness has increased. Now, her motivation for treatment has increased as well, which is good, but.

He makes a statement at the end that he believes that her not finishing the treatment at Ridgeview is the reason. And I think it's a little bit as if there needs to be a choice between the two. And I'm sure that was a factor, but it's not like one was a factor and the other one wasn't. They're both factors.

Q. And could the knee be just one factor but not the more-than-50-percent factor that has led Ms. Morrett to her current psychological condition?

A. Again, I think it's the repeated surgeries and the isolation that she has after each surgery, the inability to move, to use her knee, to exercise, the inability to work.

Q. Were you aware of the Ridgeview Institute

inpatient treatment prior to today?
A. Yes.
Q. Was that the treatment that happened in Atlanta?
A. I think that's in Atlanta. Maybe it's not in Atlanta, but yes, that's the one I was referring to.
Q. Okay. When you told me earlier --
A. Yeah, yeah, yeah.
Q. Okay. Are you aware of Ms. Morrett's anxiety that she has due to her mom?
A. Uh-huh.
Q. And what is that?
A. What is the anxiety? Like, what's it about?
Q. Yes.
A. Alison has had kind of a conflictual relationship with her mom for a long time. It's actually improved right now. Probably better now than it's ever been. But it's kind of a long time running thing.
Q. When did her conflict with her mom start to get better?
A. This fall. This past fall.
Q. So, fall of 2011?
A. Yeah.

Q. Are aware of Ms. Morrett's anxiety with her living situation and/or boyfriends and that living situation?
A. In the past?
Q. Yes.
A. Uh-huh.
Q. And what is that about?
A. I'm not quite sure what you're referring to, what is that about.
Q. What about her living situation causes her anxiety?
A. More anxiety is caused by her living alone, I believe, than has been caused when she's been in a relationship. Not that she doesn't have any.
Q. So, she has less anxiety when she is in a relationship or living with someone else --
A. She tends to do better with her eating disorder behaviors, with her depression.
Q. And are you aware that the claimant was molested by her stepfather around age five?
A. Grandfather.
Q. Grand, okay. So, you are aware that she was molested --
A. Yes.

Q. Yet you disagree with Dr. Lind that all these other situations are not where her psychological condition is coming from?

A. No, I think there's more -- I do think there's multiple factors. Her psychological condition, I mean, she had a psychological condition before she had a knee injury; there's no doubt. My disagreement is that it seems that he's saying that the accident and subsequent treatment did not worsen her situation, and I think that it did.

Q. But you had no records of what treatment she was having prior to --

A. No.

Q. -- this accident? I wanted to clear up something that you mentioned earlier that when she first came to see you, that the eating disorder was not affecting the everyday life and that it was under fair control. Could you explain that a little more to me? How does that -- does that every really go away or is it something --

A. No. That's what I was trying to say to you. It doesn't 100 percent -- it hasn't 100 percent gone away for her ever, you know, it's been

present. But certain circumstances in her life may exacerbate it.

Q. Right now, at this time, is her eating disorder exacerbated?

A. Yeah. She's worse than I've ever seen her at this point.

Q. And she's having no problems with her mom at this time?

A. No, they're doing okay.

Q. And she's having no problems with her family situation at this time? Or living situation?

A. Well, she lives alone, so that's a problem because it allows her eating disorder behaviors to kind of run rampant.

Q. And is she having relationship problems at this time?

A. She's isolated. I mean, she just had her last surgery on Monday. She can't drive. She's medicated. She can't walk. She, I mean, for her to have relationships, people have to come see her.

Q. In going back to the treatment at the Ridgeview Institute, what does it mean when someone doesn't finish an inpatient treatment like that?

A. Like what does it mean for their prognosis?
Q. Yes.
A. It can be, I don't think it's guaranteed to be, but it can be a significant variable in their, you know, how much better they're going to get.
Q. But you still don't think that even though she was unable to finish that treatment --
A. I do think it was a factor.
Q. But you think the knee is still more of a factor than --
A. Yeah, I do.
Q. -- being unable to finish treatment?
A. I do.
Q. Okay.
A. Here's another reason why. If she hadn't had that injury and she could have kept her insurance, she could have gone for that same sort of treatment, it's offered here in town, at a later date.
Q. Okay. Do you know of any other treatment that she has tried to obtain that she hasn't been able to because of insurance?
A. Just recently she -- I referred her to the Palmetto Health Day Treatment at Richland. And she went there and was evaluated by their

doctor I believe, but then couldn't stay because of insurance.

Q. And that was called Palmetto Day Treatment?

A. Yeah. Palmetto Health Day Treatment. It's really confusing. That's actually where -- I work for Palmetto Health Day Treatment, but this was before we blended. I sent her to the other one that I don't work at, at Richland.

Q. Okay.

A. It's not the same facility I work for.

MS. KIRKHAM: I have no further questions.

MR. BAKER: Okay. All right.

CROSS-EXAMINATION

BY MR. BAKER:

Q. Ms. Hobbs --

MR. BAKER: And I'm sorry, we were going to mark that, right, Defendant's No. 1?

Q. I want to ask you a few questions about what's been labeled Defendant's Exhibit No. 1, which is a report of Dr. Lind. You were asked about the ability or whether or not you had reviewed the records from the Ridgeview Institute. And can you tell me by looking at that report

whether or not Dr. Lind had the benefit of reviewing those same Ridgeview records?

A. It doesn't appear so.

Q. And his opinion seems to be based almost entirely on that Ridgeview hospitalization and not completing that. Does that appear to be his --

A. It does.

Q. -- the basis of his opinion? And his opinion is based on what appears to be records that he didn't even have the opportunity to review; is that correct?

A. It would seem so, yeah.

Q. And there are some other inaccuracies in here. I think he indicates Ms. Morrett lives in Manning; that's not correct, is it?

A. No.

Q. And you have a unique perspective in this case in that you have had the opportunity to treat Ms. Morrett both prior to this injury and then after this injury; is that correct?

A. Correct.

Q. And would you agree with me, Ms. Hobbs, that this is not the ordinary knee injury situation?

A. Yes, I would agree with you.

Q. And as you know, this injury took place in May of 2009; is that your understanding?
A. Uh-huh.
Q. And as you just mentioned, Ms. Morrett just had her sixth surgery; is that your understanding?
A. Yes.
Q. And since May of 2009, she's been unable to work; is that your understanding?
A. Yes.
Q. And you indicated just a moment ago that part of the basis of your opinion is there are other issues surrounding the injury, but one of those is the financial aspect of -- that this has caused or financial problems this has caused Ms. Morrett; is that correct?
A. Correct.
Q. And is it your understanding that Ms. Morrett has been in a brace almost the entire time since 2009 when she injured her knee?
A. I don't know the percentage, but yes, it seems to be a large percentage of the time.
Q. And in your experience in dealing with her and counseling her, has she expressed that she's experienced pain since 2009 as a result of this injury and the multiple surgeries she's had?

A. Yes.
Q. And would the pain be a contributing factor to your opinion that you feel like this injury has exacerbated her psychological state as well as her eating disorder?
A. Sure.
Q. And this is an obvious question, Ms. Hobbs, and I apologize for asking it this way, but -- so is it your opinion that the physical injury coupled with now six surgeries, the inability to work, the pain, the isolation, as well as the financial stress has exacerbated her psychological condition?
A. Yes. And may I add one thing to that?
Q. Sure.
A. I would also say the fear, and it's very valid, that she may never regain full use of her leg the way that she had prior to this injury.
Q. Okay. And is that your opinion to a reasonable degree of certainty within your profession?
A. Yes.
Q. And do you feel like the physical injury coupled with the now six surgeries, inability to work, the pain, the isolation, as well as the fear of the unknown has exacerbated her

eating disorder?

A. Yes.

Q. And is that your opinion to a reasonable degree of certainty within your profession?

A. Yes.

Q. Do you feel like her need for psychological treatment has increased as a result of this injury of May 2009?

A. Yes. More intensive.

Q. And you feel like now she is in need of more intensive care --

A. Yes.

Q. -- following the injury and the results of the injury?

A. Yes.

Q. And is that your opinion to a reasonable degree of certainty within your profession?

A. It is.

Q. And do you feel like her need for treatment for her eating disorder is also causally related or connected to her injury of May 11, 2009?

A. Will you restate that question?

Q. Do you feel like she needs more intense treatment now for her eating disorder as a result of the May 11, 2009 injury?

A. Yes.
Q. And is that your opinion to a reasonable degree of certainty within your profession?
A. Yes.
Q. And you feel that the decline in her mental state is causally related and connected to her physical injury of May 11, 2009?
A. Yes.
Q. And is that your opinion to a reasonable degree of certainty within your profession?
A. Yes.

MR. BAKER: I'll get these marked as Claimant's 1 and 2.

(Whereupon, Plaintiff's Exhibit No. 1 was marked for identification.)

(Whereupon, Plaintiff's Exhibit No. 2 was marked for identification.)

MR. BAKER: Ashley, you need to see those? I know you've got them, but . . .

Q. Let me show you what's been marked as Plaintiff's Exhibit No. 1, Ms. Hobbs, and give you an opportunity to review that.
A. Who is this person?
Q. It's Dr. Piasecki, that is the current surgeon. And, Ms. Hobbs, you've now had the

opportunity to review Plaintiff's Exhibit No. 1 and Plaintiff's Exhibit No. 2. For the record, Plaintiff's Exhibit No. 1 is a questionnaire completed and signed by Dr. Dana Piasecki on November 30, 2011. And Plaintiff's Exhibit No. 2 is an October 20, 2011 medical note of Dr. Piasecki.

Having reviewed Dr. Piasecki's questionnaire and his note of October 20th, do you agree with the opinions as expressed by Dr. Piasecki, Ms. Hobbs?

A. Yes. Well, I'm not a medical doctor, but there is one thing in there that I don't agree with.

Q. Sure. And what is that?

A. That she appears healthy.

Q. Okay. Okay. How has her appearance -- prior to this injury versus after this injury, how does she appear to you?

A. Well, the things that are immediately apparent to me that I've watched happen over time is the weight loss, consistent weight loss. Her hair's thinning. She has dark circles around her eyes.

Q. And has her appearance worsened since this injury?

A. Yeah.

MS. KIRKHAM: Was that a yes or no? Sorry.

THE WITNESS: Yes. Sorry, I was doing good until then.

A. I can see how this particular doctor may -- I mean, this doctor has just met her I think in August.

Q. Right.

A. So, there's not a lot -- a long span of noticeable change maybe in the two month time between meeting and writing that.

Q. Right.

A. And the difference I'm noticing is over a longer span of time.

Q. Right. And do you believe, Ms. Hobbs, that if this injury had resulted in say just one surgery, that these circumstances might be much different?

A. Yes. Yeah, I would. That's why I kept saying maybe not the injury itself, but the subsequent treatment is what's been so hard.

Q. And the long delay?

A. Yeah.

Q. And do you believe that the injury, the

multiple surgeries, the long delay, the isolation, coupled with everything that comes with that, are the most significant factors in contributing to her psychological decline?

A. Yes.

Q. And what do you -- in your opinion, what is the appropriate treatment for Ms. Morrett at this time?

A. I believe she needs to go into residential care, residential treatment for eating disorder, comorbid eating disorder and depression.

Q. And do you think the need for inpatient treatment is causally related and connected to her May 11, 2009 injury?

A. The need for that intensity, yes.

Q. And you've mentioned early in your deposition that you're full-time at Palmetto Health. What is your position at Palmetto Health?

A. Counselor.

Q. Okay. So, counseling is not just a part-time job for you?

A. No, individual counseling is.

Q. Okay.

A. I mean, that's a -- it's a partial hospital

program, intensive outpatient program.

Q. Okay. And the opinions you've expressed here today, Ms. Hobbs, have those been your opinions as to a reasonable degree of certainty within your profession?

A. Yes.

MR. BAKER: Thank you. I think those are all the questions I have.

MS. KIRKHAM: I have just a couple follow-ups.

REDIRECT EXAMINATION

BY MS. KIRKHAM:

Q. You stated that since this accident you think that the claimant needs to be involved in more intense treatment than before the accident. What would constitute intense treatment if the Ridgeview inpatient treatment is not intense treatment?

A. No, it is, actually, intense treatment. But what my recommendation for her at this point, if, you know, in a perfect world if everything was paid for and she could go where she needed to go, would be residential treatment, which is different than a hospital-based inpatient. For several reasons it's different. One is it's

longer term. Usually it's more specialized for the specific issues that the patient's going through. Most of the time, inpatient care is more crisis management, you know. If the person is suicidal, it keeps them safe for a short period of time, gets their meds managed, and then sends them out. She needs more than that at this point.

Q. And I've noticed in a few of the medical records we have that it looked like the claimant was attempting to go to nursing school. Do you know anything about her --

A. She's completed nursing school, yeah.

Q. Okay. When did she complete nursing school; do you know?

A. She passed her boards in August, this past August. But she's back in -- she's continuing to take classes online as a way of providing structure for herself.

Q. Did she take her undergraduate nursing school classes online as well?

A. No, she went to school. She may have taken a class or two, but she went to Midlands Tech.

Q. Okay. So, mostly at Midlands Tech?

A. Uh-huh.

Q. And now she's taking -- would that be graduate nursing programs?
A. Yes, yeah.
Q. All online?
A. Yes. She's not currently right now taking any courses. She just finished up some in December.
Q. Okay.

MS. KIRKHAM: That's all the questions I have.

MR. BAKER: Just a couple.

RECROSS-EXAMINATION

BY MR. BAKER:

Q. Ms. Hobbs, you've been asked a number of times, and it's referred to in Dr. Lind's report, these Ridgeview -- this Ridgeview hospitalization in the records. Ms. Morrett didn't have this injury on May 11, 2009 and then immediately go into this deeper depression and have all these problems --
A. No.
Q. -- with her eating disorder; isn't that correct?
A. Correct.
Q. This has not been an overnight situation. This

has been a, now, almost three-year process that she's been through --

A. Yes.

Q. -- with her injury, her multiple surgeries, et cetera. And so it wasn't just having the injury on May 2009 and then immediately went into a deeper depression.

A. Correct. It's been a decline over time --

Q. Right.

A. -- due to the long process of it all.

Q. Okay. And as you've stated, she was in, I guess, a much better place prior to this injury than she has been since then, based on what you have observed?

A. Yes.

Q. Okay.

MR. BAKER: Thank you, Ms. Hobbs. I think those are all the questions I have.

MS. KIRKHAM: No more questions.

(Whereupon, at 10:01 a.m., the deposition in the above-entitled action was concluded.)

STATE OF SOUTH CAROLINA)
)
) CERTIFICATE OF REPORTER
)
COUNTY OF RICHLAND)

I, Meghan H. Schultz, Court Reporter and Notary Public, certify that I did have Marjorie Hobbs, MA, LPC to appear before me at 9:09 a.m. on Wednesday, January 25, 2012, at the law offices of Turner, Padget, Graham & Laney, P.A., 1901 Main Street, 17th Floor, Columbia, South Carolina; that the witness was sworn and cautioned to tell the truth, the pages constitute a true and accurate transcript of the testimony given at that time and place.

I further certify that I am not of counsel or kin to any of the parties to this cause of action, nor am I interested in any manner in its outcome.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this the 2nd day of February, 2012.

/S/

Meghan H. Schultz
Notary Public for South Carolina
My Commission Expires: 06/29/2019

MEDICAL QUESTIONNAIRE
Patient: Alison Morrett
Date of Injury May 11, 2009

1. Do you believe to a reasonable degree of medical certainty that Ms. Alison Morrett needs to be followed by a psychiatrist as she has developed depression following her on the job injury of May 11, 2009 and/or aggravated a preexisting psychological condition as stated in your note of October 20, 2011?

Yes ✓ No ___

2. Are the opinions stated in your note of October 20, 2011, your opinions to a reasonable degree of medical certainty?

Yes ✓ No ___

3. Do you believe to a reasonable degree of medical certainty that Ms. Alison Morrett requires psychological treatment following her on the job injury as stated in your note of October 20, 2011?

Yes ✓ No ___

4. Do you believe to a reasonable degree of medical certainty that Ms. Alison Morrett requires nutritional treatment following her on the job injury as stated in your note of October 20, 2011 as the long surgical history, prolonged rehabilitation and pain have aggravated her preexisting eating disorder?

Yes ✓ No ___

I, Dana Piasecki, M.D., hereby certify that my responses to the above-listed questions represent my opinion, to a reasonable degree of medical certainty, as to each of these points.

Dana Piasecki, M.D.

12/1/11
Date

PLAINTIFF'S EXHIBIT

OrthoCarolina

Patient: ALISON MORRETT [redacted]1

Age/DOB: [redacted]
MRN: 10217613
Home: [redacted]
Work: [redacted]

Provider: Dana Piasecki M.D.
Document Type: Work Comp Note

Enc Date: 10/20/2011

Location: RAND1
Dictated Date: 10/22/2011
Accession #: arch39201110250829S0

HISTORY OF PRESENT ILLNESS:
Alison presents now 6 weeks status post right knee arthroscopy, removal of hardware and revision high tibial osteotomy with iliac crest autograft. She reports no new injuries involving her right knee and has been progressing from a motion standpoint. She has been compliant with restrictions, but a long discussion is had today with Alison, her family and the case manager regarding some issues with some self-induced vomiting on a regular basis given concerns over her weight as well as relative depression which appears to be limiting her energy level with respect to doing therapy on her own.

PHYSICAL EXAM:
On exam, Alison is a bit tearful today and demonstrates a limited and somewhat depressed affect. She is otherwise healthy appearing, however. She is grossly neurovascularly intact distally involving her right knee with no signs of infection. She demonstrates motion roughly to 125 to 130 degrees with full extension. She has continued ligamentous laxity relative to her known ligamentous deficiency, but no substantial pain over the osteotomy.

IMAGING:
AP and lateral views of the right knee obtained today in the office demonstrate stable position of her hardware and maintenance of tibial slope.

IMPRESSION:
Six weeks status post right knee revision HTO with removal of hardware with potentially an eating disorder as well as depression postoperatively.

PLAN:

PLAINTIFF'S EXHIBIT
MS 2 Hobbs
01-25-12

I have discussed with Alison at some length today that these issues are not terribly surprising given her long surgical history and the prolonged rehab and recovery which is necessary from her current staged operative approach. I do believe that her psychological state is work related given the multiple surgeries which have been involved here and I would recommend she see a nutritionist as well as get back on an antidepressant which she has previously been prescribed. She should have follow up for this with a psychiatrist in my opinion. From the standpoint of her knee, I think she is progressing well and I have suggested we gradually allow her to weight bear over the next several weeks. I have given her a prescription for advancement along the femoral OATS protocol with HTO precautions and would like to see her back in another 6 weeks for a recheck with new x-rays at which point if things are healing well we could potentially discuss staged ligament reconstruction probably at the 4-1/2 month mark provided she demonstrates healing on x-rays at that point. She is agreeable to this. A work note is provided today and we will see her back as noted.

Dana Piasecki, M.D.

cc: Lisbeth Carpenter, Adjuster
Mindy Knight, Case Manager

Electronically signed by:Dana Piasecki M.D. Oct 25 2011 9:38AM EST

JAN 2 3 2012

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From: *Nicholas A. Lind*
Clinical Psychologist

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Pages: 7 including cover

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DEFENDANT'S EXHIBIT 1 Hobbs 01-25-12



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President
Roger W. Deal, M.D.
Medical Director

11 January 2012

Turner Padget Graham & Laney
PO Box 1473
Columbia, SC 29202
VIA FACSIMILE: 799-3957

Attention: Michael E. Chase

Re: Alison Morrett

Date of Injury: 11 May 2009

An independent medical examinatio[illegible]as requested by Michael Chase, counsel for the defendant. My responsibilities were [illegible]review medical records, conduct psychological testing, clinically interview Ms. Mo[illegible]t and offer an opinion concerning the following referral questions:

> What is Ms. Morrett's curre[illegible]sychological diagnosis, if any?
>
> Was this condition more like[illegible]han not, with as much certainty reasonable in the field of psychology, aggrava[illegible]by her 11 May 2009 work-related injury?

This evaluation included a 60-minu[illegible]ifferential diagnostic interview with the undersigned, review of medical rec[illegible]s and selected psychological testing. I met with Ms. Morrett on 11 January 2012, in[illegible]med her of the nature of the examination and notified her that a report would be s[illegible]ed with the referral source. She articulated understanding.

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Columbia, SC 29201

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Examinee Demographics
Ms. Alison Morrett is a 29-year-old Caucasian female who currently lives in Manning, SC.

Written Documentation Reviewed
Records from the following sources were reviewed prior to the 11 January 2012 evaluation:

1. SouthEastern Spine Institute
2. Manning Medicine
3. Easter Cooper Regional Medical Center
4. Physical Rehabilitation Group
5. Clarendon Memorial Hospital
6. Lowcounty Urology Clinic
7. Fifi Jubran, MA, Rehabilitation Consultant
8. Department of Veterans Affairs

History of Illness
Ms. Morrett reported that, on 11 May 2009, she was working as an emergency medical technician when she injured her knee. "We were carrying a man who, with the stretcher, was about 300 pounds," she said, "I was on the heavy, back end and wasn't ready to move when my partner pulled me." She said that she instinctively grabbed for the patient and tumbled down a hill. While her knee was swollen, she reportedly pushed herself to transport the patient and perform her duties. She said that she later learned that she had torn her ACL and injured her meniscus. She is scheduled for her sixth surgery on 23 January 2012 and reported being apprehensive and frustrated with her lack of recovery. She reportedly experiences pain at the average intensity of "six" out of 10 (with "zero" being "no pain at all" and "10" being "overwhelmed with pain"). She has a long history of depressive symptoms and eating disturbances which she perceives to be aggravated by her lack of structure.

Ms. Morrett said that she currently sleeps between five to six hours per night, which is down from the eight or nine hours she typically achieved prior to her injury. She reported that her physical limitations prevent her from running; she used to run up to four miles a day. She experiences feelings of guilt, which are typically associated with family conflict and interactions. "I feel bad about what I've put my family through," she said, "I just can't get it together." While she lived with her parents after the injury, she was able to move back on her own in less than a year, take care of herself on 60% of her previous pay, realize her goal of becoming a nurse and be the first in her class to pass her boards. Still, she said, she feels as if she is a burden on her family. She said that she has less energy, which she attributes to having less structure than when she was working, and which she believes has also contributed to her increased irritability level. There is no noted change in sex drive.

While Ms. Morrett acknowledged thoughts such as "I want to go to sleep and never wake up," she denied intentions or plans to commit suicide. Risk factors include her perception that she has little control over eating behaviors and relationships and protective factors

for suicide include her help-seeking b[illegible]aviors and developing insight into the need for interventions. In the past she has resi[illegible]d treatment and not fully participated, she said, and she now appreciates that she can[illegible] accomplish some changes in behavior on her own. Based on Rudd et al's 2001 cri[illegible]a for determining suicide risk, she is currently at Minimal Risk for self-harm (categori[illegible] Minimal, Mild, Moderate and Severe). The corresponding level of appropriate ca[illegible]is outpatient care with recurrent risk assessment.

Ms. Morrett said that her eating beha[illegible]rs oscillate between being overly restrictive and bingeing and purging. She can go u[illegible] two days without purging, she said. "But then I'll just go crazy and have to eat someth[illegible]. . . I'll start to cycle again." Her eating varies, making a typical pattern difficult to i[illegible]ntify. She can go until 5:00 PM without eating and purge three to four times before [illegible]ng to bed, she said. But some days she will wake up at 8:00 AM and purge up to eight[illegible]nine times.

Mental Status
Ms. Morrett appears her stated age. S[illegible] is oriented in all spheres. Regarding level of consciousness, she appears alert. Re[illegible]ted mood is "okay," which is consistent with her pleasant affect. She presented herse[illegible]n a casually dressed and appropriate fashion. Eye contact can be described as good. He[illegible]peech is coherent. Recent memory appears unimpaired. Psychomotor activity is[illegible]rmal. There is a negligible degree of conceptual disorganization evident. Her thought[illegible]ntent is characterized by no significant preoccupations. Regarding perceptu[illegible]unctioning, the examinee denies hallucinations and none are evident. Attitude can b[illegible]escribed as cooperative. As far as insight is concerned, the examinee verbalizes [illegible]areness of her problems and sees consequences. Judgment appears good. Attention/C[illegible]centration is characterized as no noted difficulty. Regarding impulse control the exam[illegible]e is reflective and able to resist urges.

Quality of Historian. Ms. Morrett's [illegible]ect and presentation were consistent with her medical records, reported history an[illegible]sychological testing

Others Present/Collateral Informatio[illegible] No one else was present for the interview.

Work Status
Ms. Morrett reported that she is cur[illegible]ly not working. She said that she attempted to return to light duty until the MRI re[illegible]s were received and her doctor recommended against her working.

Current Psychotropic Medication
Ms. Morrett reported that she is cur[illegible]ly taking the following medications:

1. Prozac, 20 mg, for approxim[illegible]ly one month
2. Buspar (took the first dosag[illegible]day)
3. Trazadone

Previous Psychological Symptom[illegible]
Ms. Morrett has struggled with her [illegible]ng disorder since she was 12 years of age and has been hospitalized an estimated eigh[illegible]mes. The individual therapy she has received with

Marjorie Hobbs since her work-relat njury appears to have been helpful in a number of ways, including identifying the trigg of the maladaptive behaviors and increasing her motivation for change. Out of the 25 ssions documented, concerns regarding knee pain, medical procedures and/or the k-related injury were mentioned only five times. This is not to suggest the issue was n covered in other sessions, as therapy notes are not documented on every topic covered. e major triggers appear to be the long-standing difficulties with family of origin (im ctions with her mother in particular) and interpersonal relationships, however, d Ms. Morrett's description of her treatment progress is consistent with the record She appears to have gained insight into the benefit of the structure that a hospita tting can provide and appears to be motivated to actively participate in such a prograr This motivation was not present until recently, she said.

Ms. Morrett reported that her bingin d purging behaviors worsened when she was deployed stateside as a flight medic. e was an E4 serving her third year in the US Air Force, she said, and found the relativ ack of structure in the assignment to be stressful. She reportedly lost 30-35 pounds in roximately three months and this weight loss, along with her sharing her concern r rding her worsening condition with a coworker, brought her eating disorder to the an ion of her chain of command. She was hospitalized for approximately 20 da at The Ridgeview Institute, which she acknowledged was not as successful it could have been. She said that by the last week of her stay she had learned that, by w ing for a certain amount of time to elapse after eating, she could vomit without bein etected by the staff. Moreover, because her lung collapsed before she completed the gram, she was unable to accomplish the transitional step of partial hospitaliz n. She in effect never completed the treatment and, less than three months later, ha e work-related injury.

This is reportedly Ms. Morrett's firs orkers' Compensation claim.

Results of Psychological Testing
The following assessment measures re used:

1. Minnesota Multiphasic Pers lity Inventory-Second Edition (MMPI-2)
2. Pain Patient Profile (P3)
3. Beck Depression Inventory- ond Edition (BDI-II)
4. Beck Anxiety Inventory (B

Ms. Morrett articulated understandi f each instrument. While she appeared to be exaggerating her symptoms as a pla r help, the resulting profile was determined to be valid (L=38, F=82 & K=37). She p ented as someone who is self-virtuous, focused on somatic complaints and experiencin tuational stress. Individuals with similar profiles have been found to have longstandi amily conflicts that are the central force for their misbehaviors. They are impulsive a have difficulty delaying their gratification. They have a tendency to act out by engag in excessive behaviors, which appear to eventually regulate emotions. Whil ndividuals with such profiles may express guilt after these misdeeds, any resolution change are likely to be met with future outbursts. They have been found to change lit n therapy.

Ms. Morrett was administered the Be[ck] Depression Inventory-Second Edition, a 21-item self-report questionnaire assessing d[e]ssive symptoms in the time frame of the "past two weeks including today." Scores [ra]ge from Minimal, Mild, Moderate to Severe levels of depressive symptoms. Com[pa]red to the normal population, she reported experiencing Severe levels of depres[sio]n (BDI-II=39).

The examinee was administered the [Be]k Anxiety Inventory, a 21-item scale which measures the severity of anxiety in t[he] time frame of the "past week including today." Scores range from Minimal, Mild, M[o]derate to Severe levels of anxiety symptoms. Compared to an outpatient psychiatr[ic] population, she reported experiencing Moderate levels of anxiety (BAI=16).

The P3 is designed to identify pain p[a]tients who are experiencing emotional distress that may be affecting their s[y]mptoms and their response to treatment. The results suggest that Ms. Morrett appr[o]ached the test items in an open and honest manner. The profile suggests that sh[e] is experiencing less somatization symptoms and more anxiety and depressive sym[p]toms than the average pain patient.

DSM-IV-TR Diagnoses

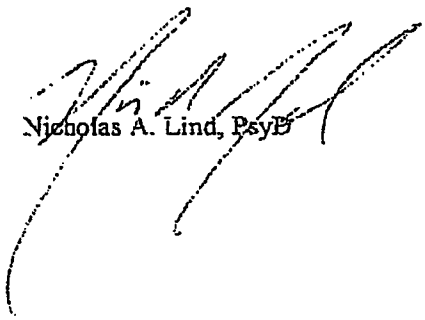
Axis I	307.51	Bulimia N[e]rvosa
	296.32	Major Dep[r]essive Disorder, Recurrent, Moderate
Axis II	V71.09	No Diagno[s]is on Axis II
Axis III		Reported p[r]egnancy, see medical record
Axis IV		Reported p[r]oblems: family conflict
Axis V	GAF=60	

Responses to Referral Questions

While Ms. Morrett's inability to effe[c]tively perform her duties was recognized by her Air Force command and the appropriate [t]reatment was initiated, Ms. Morrett acknowledges that she engaged in purging behavio[r] during the final week of her hospital stay. Such behavior is the nature of her illness [a]nd is to be expected, but served to sabotage her treatment. Moreover, her interventi[o]n was interrupted by a medical emergency (a collapsed lung), which prevented he[r] from attending the Intensive Outpatient Program (IOP) portion of the program. This [e]lement is important as it is designed to transition the patient from the controlled hospital [e]nvironment to the less structured "real world." The treatment that was initiated in the m[i]dst of injury was therefore never completed and, as a result, she was not able to adapt to the less [s]tructured world outside of the hospital. In my opinion it is this treatment failure, a[nd] not the work-related injury that occurred approximately three months later, th[at] contributes to her ongoing eating behaviors.

In my opinion, Ms. Morrett's psych[o]logical condition is more likely than not, with as much certainty reasonable in the fie[ld] of psychology, no different than before her 11 May 2009 work-related injury.

Respectfully submitted,



Nicholas A. Lind, PsyD

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

Alison R. Morrett, Claimant, -VS- Capitol City Ambulance of GA, Ltd, Employer, AND Companion Property and Casualty Group, Carrier, Defendants.	W.W.C. File No: 0905068

Deposition of **DR. DANA TIASECKI**, a witness called by Counsel on behalf of the Defendant, pursuant to the applicable provisions of the South Carolina Rules of Civil Procedure, taken before Cynthia L. Weathers, a Professional Court Reporter and Notary Public in and for the State of South Carolina, on January 26, 2012 at Ortho Carolina, 1915 Randolph Road, Charlotte, North Carolina 28207, commencing at the hour of 5:00 p.m.

APPEARANCES

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REPRESENTING THE DEFENDANTS

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EXHIBITS

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STIPULATIONS

It is here by stipulated by and between counsel for the respective parties that the reading and signing of the deposition transcript is waived.

Whereupon,

DR. DANA TIASECKI,

having been first duly sworn,

was examined and testified as follows:

DIRECT EXAMINATION

BY MS. KIRKHAM:

Q. Good afternoon, Dr. Tiasecki. I'm Ashley Kirkham. I'm here today representing Capital City Ambulance of Georgia and their Workers' Compensation carrier, which is Companion Property and Casualty, and the Workers' Compensation claim brought by Alison Morrett, with the date of accident of May 11, 2009. I just have a couple of questions for you today. First, have you had your deposition taken before?

A. I have.

Q. Okay. So I'll just remind you that we'll try not to speak over each other, and don't take offense if I ask you to answer yes or no instead of uh-huh or huh-uh so the court reporter can get everything down.

A. Sure.

Q. Will you please state your full name for me.
A. Dana Peter Tiasecki.
Q. And what is your current occupation?
A. Orthopedic Surgeon.
Q. And do you have a specialty?
A. I do. I'm a sports specialist, and I specialize in complex knee ligament reconstruction and cartilage restoration as well.
Q. And could you take me back through your education, please.
A. Sure. I went to -- I did my undergraduate training at Harvard University. Got my medical degree at Vanderbilt. I did my residency training at Hospital for Special Surgery in New York, and then did a fellowship in sports medicine in cartilage restoration surgery at Rush in Chicago. And then I've been in practice here, this is my fourth year in practice as a sports specialist. I'm board-certified as well.
Q. And what is that board certification in?
A. Orthopedic surgery.
Q. And you've been with Ortho Carolina for four years?
A. Correct.
Q. How long have you treated Alison Morrett?
A. I saw her first back in the summer of 2011. July,

I believe, was her first visit.

Q. Had you had any contact with Alison Morrett before the summer of 2011?

A. I had not.

Q. Did you receive medical records from any other doctors before you saw Ms. Morrett in July, 2011?

A. I did.

Q. Did any of those medical records include records that would have to do with her psychological condition?

A. I do not recall if there was anything from a psychological standpoint.

Q. Would you normally receive records, from a psychological standpoint, when you're dealing with someone that needs a knee reconstruction?

A. No.

Q. How many times have you seen Ms. Morrett?

A. Since July -- I can count them up. Roughly six, seven times.

Q. Were all of those visits focused on her knee?

A. For the most part, yes. That was the purpose of her seeing me. There was, if I recall, an occasion where she saw me in the office towards the end of this past year, I believe, where we discussed some of her issues with depression and eating disorder,

but the focus was on her knee.

Q. When was the first time that you became aware of her depression and eating disorder?

A. I believe it was in October of 2011.

Q. Would that have been the time that you discussed this in your office, or was that before your discussion in your office?

A. No. That's when we discussed it. That's when I became aware of it. We discussed it at the same time.

Q. How many times have you seen Ms. Morrett since that October '11 discussion?

A. I believe it was October 20th. Actually, it was the office visit, but I saw her again in December, and then, of course, I saw her for her -- her surgery, actually, was this Monday. And so I've seen her several times in the hospital since then. So if that counts, yeah, three or four, something like that. In the office, just one office visit.

Q. Have your visits with Ms. Morrett in the hospital had anything to do with her depression or bulimia?

A. No.

Q. They've just been solely for the surgery?

A. Correct.

Q. Were you aware of Ms. Morrett's numerous inpatient

psychological counseling and treatments that she received before this date of accident?

A. No.

Q. So this is the first that you're learning of this inpatient treatment?

A. Yes.

Q. So you were not aware that she was in inpatient three months prior to this date of accident at the Ridgeview Institute for depression and bulimia?

A. No.

Q. I would like you to read this office visit from a clinical psychologist, Dr. Nicholas Lind, with a date of January 11, 2012. And we can go off the record for that.

A. Sure.

Q. And take your time.

(Off the record)

MS. KIRKHAM: And I'd like to mark this as Defendant's exhibit number one.

(Whereupon, Office Visit Notes of Dr. Lind were marked as Defendant's Exhibit #1)

BY MS. KIRKHAM: (Resuming)

Q. After reading Dr. Lind's report in which he reviewed medical records and sat down with Ms.

Morrett about her psychological condition, do you agree with this report?

A. That would be difficult for me to do since that's a psychiatrist's assessment of her psychiatric condition. I would agree with my overall impression as a physician that she has psychiatric issues. I'm not so sure I would necessarily agree that her psychological state is necessarily without any influence by her knee condition, however. I've seen a number of patients who -- whether she has a pre-existing issue or not, I think clearly, going through six, seven surgeries could have an impact on that.

Q. Can you state to a reasonable degree of medical certainty whether her knee condition has aggravated her pre-existing psychological issues more than 50 percent than her underlying issues?

A. I would say that the stress of undergoing as many surgeries as she has, has increased the likelihood of her having worsening depression and eating disorders more than 50 percent. Yes.

Q. So, based on your three or four times seeing Ms. Morrett since she told you of her depression and eating disorder, you feel, to a reasonable degree of medical certainty, that those psychological

conditions have been aggravated by her knee injury?

A. Yes.

Q. So you would not defer your opinion of whether Ms. Morrett's psychological condition has been aggravated by this accident to a doctor specializing in psychology or psychiatry?

A. I think the way that I would answer that is I would certainly defer to the psychiatrist for making the diagnosis of the psychiatric condition, but I don't believe that psychiatrists understands the stress and anxiety psychologically that is entailed in the number of knee surgeries, the pain and the recovery. That process, I think, is probably not possible for a psychiatrist to appreciate. So, in that sense, I would not defer to the psychiatrist.

Q. Were you aware that, at the time of this accident and after this accident, the Claimant had anxiety issues regarding the relationship with her mother?

A. No.

Q. Were you aware that, at the time of this accident and after this accident, the Claimant has had anxiety issues with regard to relationships with men?

A. No.

Q. Were you aware that, before this accident and after

this accident, the Claimant has had anxiety issues as a result of molestation at age five?

A. No.

Q. Do you still agree that the Claimant's psychiatric condition has been aggravated by this knee injury?

A. Yes.

Q. I think you've gone into it already a little bit, but could you explain to me, with all the other psychological issues that she has going on, why you think that this knee injury alone would be the more than 50 percent cause of her current condition?

A. Well, I think I would be a little more specific about the wording you just used. I don't know that I would say that the knee condition that she has, which resulted from her work-related injury, has caused her psychological condition. I think the process of going through as many surgeries as she has, and the recovery from those surgeries, has aggravated it. And that comes from experience treating patients who have had multiple knee surgeries, which are very complex and require inpatient stays, extended periods of time without weight bearing, and limited control of their lives. In my experience, depression, and particularly in female patients, eating disorders is very common.

Whether that's something that's actually caused by the knee injury, I think that's for a psychiatrist to determine. Not me. But I've certainly seen that condition develop in patients, or it certainly would be exacerbated in patients like Alison.

Q. So if she hadn't had a previous disorder, you wouldn't know whether an eating disorder that arose after a knee injury that required extensive surgeries, whether that eating disorder was caused because of the knee injury, or just some underlying issues?

A. Yeah. I think the cause of psychiatric conditions like eating disorders is very controversial. I think that some patients are more predisposed than others. And obviously, she has a very difficult past from a psychiatric standpoint. So she, I think you could argue, would be more predisposed to developing issues in the stress that comes from the recovery from that many surgeries. I think you probably would never know for sure if someone developed an eating disorder at the -- in the midst of a recovery from surgery like that, whether it was truly caused by the surgery, or it was always under the surface and about to spring at any time. But common sense would argue that the stress of

undergoing these surgeries is immense. And any psychological conditions that patients have tend to be inflamed by that process.

Q. That's all the questions I have for you.

CROSS-EXAMINATION

BY MR. BAKER:

Q. I may have just a few, Doctor. I think you have it. I think it's marked Defendant's #1. In looking at Defendant's #1, it's a report by Dr. Lind, who is a psychologist. Does that look correct to you, Doctor?

A. Yes.

Q. All right. And from looking at his report, does it appear that Dr. Lind only saw Ms. Morrett on one occasion, that being January 11, 2011?

A. That's correct.

Q. All right. And does it appear, Doctor, that much of Dr. Lind's opinion was based on a hospitalization of Ms. Morrett at Ridgeview Institute, the Ridgeview Institute?

A. Certainly a lot is garnered from that hospitalization, yes.

Q. And does it appear to you, Doctor, in the documentation review, that Dr. Lind had the actual records from the Ridgeview Institute?

A. Yes.
Q. I would refer you to page two of six, Doctor, and look at the written documentation reviewed by Dr. Lind.
A. I see it.
Q. Does it list the Ridgeview Institute in the documentation that he reviewed?
A. It did not.
Q. So would you, then, be of the opinion that he did not review the medical records from the Ridgeview Institute?
A. Unless he omitted it from that list, yes.
Q. Okay. And would agree with me, Doctor, would not in Ms. Morrett's situation, this is not a -- or she has a rather unique situation in that she has now gone through six knee surgeries. Is that your understanding?
A. Yes.
Q. And obviously, one knee surgery, we might not be here talking about psychological issues and eating disorder exacerbations. Would you agree with that?
A. Yes.
Q. And you were asked about deferring to the opinion of Dr. Lind who saw Ms. Morrett on one occasion. For your benefit, Doctor, I would tell you that

yesterday, we took the deposition of a Marjory Hobbs, who is a licensed counselor who has been treating Ms. Morrett since about 2004, which was prior, obviously, to this date of accident. And her perspective on this was following this accident and watching her go through multiple surgeries, that her condition had deteriorated. And I would ask you, Doctor, Ms. Hobbs, having the unique perspective of seeing her before this injury and then seeing her since, and then treating her through these multiple surgeries, would you defer to her for her opinion regarding the affects this injury and treatment has had on her?

A. I think that perspective is very valuable. Yes.

Q. Doctor, I'm going to show you -- and I'm getting this marked, and I may have to get a copy because that's my --

(Whereupon, Medical Questionnaire was marked as Plaintiff's Exhibit #1)

BY MR. BAKER: (Resuming)

Q. I'm going to show you a questionnaire that I submitted to you, Doctor, I think it was in November, and that would be marked as Plaintiff's Exhibit 1, and ask you if you can identify that,

and does that appear to be a questionnaire that you filled out and signed for me?

A. It does.

Q. Okay. And would your opinions still be consistent with those that are stated in that questionnaire, Doctor?

A. Yes.

Q. And Doctor, do you feel that the decline in Ms. Morrett's psychological state is causatively related or connected to her physical injury of May 11, 2009, and the subsequent treatment of surgeries following that injury?

A. I do.

Q. And do you feel like her need for psychological treatment at this time is causatively related or connected to her physical injury of May 11, 2009, and the subsequent surgeries that followed?

A. I do.

Q. And are those your opinions to a reasonable degree of medical certainty?

A. Yes.

Q. And do you also feel, Doctor, that the decline or the, I guess the aggravation of her eating disorder is causatively related or connected to her physical injury of May 11, 2009, and her subsequent multiple

surgeries?

A. I do.

Q. And do you feel like the need for treatment for the exacerbation of her eating disorder is causatively related or connected to her physical injury of May 11, 2009 and the subsequent surgeries that followed?

A. I do.

Q. And is that your opinion to a reasonable degree of medical certainty?

A. Yes.

Q. And, Doctor, counselor Hobbs was of the opinion that Ms. Morrett may need inpatient psychological treatment and/or inpatient treatment for eating disorders and the exacerbation of those problems as a result of this injury. Would you share that opinion?

A. I would defer that to someone who's experienced and trained in psychiatry. That's not my area of expertise.

Q. All right. But you would agree, she does need some treatment for psychological and the exacerbation of her eating disorder as a result of her injury and the treatment that followed?

A. Yes.

Q. Thank you, Doctor. I think those are all the questions I have.

REDIRECT EXAMINATION

BY MS. KIRKHAM:

Q. I just have one follow-up. If, on the day of this accident, Ms. Morrett had already been told by someone or referred by someone, to go to inpatient treatment, and you are saying here today that she also needs inpatient treatment, how would her condition have been aggravated?

A. I mean I think you're looking at it a little bit black and white because I'm not -- first off, I'm not necessarily saying that she needs inpatient treatment. I'm not a psychiatrist, so I don't know what the treatment is. So it may be simply some therapy sessions, some nutritional counseling. So it may be less intense than that. I don't know. Whether or not she needed inpatient treatment at the time of the injury, I think is immaterial because what I think she has is a relative worsening of whatever she had then. So there may be a certain threshold above which a psychiatrist or a psychologist or a counselor would recommend inpatient treatment. And beyond that, patients could have any of a number of degrees of severity

of psychiatric problems. If she was at the threshold of needed admission at that point, the fact that she's worse now and still needs that, does not necessarily negate that she's had a worsening as a result of this whole process.

Q. So are you saying even if she needed treatment at the time, the treatment she needs now is more than the treatment she needed at the time?

A. Yes.

Q. That's all I have.

(Whereupon, the deposition concluded at 5:50 p.m.)

STATE OF SOUTH CAROLINA

CERTIFICATE

Be it known that I, Cynthia L. Weathers, a Professional Court Reporter and Notary Public, did have Dr. Dana Tiasecki appear before me on January 26, 2012 at 1915 Randolph Road, Charlotte, North Carolina;

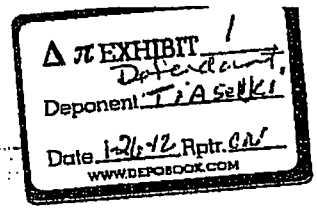
That the witness was duly sworn under pains and penalties of perjury to testify the truth, the whole truth, and nothing but the truth;

That the foregoing pages constitute a true and accurate transcription of the testimony given at that time and place aforesaid to the best of my skill and ability;

I further certify that I am not counsel or kin to any of the parties to this cause of action, nor am I interested in any matter of its outcome.

In Witness whereof, I have hereunto set my hand and seal this 1st Day of February, 2012.

Cynthia L. Weathers
Notary Public For South Carolina
My Commission Expires January 13, 2021





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To: *Michael Chase*

From: *Nicholas A. Lind*
Clinical Psychologist

Fax #: *799-3957*

Pages: 7 including cover

CAUTION: Confidential clinical information may be included in this fax. If received in error, please contact **Post Trauma Resources**

Post Trauma Resources

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President
Roger W. Deal, M.D.
Medical Director

11 January 2012

Turner Padget Graham & Laney
PO Box 1473
Columbia, SC 29202
VIA FACSIMILE: 799-3957

Attention: Michael E. Chase

Re: Alison Morrett

Date of Injury: 11 May 2009

An independent medical examinatio[n] as requested by Michael Chase, counsel for the defendant. My responsibilities were [to] review medical records, conduct psychological testing, clinically interview Ms. Mo[rrett] and offer an opinion concerning the following referral questions:

What is Ms. Morrett's curre[nt] psychological diagnosis, if any?

Was this condition more like[ly] than not, with as much certainty reasonable in the field of psychology, aggrava[ted] by her 11 May 2009 work-related injury?

This evaluation included a 60-minu[te] differential diagnostic interview with the undersigned, review of medical rec[ords] and selected psychological testing. I met with Ms. Morrett on 11 January 2012, in[formed] her of the nature of the examination and notified her that a report would be s[hared] with the referral source. She articulated understanding.

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Examinee Demographics
Ms. Alison Morrett is a 29-year-old C[illegible]casian female who currently lives in Manning, SC.

Written Documentation Reviewed
Records from the following sources w[illegible]e reviewed prior to the 11 January 2012 evaluation:

1. SouthEastern Spine Instit[illegible]
2. Manning Medicine
3. Easter Cooper Regional M[illegible]ical Center
4. Physical Rehabilitation G[illegible]p
5. Clarendon Memorial Hos[illegible]l
6. Lowcounty Urology Clin[illegible]
7. Fifi Jubran, MA, Rehabil[illegible]on Consultant
8. Department of Veterans A[illegible]irs

History of Illness
Ms. Morrett reported that, on 11 Ma[illegible]009, she was working as an emergency medical technician when she injured her kne[illegible] "We were carrying a man who, with the stretcher, was about 300 pounds," she said, "I [illegible]s on the heavy, back end and wasn't ready to move when my partner pulled me." [illegible]e said that she instinctively grabbed for the patient and tumbled down a hill. While her [illegible]ee was swollen, she reportedly pushed herself to transport the patient and perform he[illegible]rties. She said that she later learned that she had torn her ACL and injured her menis[illegible] She is scheduled for her sixth surgery on 23 January 2012 and reported being ap[illegible]nsive and frustrated with her lack of recovery. She reportedly experiences pain at t[illegible]verage intensity of "six" out of 10 (with "zero" being "no pain at all" and "10" bein[illegible]overwhelmed with pain"). She has a long history of depressive symptoms and eating [illegible]urbances which she perceives to be aggravated by her lack of structure.

Ms. Morrett said that she currently s[illegible]ps between five to six hours per night, which is down from the eight or nine hours s[illegible]ypically achieved prior to her injury. She reported that her physical limitation[illegible]revent her from running; she used to run up to four miles a day. She experiences feeling[illegible]f guilt, which are typically associated with family conflict and interactions. "I feel ba[illegible]bout what I've put my family through," she said, "I just can't get it together." While sh[illegible]ved with her parents after the injury, she was able to move back on her own in less tha[illegible] year, take care of herself on 60% of her previous pay, realize her goal of becoming a [illegible]se and be the first in her class to pass her boards. Still, she said, she feels as if she is a[illegible]rden on her family. She said that she has less energy, which she attributes to havi[illegible]less structure than when she was working, and which she believes has also contribu[illegible]d to her increased irritability level. There is no noted change in sex drive.

While Ms. Morrett acknowledged t[illegible]ghts such as "I want to go to sleep and never wake up," she denied intentions or plans [illegible]commit suicide. Risk factors include her perception that she has little control over eatin[illegible]haviors and relationships and protective factors

for suicide include her help-seeking b[illegible]aviors and developing insight into the need for interventions. In the past she has resi[illegible]d treatment and not fully participated, she said, and she now appreciates that she can[illegible] accomplish some changes in behavior on her own. Based on Rudd et al's 2001 cri[illegible]a for determining suicide risk, she is currently at Minimal Risk for self-harm (categori[illegible] Minimal, Mild, Moderate and Severe). The corresponding level of appropriate ca[illegible]is outpatient care with recurrent risk assessment.

Ms. Morrett said that her eating beha[illegible]rs oscillate between being overly restrictive and bingeing and purging. She can go up[illegible] two days without purging, she said, "But then I'll just go crazy and have to eat somethi[illegible]. . . I'll start to cycle again." Her eating varies, making a typical pattern difficult to i[illegible]tify. She can go until 5:00 PM without eating and purge three to four times before [illegible]ng to bed, she said. But some days she will wake up at 8:00 AM and purge up to eight [illegible]nine times.

Mental Status
Ms. Morrett appears her stated age. S[illegible] is oriented in all spheres. Regarding level of consciousness, she appears alert. Re[illegible]ted mood is "okay," which is consistent with her pleasant affect. She presented herse[illegible]n a casually dressed and appropriate fashion. Eye contact can be described as good. He[illegible]peech is coherent. Recent memory appears unimpaired. Psychomotor activity is [illegible]rmal. There is a negligible degree of conceptual disorganization evident. Her thought[illegible]ntent is characterized by no significant preoccupations. Regarding perceptu[illegible]nctioning, the examinee denies hallucinations and none are evident. Attitude can b[illegible]escribed as cooperative. As far as insight is concerned, the examinee verbalizes [illegible]areness of her problems and sees consequences. Judgment appears good. Attention/C[illegible]centration is characterized as no noted difficulty. Regarding impulse control the exam[illegible]e is reflective and able to resist urges.

Quality of Historian. Ms. Morrett's [illegible]ect and presentation were consistent with her medical records, reported history an[illegible]sychological testing

Others Present/Collateral Informatic[illegible] No one else was present for the interview.

Work Status
Ms. Morrett reported that she is cur[illegible]ly not working. She said that she attempted to return to light duty until the MRI re[illegible]s were received and her doctor recommended against her working.

Current Psychotropic Medication
Ms. Morrett reported that she is cur[illegible]ly taking the following medications:

1. Prozac, 20 mg, for approxim[illegible]ly one month
2. Buspar (took the first dosag[illegible]day)
3. Trazadone

Previous Psychological Symptom[illegible]
Ms. Morrett has struggled with her [illegible]ng disorder since she was 12 years of age and has been hospitalized an estimated eigh[illegible]mes. The individual therapy she has received with

Marjorie Hobbs since her work-relat njury appears to have been helpful in a number of ways, including identifying the trigg of the maladaptive behaviors and increasing her motivation for change. Out of the 2 ssions documented, concerns regarding knee pain, medical procedures and/or the k-related injury were mentioned only five times. This is not to suggest the issue was n covered in other sessions, as therapy notes are not documented on every topic covered. e major triggers appear to be the long-standing difficulties with family of origin (int ctions with her mother in particular) and interpersonal relationships, however, d Ms. Morrett's description of her treatment progress is consistent with the recor She appears to have gained insight into the benefit of the structure that a hospita tting can provide and appears to be motivated to actively participate in such a prograr This motivation was not present until recently, she said.

Ms. Morrett reported that her bingin d purging behaviors worsened when she was deployed stateside as a flight medic. e was an E4 serving her third year in the US Air Force, she said, and found the relati ack of structure in the assignment to be stressful. She reportedly lost 30-35 pounds in roximately three months and this weight loss, along with her sharing her concern r rding her worsening condition with a coworker, brought her eating disorder to the att ion of her chain of command. She was hospitalized for approximately 20 da at The Ridgeview Institute, which she acknowledged was not as successful it could have been. She said that by the last week of her stay she had learned that, by v ing for a certain amount of time to elapse after eating, she could vomit without bein etected by the staff. Moreover, because her lung collapsed before she completed the gram, she was unable to accomplish the transitional step of partial hospitaliz n. She in effect never completed the treatment and, less than three months later, ha e work-related injury.

This is reportedly Ms. Morrett's firs 'orkers' Compensation claim.

Results of Psychological Testing

The following assessment measures re used:

1. Minnesota Multiphasic Pers lity Inventory-Second Edition (MMPI-2)
2. Pain Patient Profile (P3)
3. Beck Depression Inventory- ond Edition (BDI-II)
4. Beck Anxiety Inventory (BA

Ms. Morrett articulated understandi of each instrument. While she appeared to be exaggerating her symptoms as a pl r help, the resulting profile was determined to be valid (L=38, F=82 & K=37). She p nted as someone who is self-virtuous, focused on somatic complaints and experiencin situational stress. Individuals with similar profiles have been found to have longstandi family conflicts that are the central force for their misbehaviors. They are impulsive a have difficulty delaying their gratification. They have a tendency to act out by engag in excessive behaviors, which appear to eventually regulate emotions. Whil dividuals with such profiles may express guilt after these misdeeds, any resolution change are likely to be met with future outbursts. They have been found to change lit n therapy.

Ms. Morren was administered the Be[Depression Inventory-Second Edition, a 21-item self-report questionnaire assessing d[ssive symptoms in the time frame of the "past two weeks including today." Scores [ge from Minimal, Mild, Moderate to Severe levels of depressive symptoms. Com[red to the normal population, she reported experiencing Severe levels of depres[n (BDI-II=39).

The examinee was administered the [k Anxiety Inventory, a 21-item scale which measures the severity of anxiety in th[ime frame of the "past week including today." Scores range from Minimal, Mild, M[erate to Severe levels of anxiety symptoms. Compared to an outpatient psychiatr[opulation, she reported experiencing Moderate levels of anxiety (BAI=16).

The P3 is designed to identify pain p[nts who are experiencing emotional distress that may be affecting their s[ptoms and their response to treatment. The results suggest that Ms. Morrett app[hed the test items in an open and honest manner. The profile suggests that sh[experiencing less somatization symptoms and more anxiety and depressive syn[oms than the average pain patient.

DSM-IV-TR Diagnoses

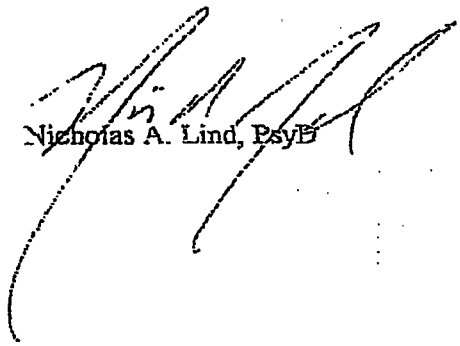
Axis I	307.51	Bulimia N[osa
	296.32	Major Dep[ive Disorder, Recurrent, Moderate
Axis II	V71.09	No Diagno[on Axis II
Axis III		Reported p[see medical record
Axis IV		Reported p[family conflict
Axis V	GAF=60	

Responses to Referral Questions

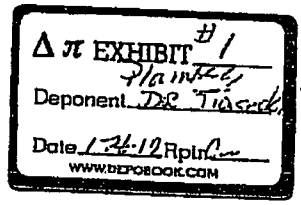
While Ms. Morrett's inability to effe[vely perform her duties was recognized by her Air Force command and the appropriate[atment was initiated, Ms. Morrett acknowledges that she engaged in purging behavio[during the final week of her hospital stay. Such behavior is the nature of her illness [is to be expected, but served to sabotage her treatment. Moreover, her interventi[was interrupted by a medical emergency (a collapsed lung), which prevented he[om attending the Intensive Outpatient Program (IOP) portion of the program. This [ment is important as it is designed to transition the patient from the controlled hospital [ironment to the less structured "real world." The treatment that was initiated in the m[ry was therefore never completed and, as a result, she was not able to adapt to the less[uctured world outside of the hospital. In my opinion it is this treatment failure, a[not the work-related injury that occurred approximately three months later, th[contributes to her ongoing eating behaviors.

In my opinion, Ms. Morrett's psych[gical condition is more likely than not, with as much certainty reasonable in the fie[of psychology, no different than before her 11 May 2009 work-related injury.

Respectfully submitted,



Nicholas A. Lind, PsyD



MEDICAL QUESTIONNAIRE
Patient: Alison Morrett
Date of Injury May 11, 2009

1. Do you believe to a reasonable degree of medical certainty that Ms. Alison Morrett needs to be followed by a psychiatrist as she has developed depression following her on the job injury of May 11, 2009 and/or aggravated a preexisting psychological condition as stated in your note of October 20, 2011?

   Yes ✓ No ___

2. Are the opinions stated in your note of October 20, 2011, your opinions to a reasonable degree of medical certainty?

   Yes ✓ No ___

3. Do you believe to a reasonable degree of medical certainty that Ms. Alison Morrett requires psychological treatment following her on the job injury as stated in your note of October 20, 2011?

   Yes ✓ No ___

4. Do you believe to a reasonable degree of medical certainty that Ms. Alison Morrett requires nutritional treatment following her on the job injury as stated in your note of October 20, 2011 as the long surgical history, prolonged rehabilitation and pain have aggravated her preexisting eating disorder?

   Yes ✓ No ___

I, Dana Piasecki, M.D., hereby certify that my responses to the above-listed questions represent my opinion, to a reasonable degree of medical certainty, as to each of these points.

Dana Piasecki, M.D.

12/20/11
Date

STATE OF SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
FILE NO.: 0905068

ALISON MORRETT, CLAIMANT vs. CAPITAL CITY AMBULANCE OF GA, EMPLOYER COMPANION PROPERTY & CASUALTY INSURANCE COMPANY, CARRIER	)) HEARING BEFORE)) COMMISSIONER WILLIAMS))))))

WORKERS' COMPENSATION COMMISSION HEARING TAKEN BEFORE NADINE A. GARRETT, A NOTARY PUBLIC IN AND FOR THE STATE OF SOUTH CAROLINA, COMMENCING AT THE HOUR OF 1:14 PM ON FEBRUARY 6, 2012, AT COUNTY COUNCIL BUILDING, 736 RICHLAND AVENUE WEST, AIKEN, SOUTH CAROLINA.

Nadine A. Garrett,
Court Reporter
PO BOX 1205
IRMO, SC 29063
Office: 803-834-3410
Fax: 803-834-3411

Hearing 02-06-12 Transcript

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CERTIFICATE. 50

THE COURT: Today's date February 6, 2012. This is the Workers' Compensation case of Ms. Alison Morrett versus Capital City Ambulance. Companion is the Carrier. WCC file number 0905068.

Attorney Brad Baker for the Claimant. Attorney Mike Chase for the Employer and Carrier.

Date of accident was May 11, 2009. Hearing is set on the Forms 50 and 51. I have an average weekly wage of $641.21, comp rate of $427.49. I have a host

of APA submissions handed up from both parties. I think over 13-1400 pages.

Any objections to jurisdiction, venue or the APA submissions? Mr. Baker?

MR. BAKER: No, Commissioner.

MR. CHASE: None from the Defense.

THE COURT: Then the Commission file is part of the record with the exception of any self-serving declarations or any unstipulated medical reports.

Admitted injury to the right knee. Claimant just recently had another surgery on that knee. Issues today would be whether or not she has suffered a compensable aggravation of an underlined psychological condition, whether or not she's entitled to psychological treatment as well as -- I think nutrition treatment as well she's seeking.

The Claimant would argue that her psychological condition has been aggravated by this accident and that she is need of further treatment for the psychological.

The Employer and Carrier is -- has admitted the right knee injury. And they are providing authorized treatment for the right knee. However, they would deny that the Claimant has suffered any aggravation to her underlined psychological issues and that any treatment for the psychological should be denied in this case.

And both parties would obviously rely on the medical evidence that's handed up. I believe the

Claimant would rely on the treatment and the opinions of Dr. Piasecki, P-I-A-S-E-C-K-I. And the Employer/Carrier would rely on the opinions of Dr. Lind, L-I-N-D. I believe Claimant would also rely on the treatment of Ms. Marjorie Hobbs, H-O-B-B-S.

That being stated, anything also the parties want to state for the record? Mr. Baker?

MR. BAKER: Commissioner, I would just state -- and you may have mentioned this. But I also, along with the APAs, handed up the deposition of Dr. Piasecki as Exhibit A to my submissions and the

deposition of -- I'm sorry, Dr. Hobbs is exhibit A. And exhibit B is the deposition of Dr. Piasecki.

THE COURT: Mr. Chase, anything else?

MR. CHASE: Nothing further, Your Honor.

THE COURT: Let's swear Ms. Morrett in.

ALISON MORRETT,

after being duly sworn, testified as follows:

THE COURT: Mr. Baker.

MR. BAKER: Thank you, Commissioner.

DIRECT EXAMINATION

BY MR. BAKER:

Q And, Alison, I know I'm sitting on your left side and the Commissioner's on your right. But I'll ask you these questions and you may need to direct them toward the Commissioner. But just give us your name, full name for the record.

A Alison Renee Morrett.

Q And your date of birth?

A [redacted]
Q And how old does that make you?
A Twenty-nine.
Q And you are single?
A Yes.
Q No one's dependent on you financially?
A No.

Q Just briefly give us a little bit about -- tell us a little bit about your educational background.
A I have a two-year degree in nursing from Midlands Tech and I'm currently going to school online, doing an RN to BSN to MSN program.
Q And your employment history, and I'll just run through this, has consisted of waiting tables. I think you've worked in retail. You've been a receptionist in a medical office, a bank teller and then you were in the Air Force; is that correct?
A Yes, sir.
Q For 2005 to 2010?
A Yes.
Q And you were honorably discharged?
A Yes.
Q From the military. All right. And your position in the military was an EMT?
A Yes.
Q And then you've worked in the private sector as an EMT from '07 to '09 by the time -- well, the time this injury took place; is that right?
A Yes.

Q From two different companies?
A Yes.
Q Alison, if you would, I want you to tell the

Commissioner -- it's been well documented and discussed that you have a history of an eating disorder and a psychological issue or treatment. If you would explain kind of your history and past situations to the Commissioner.
A I started -- I probably started receiving treatment in high school at either 17 or 18. And I mean, it's definitely been something that I've -- I have struggled with. And, I mean, it's kind of like been an Evan Flow (phonetic) kind of thing. I mean, I've had points in my life that I've done really well then, I mean -- there's always been, I mean, like situational depression or situational anxiety. But I think that -- I mean, it's just -- I mean, it's been a continuous process.
Q And you've been hospitalized for eating disorder on a number of occasions?
A Yes.
Q Probably more than -- I know I asked you how many. And I don't know that you know.
A I'm not exactly sure. But I do know from 2005 until the present, there's only -- there's been only one hospitalization.
Q From 2005 to 2009?
A Twelve.

Q Or to the present it's only been one hospitalization?
A Yes.
Q All right. And has been -- and I know you've reviewed a number of these records. There are things that have happened to you throughout your life that may have impacted your eating disorder and psychological situation.
A Uh-huh.
Q Can you tell the Commissioner what those things have been?
A We've moved a lot, I mean, my entire life. My dad was in sales, so we never really stayed in one place. So, I mean, I've went to three elementary schools, two middle schools, two high schools. And I mean, I just had -- I also had, I mean, abuse as a child that I never had really dealt. You know, I never -- I haven't gotten along well with my family that well. I was -- I'm the oldest, so I was always, you know, kind of expected to be perfect. But, yet, I kind of marched to the beat of my own drum and kind of -- you know, I didn't pick the career choice they wanted, so I kind of have just done my own thing with that, but --
Q Have you -- have there been times more than once that you've been sexually assaulted?

A Yes.
Q And one of those is as a child?
A Uh-huh.
Q And one as an adult?

A Yes.
Q You've been through a divorce?
A Yes.
Q And as you've indicated in this document and in your record, you've had issues with your parents and your mother?
A Uh-huh.
Q And you've already indicated a number of hospitalizations, but only one since 2005.
A Yes.
Q Tell the Commissioner about your treatment and when you started treating with Marjorie Hobbs.
A I started seeing her in 2004. But not -- I haven't seen her like consistently all the way from 2004 to now. I didn't see her when I was in the military because I was pretty much gone a lot for those entire five years that I was in. So -- but, I mean, I have seen her -- she's probably the only person that I've seen that before -- like pre-knee injury and after. And, I mean, I -- but I've been really consistent in the, like, last year. I probably go a couple times a

month simply because I can't afford to go every week, but --
Q And you touched on it. Is she the only provider in this case who's treated you both before this injury and after the injury?
A Yes.
Q And I want to ask you about your interaction and your appointment with Dr. Lind. How many times have you seen Dr. Lind?

A Just the one time.
Q And how long did you spend with Dr. Lind when you saw him?
A I was probably in there about 50 minutes.
Q With Lind?
A Yes.
Q And then you did testing after that?
A Yes.
Q Have you reviewed Lind's report?
A Yes.
Q And what is it that you understand his opinion is based on, Alison?
A I guess my understanding when I read the report was that he was mainly focused on the one treatment in 2009 and then saying -- and then under the impression that the one -- like, the single knee surgery that

happened in May 2009 wasn't really responsible for any of the issues that I'm having now. And granted, one knew surgery, I probably wouldn't be in the situation that I'm in now only having one. It's more of the fact that this has been going on, pretty much having a surgery every six months for the last -- it'll be three years in this May. But I think it was focused a lot around just the single incident and the single treatment in February of 2009.
Q Is that Ridgeview?
A Yes.
Q Did you complete the treatment at Ridgeview?
A I completed -- well, and there was, I think, a

discrepancy in that because I left -- or I was transferred from Ridgeview in February to the main hospital at Emory. And then I came back. And then I went back until the 17, which was my discharge date, that I had completed the program. But then my lung had collapsed. And so, then I was -- instead of being discharged home, I was discharged WellStar Cobb, where I had to have a little lung surgery for my lung being collapsed.

Q Let me show you what's been labeled as Defendants' APA 01181 and have you take a look at that. Is that a discharge note from Ridgeview from February 10?

A Yes.

Q And does it say --

MR. CHASE: I'd object to the reading of the medical, Commissioner.

THE COURT: I mean --

MR. CHASE: I mean, the medical's in evidence.

THE COURT: Can you rephrase your question?

MR. CHASE: If he has a question about --

THE COURT: He hasn't really asked the question, yet, but I can see where he's going with it.

BY MR. BAKER:

Q This is a discharge of February 10. Did you go back to Ridgeview after that?

A I did.

Q And let me point out a Defense exhibit, 01300 and ask you if you can identify that document, Alison.

A This is day of admission 2/17. This is where I -- when I left Ridgeview -- or I was discharged from

there and I had to go straight to the emergency room for my lung.

Q So, you were actually discharged from Ridgeview on the 17th rather than the 10th?

A Yes.

Q And that's reflected in Defendants' 01300 that you were entering the hospital from Ridgeview?

(There was no verbal response.)

Q I want to take you to your employment with Capital City Ambulance. When did you begin working for Capital City Ambulance?

A In March of 2009.

Q How were you physically and mentally at that time?

A I mean, I was doing well. You know, I had done the program and then had the lung surgery and rehabilitated off of that. And then -- so, I mean, it was my -- I was finally going back to work for the first time after having even been deployed and then coming back after all that. So, I was living independently and -- I mean, I was doing the things that, you know, I mean, I enjoyed doing like working and being active and having all of those things in my life that normal people have and, like, feeling like a productive member of society.

Q And briefly tell us what happened to you on May 11, 2009. It's an admitted injury, so you don't have to go into a whole lot of detail.

A My partner and I had gotten a call and it was dark. It was probably like 4:00 or 5:00 in the morning. It

had been raining. And we went -- we had gone to get this person multiple times. So, we went on the call to get the patient. And when we were -- the patient

lived on the top of the hill. And when we were coming out of their house, their little front sidewalk, the stretcher, it -- I fell down the hill with the stretcher and tore my ACL.

Q And tell us what has happened to you since then as far as treatment that you've had.

A I thought after that, that that would be pretty simple, because normally it's just a surgery and then like a six-week rehab process, PT. But after that, I kept saying that there -- I didn't feel like something was still right in there.

Q When did you have your first surgery?

A May of 2009.

Q How did you do after that?

A It was -- I went the PT and I was wearing the brace. Every time I've knee surgery, I can't -- like the initial process is that I can't be weight bearing or drive for like six to eight weeks. So, I was getting rides and getting to PT and doing the home exercises. And I think it was probably in July or August of 2009 and after continuing to go to the doctor and continuing to not really get answers about like the status of everything, we had requested another opinion. And so, I believe in August of 2009 I went to Dr. Holmes for that second opinion and an MRI.

And then when they did the MRI, they found out that the ACL wasn't put in -- reconstructed appropriately and then the PCL was also torn interoperatively. And so, then he scheduled the surgery to do those two reconstructions. And then --

Q How much surgeries ultimately did Dr. Holmes do?

A Dr. Holmes did three of the six.

Q And then at some point in 2011 after Holmes had done three surgeries, did you see another physician?

A At that point Dr. Holmes, he knew that there was -- like it still wasn't right, but he was done kind of doing the trial and error. So, he referred me to Dr. Piasecki in Charlotte at OrthoCarolina.

Q And you since had two surgeries with Dr. Piasecki?

A Yes.

Q Tell us what it involves each time you have one of these surgeries. What is entailed as far as recovery goes for you?

A I know the one that I just had I have always been inpatient just because of the issue that I've had with my lung. But normally I only stay -- or I've been inpatient for like a day or two after the surgery. This last time, a few -- two weeks ago I was there for five or six days because during the knee surgery, I had lost so much blood that I have a

blood transfusion and then just with the pain management. So, I was there for five days and then -- but after all of them, I haven't -- I can't drive for like six to eight weeks and then start the whole

PT process. And then it's just kind of a waiting game.

Q Have you been able to work since your injury?

A No.

Q Have you had pain since your injury?

A Yes.

Q Has it caused any other -- the injury and the surgeries that follow, have they caused other problems in your life?

A Definitely. I can't -- I was an extremely active person. I mean, I was a runner and I was doing triathlons and I've just -- I've always been really active. And to kind of go from that level of activity in my life to nothing in literally like a three-second fall down a hill, completely changed everything. And then, you know, like, I want to be rehabilitated and I want to go back to work because I'm young. And I can't stand the thought of not being able to be a nurse and like do what I want to do. But yet, you know, not being able to drive. It's just a very isolating event because, you know,

people have to come to me or, you know, just trying to get rides to appointments and -- it's just -- I mean, my whole life has changed from what it was to what it is now.

Q Has it impacted you financially?

A Definitely. You know, getting a percentage of your pay compared to the full pay is definitely a hit. But then also, you know, what I'm losing not being able to go work as a nurse. It's definitely a

struggle.
Q Have these -- has the injury and the multiple surgeries, Alison, affected your preexisting depression and eating disorder?
A Definitely over the course of this whole situation because it's just been such a long process. Something that I thought was going to be pretty simple and, you know, require a surgery and one rehabilitation period, you know, kind of spun out to this whole thing. And, you know, again not being able to do anything, I mean, that is -- it's definitely has, like, taken a tole on, you know, my psyche.
Q Have there been times when the eating disorder and depression have interfered with your recovery?
A Definitely in -- I know especially after, not the

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surgery that I just had in January, but the one that I had in September of last year, I think that was kind of the one that just threw me over the edge with all this, that I kind of, like, felt to most impact from, you know, not having like the energy and the appropriate nutrition. I had some problems with, like, the bone healing a right way and --
Q How about physical therapy?
A What about physical therapy?
Q Did you have any problem with the rehab?
A It was definitely a lot slower than normal. But because of the bone and it not healing, you know, we couldn't progress like we normally would have had I

not had that situation going on.

Q You mentioned you just had the surgery. Do you still have staples in your leg?

A I do.

Q How many staples do you have in your leg?

A Between, like, 50 or 70.

Q And what do you understand is supposed to happen with your situation at this point?

A At this point I know that I go back this week hopefully to get those out and then I can start the PT process. And then that could be any -- I mean, that could be from like 9 to 12 months. But I also

understand that I'm probably going to have to have one to two more minor knee surgeries or scopes for him to go in there and clean out the scar tissue and everything else that has accumulated over time or -- so that I can have, you know, a better recovery with like better mobilization.

Q And what is different, Alison, now about your psychological situation and your eating disorder than, for example, back in February of 2009 or March of 2009?

A I think -- well, in February and March of 2009, you know, I was at the different spot. You know, I was -- I had finished up the treatment and, you know, I was going back to work and, you know, I was doing -- I was active. And, you know, then just this whole process over almost three years kind of -- I don't know. It changed all that. I mean, it wasn't like this sudden thing like, oh, I fall down the hill and,

boom, the next day I'm not in a good spot. I mean, it took time. I mean, it just -- all of the accumulation of everything just finally, you know, took its tole.

Q So, you're not claiming that your situation was exacerbated, the mental and eating disorder, immediately after this injury?

A No.

Q It's the progression and the treatment of multiple surgeries?

A Yes.

Q And prior to the hearing today, you have voluntary signed multiple authorizations in this case; have you not?

A Yeah.

Q And allowed the Defendants to get most of your medical records from the past?

A Uh-huh.

Q And you've also signed releases for them to get your military records?

A Yes.

Q And do you feel -- and you're currently treating with Marjorie Hobbs. Do you feel you need more intense treatment at this time?

A I do. And we've talked -- her and I have talked about that. The degree in which -- you know, she's limited to what she can do. And also, you know, at the same time, I'm limited because, you know, financially running on 60 percent or whatever it is

of my pay, you know, I can't afford to live and then make that payment to her once or twice a week, every week, monthly. I have no other recourses outside of

myself.

Q And you see her on a self-pay basis?

A Yes.

Q Are you able to get any inpatient treatment on your own?

A No.

Q Why is that?

A Because when I was injured and I had insurance through Capital City and then when all -- when the injury occurred I guess -- I'm not sure exactly how many months after, but they -- my insurance coverage was terminated. So, that was like my sole source of, like, insurance.

Q What about the VA?

A I do have a the VA benefits. And they don't have the resources either. I've gone multiple times and tried to seek treatment and they -- they're researching it. But as of now, because it isn't service connected, they weren't going to pay.

Q You want inpatient treatment?

A Do I want -- yes.

Q What's going to be the different about this inpatient treatment then the previous inpatient treatment that you've had?

A I think -- well, now I'm definitely at a different

place in my life. I'm almost 30 years old. You know, I have a degree I want to use and, you know, I still want to go back to school whenever I can go back to school. But there's all these things that I want to do and goals that I have that I didn't have back then. And I was just -- being younger, I was at a different place. And a lot of times at those ages I was forced to go places and you can't really force anybody to do anything and expect there to be a lasting result. It's definitely a situation where you have to go willingly. So, I think, you know, maturity level and just being older has definitely kind of changed where I'm at with that.

MR. BAKER: Thank you, Alison. If you would answer any questions Mr. Chase may have.

THE COURT: Mr. Chase.

MR. CHASE: Thank you, Commissioner.

CROSS-EXAMINATION

BY MR. CHASE:

Q Ms. Morrett, I've read a couple different places when your eating disorder started. And one set of records seem to indicate that you were 12 years old. And others seem to say 14 years old. Do you know which one it was?

A I believe that -- you know, I think I always had the

ideas when I was 12. But I don't think that I actually, like, probably, like, took any kind of, like, action towards it until around 13 or 14. So, early adolescence.

Q And you were living in the Atlanta area at that time?
A Yes, sir.
Q And by eating disorder, did you notice weight loss at that time?
A Definitely it's kind of -- it comes and goes. It's always been pretty situational. But at that age, yes.
Q And then a couple years after that is when you moved to South Carolina, correct?
A Correct.
Q And that's when you had your first hospital admission at Palmetto Health Baptist?
A Yes, sir. When I was 17.
Q And, Commissioner, I'm going to be kind of going through our medical summary. And that will be actually the first item that you see on that spread sheet. So, that first hospital admission, Ms. Morrett, I've got was February 20, 2000. Does that sound right?
A Yes, sir.
Q And at that time you were diagnosed with major

depression and anorexia?
A Yes, sir.
Q And you continued on in the hospital through March 22, 2000. Was that an extended stay?
A Yes, sir.
Q And you had gotten down to 95 pounds at that point in time?
A Yes.
Q And you had a feeding tube; is that right?

A Correct.
Q Now, did you go right from that first hospital admission to your second -- and it was a residential program out at something called Remuda Ranch in Arizona?
A I did.
Q So, you went from the Palmetto Health Baptist and then out to Remuda Ranch. And was that residential program, was that private pay? You had to pay for that?
A Yes.
Q I'm assuming your parents paid for that.
A They did.
Q And in the Remuda Ranch program I believe I saw somewhere or you may have told me in your deposition about 75 days, like it was increased when you were

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there.
A Yes.
Q And why was it increased while you were there?
A When you first get there or before you come, they kind of quote a certain stay until you actually, like, physically get there and they can draw your labs and kind of, like, see what your condition is. And then they can adjust the stay based on -- as they see fit whenever you officially are there.
Q Now, did they also increase your stay because you had some compliance issues too with what they were trying to do at that point in your life?
A Yes.

Q And then for your third hospital admission, that was in June of 2000 when you came back from Remuda Ranch; is that correct?
A Yes, sir.
Q You went back to Palmetto Health Baptist?
A Yes.
Q And did your diagnosis include them self mutilating at that point?
A Yes, sir.
Q And did you indicate to the people at Palmetto Health Baptist that you did not feel Remuda Ranch helped you?

A Yes, sir.
Q And then I have your fourth admission at the Institute of Psychiatry. And where was that facility?
A That was at MUSC.
Q And it looks like that was a little bit over a week, August 28 through September 7, 2000?
A Yes.
Q And did you have a diagnoses of bulimia at that point in time when you went to MUSC?
A I did.
Q And is that the binging and purging, is that basically the bulimia --
A Yes, sir.
Q -- part of it? And then your fifth hospital admission we had also was from MUSC; is that correct?
A Yes.
Q And then we had your sixth hospital admission back in

Columbia at Palmetto Health Baptist, August of 2001; is that correct?

A Yes.

Q And you were down to 70 pounds at that point in time; is that right?

A Yes, sir.

Q And then you were back in Palmetto Health Baptist for

your seventh admission February 13, 2002 through March 20, 2002?

A Yes sir.

Q Am I had noted there to ask you, you had applied for something called Mercy Ministries. Did you ever get accepted into that program?

A No, sir. It was like a year and a half or a two year wait.

Q And would that have been another inpatient type or resident program?

A Yes, sir.

Q And then I have your eight admission at Richland Springs in April 8, 2002 through the 16th of 2002?

A Yes, sir.

Q And then your ninth admission was with Palmetto Health Richland in Columbia, June 8 through the 14 of 2002?

A Yes.

Q And there was a note there that I want to ask you about, where you reported being upset about commitment to Bryan Psychiatric Center. Did you ever go to Bryan Psychiatric Center?

A Yes.
Q You did? In relation to that visit at Palmetto Health Richland where you were inpatient, when did

you go to Bryan? Do you recall?
A I don't recall. I can't remember.
Q Do you know how long you were inpatient at Bryan?
A Like three days.
Q Did your parents commit you to that or how did you get put in there? Do you know?
A My parents.
Q And then I have for your tenth admission at Richland Springs March 7 through the 27 of 2003.
A Yes.
Q And then for your eleventh admission went into 2004, that was June 1 through the 3 of 2004 at Palmetto Health Baptist?
A Yes.
Q And did you have the diagnosis at that time of obsessive compulsive disorder as well?
A Yes, sir.
Q And then for your twelfth admission I have later that same months, June 17, 2004 through June 25, 2004 at Palmetto Health Baptist?
A Yes.
Q And then your thirteenth admission I had August 6, 2004 through August 12, 2004?
A Yes.
Q And I wanted to ask you about that. You had

requested of Palmetto Health Baptist you wanted a feeding tube, but they wouldn't give you one. What was the reason you were actually asking for that?

A I'm not sure I recall that. But what comes to my mind that I can think of was just the simple fact that I -- like if somebody else did it for me, then I didn't have to deal with -- I can work on everything else in my life.

Q And then you started treating with your Counselor Hobbs later that same month when you got out of Palmetto Health Baptist. And she first saw you on August 19, 2004 I believe, correct?

A Yes.

Q And you were about the 101 pounds when you started seeing Counselor Hobbs; is that right?

A Correct.

Q And she took a very long history of you, your counselor, when she first started seeing you on that first appointment; did she not?

A I believe so.

Q And on the second visit with Counselor Hobbs in 2004, you wanted her to call Dr. Dodds, D-O-D-D-S, to see if they'd be willing to take you back. What was the reason for that. Was that a prior counselor or --

A That was just a medical doctor. She has always

wanted me to be followed medically while I've been seeing her.

Q And you mentioned to Counselor Hobbs on that same day that you were still getting short-term disability.

Who were you getting that from at that time?
A I believe that was through the doctor's office that I had worked for at Richland.
Q And for what -- I mean, was this for your psychological problems?
A Yes.
Q And how long were you on their disability program?
A Maybe a month. I can't really recall that.
Q But you received payments for a month?
A Yes.
Q Then you continued treating with Counselor Hobbs throughout 2004, correct?
A Correct.
Q What are Stackers? You reported taking a Stacker.
A Diet pills.
Q Is it in addition to something else? Is that why it's called a Stacker?
A I believe that's just the brand.
Q Okay. It's a brand of diet medicine?
A Yes, sir.
Q And you started school around that same time, in late

2004, early 2005?
A Yes, sir.
Q Is that your nursing classes?
A Yes. That was like the prerequisite.
Q And your bulimia symptoms, they would flair and then go back down and flair and go back down?
A Yes, sir.
Q For example, on your visit with Counselor Hobbs March 23, 2005, you had reported to her that your bulimia

had improved, but then you had a setback at the beach. Do you remember that?

A Yes, sir.

Q And then around August of 2005 you decided you might join the Air Force at that point; is that right?

A That's correct.

Q And when did you join the Air Force?

A I officially enlisted in October of 2005. But I didn't leave -- I was in school that semester, so I didn't leave to go to basic training until January of 2006.

Q And then when you got home -- so, you were in basic and then you came home from basic and the first visit you saw Counselor Hobbs when you returned was November 29, 2006?

A Correct. Because I was gone for 11 months.

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Q And you reported to her that you were throwing up, quote, unquote, sometimes; do you recall that?

A Yes, sir.

Q And when you saw her the following month, December 13, 2006, you reported you were throwing up two times a week and restricting your diet, correct?

A Correct.

Q And you saw her through 2007 as well, correct, Counselor Hobbs?

A Correct. I'm not sure exactly how frequently it was.

Q Well, you saw her on January 31, 2007. So, the beginning of that year you reported to her that you were still restricting and purging daily and

reported, quote, unquote, "This time it's different and it's scaring me," unquotes. Do you remember that?

A I do.

Q And then she saw you the following month, actually looks like the next week, on February 6, 2007. And you reported to Counselor Hobbs on that day that you went to court and committed to long-term residential treatment center, Remuda Ranch. Is this talking about your prior remission to Remuda?

A I believe so because I've only been there one time.

Q So, did you all just talk more about the Remuda Ranch

treatment that you had back then?

A I know that there had been times where she wanted me to see if I could go back. But financially I was never at a place where I could afford to go back there on my own.

Q Now, you had worked at an ambulance service before my client for it looks like a couple months; is that right?

A Yes, sir.

Q And you were still treating with Counselor Hobbs during that, right?

A Yes.

Q And you still had all the purging problems and so forth, bulimia problems throughout 2007, correct?

A I did. There were definitely times, again, where it was better or worse. It wasn't ever always bad or always good.

Q And despite the fact that Counselor Hobbs wanted you

to have more intensive treatment at that point in 2007, you rejected that, correct, at that time?

A I did. I was in the military and I was just trying to do a lot of things. And I didn't see -- at that point I wasn't -- I don't think that I saw the importance of it.

Q And for example on July 17, 2007 did you report to

Counselor Hobbs that you denied you had a real problem, quote, unquote, despite a 30 to 40 pound weight loss in the last six months. Do you remember that?

A Yes, sir.

Q And then in September 11, 2007 there's an entry with Counselor Hobbs where you called to cancel the appointment and terminate the counseling relationship. And you reported to her that you were just not ready to change and didn't feel ready to continue therapy. Do you recall doing that?

A Yes.

Q So, that was your decision at that time?

A Yes.

Q And you came back to her then and picked up treatment again February of 2008. Do you remember that?

A I do.

Q And you were taking a full school schedule at that point?

A Yes.

Q But you reported throwing up daily, restricting diet, lost weight and depressed?

A Yes, sir.
Q And did she, again, recommend Remuda Ranch, but you rejected that and said you wanted something local?

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A Yes, sir. And it's always also been the financial aspect of it because it's really expensive. And, again, I've never had any -- I mean, it's up to me. I mean, I have no other financial support.
Q But you didn't go to a local residential or inpatient facility, did you at that time in 2008?
A No, sir. I didn't go until -- I went in 2009.
Q And then later I believe -- did you get -- you then got married, I know that. I have two different dates. And I wanted to ask you about it. Was it April of '08 that you got married?
A Yes, sir.
Q Because I saw October somewhere. So, it's April that you got married, so it was a couple months after that February date you saw Counselor Hobbs, you were marred? Then there's an entry back with Counselor Hobbs in December of 2008 where you told her that you got married in April and that he went to your commander to tell about the eating disorder. So, were you referring to your husband?
A Yes, sir.
Q And that's how the military found out about it?
A Yes, sir.
Q And what month did you and your husband split up?
A We -- pretty much the whole time after April of 2008

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I was deployed until December of 2008. And I returned home in December. And then we -- he moved back home, which his home is in Ohio, and I came back to Columbia. And we were -- I think we were officially divorced in March -- February or March of 2009.

Q Because there's on entry then at the end of 2008, in fact December 29, 2008 with Counselor Hobbs where you indicated moved out of apartment, living alone. So, you were separated at that point in time?

A Yes.

Q And then you applied with my client then, January 8, 2009, but you didn't go to work until March. Does that sound correct?

A That's correct.

Q And I then have your next visit with Counselor Hobbs January 12, 2009. And you reported to her, "I need an intervention," quote, unquote. What did you mean by that? Did that mean you needed some inpatient treatment?

A Yes, sir. And then I went I think a week later.

Q And that's where you entered this Ridgeview Institute on January 26, 2009?

A Yes, sir.

Q And is that something the military required you to

do?

A They didn't require me. If I didn't do it, I would have -- my job or -- could have been on the line. But they didn't force me there. I went on my own.

Q But you knew you had to go to keep your job right with the military?
A Yes.
Q And now you had a fall when you were in the program? Is that how you injured your lung or what happened with your lung?
A They aren't sure how I injured it. I just woke up one day and I felt like I had the flu. And when the doctor came by, then they sent me to get a chest x-ray. And then that's when they found out that my lung was collapsed.
Q And so, you were never able to enter the intensive outpatient program, part of the Ridgeview Institute, correct?
A That wasn't -- I wasn't even scheduled to because the TRICARE Insurance that I had wouldn't pay for it. So, when I was discharged from there on February 17, I had completed the part of the program that I was -- that I had gone there for. And then instead of getting discharged home, I had to go straight to the WellStar Cobb because of my lung.

Q What they did from -- you went from this program at Ridgeview at Emory Hospital where they did an x-ray, right?
A No. That was a separate occasion. That was on February 9 or 10. But I -- they were wondering why my pulse was really high, so they sent me next door to Emory. And I was there for a day or two. And then I came back to Ridgeview until -- and to finish up the last week of treatments, which was the -- and

discharged on the 17th and then had gone to WellStar because of my lung.

Q And then you came home and went to Providence where they treated your lung?

A No. I had my lung treated in Atlanta at WellStar.

Q That's WellStar. Not Providence.

MR. BAKER: That's right, yeah.

BY MR. CHASE:

Q And then you -- once you got out of Ridgeview, you saw Counselor Hobbs I have three more times before you had your knee injury, right?

A Yes, sir.

Q And the first of those is March 9, 2009 where you reported to Counselor Hobbs that you spent two weeks alone, diet pills, laxatives and purging? Do you recall that?

A Yes, sir. That was right before I had gone to Ridgeview.

Q And you never saw -- you had an appointment with the dietitian Wilkerson, but you never went there, right?

A No, sir.

Q And you never really have been willing to meet with the dieticians throughout your treatment; isn't that right?

A I'm actually currently seeing one at the VA.

Q But this is the first time?

A I had seen one when I had come back from Remuda in 2000. But that was -- and then in treatment. And that was the only time.

Q And then following your -- when you left Ridgeview Institute, you saw Counselor Hobbs again on March 23, 2009. You indicated in that visit, "purging a lot last week. Won't go to dietician." Do you recall that?
A No, sir.
Q But you don't disagree with that if it's in her records, do you?
A I don't.
Q Thank you. And then the final visit you had with Counselor Hobbs before your knee injury occurred on April 6, 2009. So, it was just a month before. And

what you talked about there was stressing about money that your mom was trying to help you with; is that right?
A Yes, sir.
Q And you continued seeing Counselor Hobbs, correct?
A Yes, sir.
Q And in addition to your knee, you would talk to her about your problems with your mom and your living situation, correct?
A Yes.
Q New relationships that you had, one was a police officer in 2009; is that correct?
A That's correct.
Q And you still had the problems with the purging, right?
A It was not as severe at that point.
Q In 2009?
A Yes, sir.

Q But you still did have the problem, right?
A Yes.
Q And she was still recommending to you as of August 24, '09 that you see a dietician, right?
A Correct.
Q Now, were you in school full time at this point?
A In August of 2009? No, sir.

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Q When did you go back to school?
A I believe it was in January 2010.
Q January of '10, okay. And you went in person, right?
A Yes, sir.
Q And where did you go?
A Midlands Tech.
Q That's right. So, you attend classes in person?
A Most of them. What was offered online, I took online.
Q But you also went in person too?
A Yes, sir.
Q And you moved in with your boyfriend, that was April of 2010; is that right?
A Yes, sir.
Q You were making friends at school? You reported that in May of 2010?
A Yes.
Q And around the time you had your final exams, you broke up with that boyfriend; is that right? That was October 2010?
A Yes, sir.
Q And you were still not speaking to your mom at that

point in time?

A No, sir.

Q And then in December 2010 Counselor Hobbs was again

recommending that you have some kind of inpatient treatment for your eating disorder again, right?

A Yes, sir.

Q And it said you refused that; is that correct?

A Yes. But for that I had no insurance.

Q Now, this insurance that you're talking about with my client, you only worked for them for two months, right?

A Yes. And we actually had day-one benefits.

Q In the beginning of 2011 you reported to Counselor Hobbs your anxiety over school starting back up?

A Yes, sir.

Q You were still resistant, you told her, to seeing a dietician? This is January 24, 2011.

A Yes.

Q And it says you checked into a clinical trial at UMC Chapel Hill. Was that for your eating disorder?

A Yes, sir. But you had to live local to participate.

Q And again Counselor Hobbs was talking about inpatient recommendation February of 2011, you all talked about a place called Magnolia Creek?

A Yes, sir.

Q And you were able to pass your nursing boards, right? That was March of 2011?

A Yes, sir.

Q And then Counselor Hobbs was recommending, once again, inpatient treatment May of 2011. You responded you might consider when your school ends in August?
A Yes, sir.
Q And then you went to the VA, right, Hospital? You got evaluated by them, correct?
A Yes, sir.
Q And that date was July 28, 2011?
A Yes.
Q And you reported to them you had 17 prior inpatient psychiatric treatments for bulimia, anxiety, depression?
A I -- yes.
Q And you saw the VA again October 18, 2011. And you told them you wanted outpatient treatment for bulimia, but not with the VA. Does not feel like -- because you didn't feel like you could be helped by men; was that correct?
A Every time that I've even gone to the VA, I've never seen another female in there. And then I am very consistently followed now by a doctor at the VA. And she has agreed that they don't have a program for this specific issue, which is why she had looked into seeing if I could get treatment. And then the road

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block that we were running into was that it wasn't service connected.
Q And was your weight 112 pounds on that visit of October 18, 2011?

A Yeah.
Q And the lady that you saw at the VA, she actually is a psychiatrist, Wendy Wang, W-A-N-G. Saw her November 2, 2011?
A I did see her. And that was the only time. She actually deployed and they reassigned me to another doctor.
Q And there's a note in the records from the VA you went back December 2, 2011 and told them that you wanted the VA to refer you directly to a VA facility that has a eating disorder inpatient unit?
A Yes.
Q Now Dr. Lind had issued this January 23, 2012 letter?
MR. CHASE: And, Commissioner, that's our Defendants' 1350A.
THE COURT: Okay.
BY MR. CHASE:
Q And you've read that letter, haven't you, Ms. Morrett? The one that says "To whom it may concern".
A Yes, sir.

Q And have you presented that letter now to the VA or your military benefits yet?
A No, sir. I haven't had an appointment since this.
Q Okay. And you're aware that he's saying in this letter that his opinion, Dr. Lind's opinion that your bulimia nervosa is directly related to your military services.
A I'm aware that that's his opinion.
Q Thank you. Now, when you met with Dr. Lind, he

talked with you for about an hour, correct, interviewed you?
A Yes, sir.
Q And you acknowledged to Dr. Lind that you engaged in purging behaviors during your final week of your hospital stay at the Ridgeview institute, correct?
A Correct.
Q And you confided to Dr. Lind or revealed to him that by the last week of your stay at Ridgeview, you had learned that by waiting for a certain amount of time to elapse after eating, you could vomit without being detected by the Ridgeview staff?
A Yes.
Q And you also explained to Dr. Lind that when you were serving in your third year in the US Air Force, you found that assignment, that deployment to have lack

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of structure and that was stressful to you; isn't that right?
A Yes.
Q And you reported to Dr. Lind that you lost 30 to 35 pounds in approximately 30 months during that deployment, correct?
A Correct.
Q Do you know what your weight is at the present time?
A I do.
Q And what is that?
A 109.
Q And when you first started seeing Counselor Hobbs back in 2004, you testified earlier you were 101

pounds, right?

A Correct.

Q And your currently still in school, correct?

A Yes, sir.

Q And what are you working on at present?

A I'm working on my BSN.

Q Is that all online? Or tell us how you're doing that.

A It's all online.

Q And that's your master's, correct?

A No, that's bachelor's.

Q I'm sorry. And who are you taking that through?

A Chamberlain College, nursing.

Q And before this recent surgery that you just had last month, you were back to driving your Toyota Camry, right?

A Correct.

Q And when you came to my office for your deposition, you didn't use a cane, did you?

A No, sir.

Q And you were back to doing some grocery shopping and out to WalMart and that type of thing, right?

A Yes, sir.

Q And able to cook your own meals?

A Yes.

MR. CHASE: Thank you, ma'am. That's all I have today.

THE COURT: Mr. Baker, any redirect?

MR. BAKER: I don't have anything else, Commissioner.

THE COURT: Any other witnesses for the Claimant?

MR. BAKER: That's it, Commissioner.

THE COURT: Mr. Chase, any witnesses?

MR. CHASE: Nothing further, Your Honor.

THE COURT: That being the case, that'll conclude this hearing.

(THESE PROCEEDINGS CONCLUDED AT 2:25 PM.)

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STATE OF SOUTH CAROLINA)
) CERTIFICATE
COUNTY OF LEXINGTON)

BE IT KNOWN THAT I TOOK THE FOREGOING WORKERS' COMPENSATION HEARING;

THAT I WAS THEN AND THERE A NOTARY PUBLIC IN AND FOR THE STATE OF SOUTH CAROLINA-AT-LARGE;

THE FOREGOING TRANSCRIPT REPRESENTS A TRUE, ACCURATE AND COMPLETE TRANSCRIPTION OF THE TESTIMONY SO GIVEN AT THE TIME AND PLACE AFORESAID TO THE BEST OF MY SKILL AND ABILITY;

THAT I AM NOT RELATED TO NOR AN EMPLOYEE OF ANY OF THE PARTIES HERETO, NOR A RELATIVE OR EMPLOYEE OF ANY ATTORNEY OR COUNSEL EMPLOYED BY THE PARTIES HERETO, NOR INTERESTED IN THE OUTCOME OF THIS ACTION.

WITNESS MY HAND AND SEAL THIS 28 DAY OF February, 2012.

_____

NADINE A. GARRETT
NOTARY PUBLIC FOR SOUTH CAROLINA
MY COMMISSION EXPIRES AUGUST 11, 2016

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

Alison Renee Morrett, Claimant, -vs- Capital City Ambulance of GA, Employer, and Companion Property and Casualty Group, Carrier/Defendants.	Claim No. 0905068

COPY

FULL COMMISSION PANEL HEARING

- - - - - -

Monday, July 16th, 2012
2:30 p.m. - 2:58 p.m.

- - - - - -

The Full Commission Panel Hearing was held before the South Carolina Workers' Compensation Commission at the South Carolina Workers' Compensation Commission, 1333 Main Street, 5th Floor, Columbia, South Carolina, on the 16th day of July, 2012, before Jill H. Vickers, Certified Court Reporter and Notary Public in and for the State of South Carolina.

APPEARANCES:

COMMISSION PANEL:

Melody James, Chairman
Scott Beck
Gene McCaskill

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COURT REPORTER: Today is July 16th, 2012. This is South Carolina Workers' Compensation Case Number 0905068. This is the case of Alison Renee Morrett, Claimant, versus Capital City Ambulance of GA, Employer, and Companion Property and Casualty Group, Carrier.

The Appellant is the Defendant, represented by Michael E. Chase. The Respondent is represented by J. Bradley Baker.

Each side is allowed ten minutes for oral argument and three minutes in reply. You are requested to argue the grounds of exception and stay within the record.

MR. CHASE: If I may approach, I've got a Medical Summary, and we put this same thing in with our Pretrial Brief, and I've handed Attorney Baker a copy of it. It's not medical evidence, but it's in the Commission's file and record and will just help the panel navigate the 1,300 pages, some of which, I'm going to talk about in my three minutes, so if I could just hand those three copies up, please.

MR. BAKER: I do object in the sense that it's not a piece of evidence. It's not a piece of medical record. I mean, the medical

records are extensive. At this point, I did not realize this would be handed up. I mean, it's not been briefed, and I would object to it.

MR. CHASE: If I could respond, it's already in the Commission's file. We attached it as an addendum to our pre-trial brief, but this is a fresh copy for three panel members. We simply shaded in gray her prior medicals as opposed to what she had post-accident, and the same document is attached to our pre-trial brief as our addendum, which we're here to talk about today, and we concede it's not evidence, either, Commissioners, for you to reply upon.

COMMISSIONER JAMES: If y'all want to step out for just a second so we can discuss the objection.

(Whereupon, attorneys left the room while Commissioners had a brief discussion off the record.)

COMMISSIONER JAMES: Okay. We're going to allow it, of course, as demonstrative evidence only. It certainly is not evidence. Are you ready, Mr. Chase?

MR. CHASE: Yes, I am. Thank you. May it please the Commission. We've appealed this

case that Ms. Morrett had a knee injury May 11th of 2009. As I mentioned when we walked in, we've got about over a 1,300 page medical record, and so I'm going to try to move quickly, so please stop me where you do have questions.

Ms. Morrett had 17 inpatient treatments prior to this date of accident for mental health problems, including an eating disorder and major depression which are outlined in our brief. If I focus the Commission for my ten minutes on the three months before this knee injury, which was May 11th of 2009. She was inpatient in a facility called Ridgeview, and that was at the time she was coming out of the military and required inpatient treatment. She had a failure of that treatment.

And if you look in my Medical Summary that I've prepared, and if you turn over to page -- actually, about Page 10, if you count into that, in her ---

COMMISSIONER BECK: What is this, please?

MR. CHASE: This would be her treatment at the Ridgeview Institute, Commissioner, and at this bottom of Page 9, it will say "Ridgeview Institute", and it's shaded in gray, and this was

when she was in January 26th of 2009 through February of 2009. And what happened in her treatment there was a complete failure. If you flip a couple of pages over from there, at the end of that shaded inpatient with Ridgeview, her daily notes clearly show that it was a failure, her treatment there. She was refusing food at that time. She was purging. She had learned how to wait out the staff there at Ridgeview to where they would force her to have a meal and then she would purge out of their presence. She was noncompliant with the meal plans and so on and so forth. And the most important part of that is Dr. Lind outlined in his Psychological IEM is that she did not do the outpatient portion when she came out of that, and this is only three months prior to the knee injury.

So, she had this failed treatment at Ridgeview, she did not do the outpatient, and he called that the "Intensive outpatient program which would transition her from the controlled control environment back into normal life", and she didn't do that. Not only did she refuse that, she refused the dietician which was being recommended by not only Ridgeview when she got

out, but also of her own personal mental health counselor, and all this is within the three month time frame right before she had this knee injury.

So, her eating disorder and her depression was in full bloom at that time, three months before the knee injury. It didn't go away. It was still there. So, the psychological condition was no different then, as it is now after the work injury.

So, the Ridgeview reports are highly important to read. Those are APA Numbers through 1225. Again, what happened at that time that resulted in her going to Ridgeview, she was in the Air Force. She was on a stateside deployment. She had lost 20 to 35 pounds in the space of six months. She had just gotten married in October of 2008. Her husband reported her eating disorder to her commanding officer. She had to go meet with the medical people in the military, and they denied her flight privileges. This is all in her Mental Health Counselor Notes. So, she had to go to Ridgeview to save her Air Force job. Her comments were, when her flight privileges were cancelled, she freaked out about that. That was in March of 2009, and she's telling her counselor

this after she got out of Ridgeview and only two months before she had the knee injury.

Dr. Lind's report, that's APA 1345, Dr. Lind is the only psychologist who has reviewed all of her prior records going back to when she was 12 years old when she had all of these 17 page inpatient treatments. He spent an hour interviewing her, went through her record. His report, along with the fact that she had just had this inpatient treatment when she was in the military, and she had just gotten divorced, plus her family problem, which are all well documented, but in particular, the unsuccessful treatment at Ridgeview, which was right before the knee injury, she didn't complete it, still purging. He finds that her psychological condition was no different than it was before the injury.

Again, even if you consider Dr. Piasecki's report -- Dr. Piasecki is the Orthopaedic Surgeon up in Charlotte that saw her well after the fact. He did the last couple of few surgeries on her. He had none of her prior records, didn't even know she had prior inpatient mental health visits before he rendered an opinion that he felt that she was depressed. He was sent a questionnaire

from the other side. He admitted in his deposition, he had none of the records, didn't even know that she had prior inpatient treatments when he first gave his opinion, and then filled all that information out.

We think the Potter case, which we've cited, allows the Commission discretion to find that Dr. Piasecki's opinion shouldn't be considered at all. He's an Orthopaedic Surgeon, a very good one, but he's only been in practice for four years. He's not in the position that Dr. Lind is as a Board Certified Psychologist to render an opinion on aggravation of Ms. Morrett's mental health condition. So, we think you've got the discretion to disregard it at. At a minimum, we'd ask you to discount the wait of it greatly. He didn't even have her prior records. He's yet to ever see her prior records as Dr. Lind has.

And then Counselor Hobbs who is not a physician, didn't go to Medical School, we don't think her report should be considered at all. She held out from giving them to us until right before the hearing, and we were able to obtain them. She guessed that the Claimant had five inpatient treatments before the knee injury, which is not

correct. She had 17. She never saw Ms. Morrett's prior records. Again, she's a Mental Health Counselor. She's a good one. She's not a physician to meet the standard under the statute.

Potter clearly gives you the discretion to determine the proficiency of an expert. We think in this case, that should be Dr. Lind. There's a weight balance in here for the preponderance of the evidence. We think Dr. Lind's report well outweighs in conjunction with the other evidence.

Again, we would point to the unsuccessful Ridgeview treatment. It's all well documented in Dr. Lind's report. She was purging up through the last week of when she left Ridgeview, and what happened when she left Ridgeview, she had a collapsed lung at the end of that treatment. So, she was sent to the actual hospital in Atlanta and didn't finish the last couple of days of the program, but that's not what's important. What's important is that Dr. Lind found she didn't do the outpatient portion, so she didn't complete all of that training and all of that transitioning back into the workforce from that inpatient treatment.

Dr. Lind is well-known to the Commission, Post Trauma Resources. What you may not know is

he was Director of all of the Mental Health Services at Shaw Air Force Base when he was in the military. He's in a unique position to have assessed Ms. Morrett's problems that she experienced while in the military, when she testified in her statements and to her counselor and to Dr. Lind that "It was different this time, and it's scaring me". That's when she was in the military, and she lost the 25 to 30 pounds that put her into the Ridgeview Institute. So, all of that's been taken into consideration by Dr. Lind. Dr. Lind wrote a "To whom it may concern" letter, which is Defendant's Document 1350-A, where he felt the military deployment that she had is what made her worse, and she's never recovered from that. She was forced to go to treatment to save her job. It was unsuccessful, that we've noted from the daily notes.

She's been evaluated by the VA Hospital, but she has yet to take that letter, to our knowledge, to the VA at the time of the hearing, because we asked her, and it's in the record. She had not taken that letter to the VA to try to get the benefits there. She's never been cured of her major depression, diagnosed as early as the year

2000, never cured of the anorexia diagnosed in 2000, same for self-mutilation, the same year diagnosis. Bulimia, she testified it flares up and goes back down and flares up again. Her obsessive-compulsive disorder diagnosed in 2003. She has denied that she has real problems, but yet was telling her counselor she had lost all this weight in Ridgeview, as well at the time she was in the military, and again, she was deployed until December of 2008, went to Ridgeview in early January of 2009, and this work accident was in May. Thank you.

COMMISSIONER BECK: I just have one question. Y'all aren't appealing the TTD?

MR. CHASE: No, Commissioner, because her knee injury is accepted. She's still on TTD. We're still providing treatment for her with Dr. Piasecki, who's an excellent Orthopaedic Surgeon, so we're not appealing that.

MR. BAKER: Thank you, Commissioners. I'm Brad Baker here for the Claimant. There's kind of -- the parties in the case are kind of looking at this case from two different perspectives. The Defense' perspective, and you'll note in their Brief, is -- as well as the

opinion of Dr. Lind, is focussed on the date of the injury itself, that would be May 11th, 2009, and kind of looking backwards back into the Claimant's past from that date of injury.

COMMISSIONER BECK: But isn't that where you establish a baseline from?

MR. BAKER: Sure, I think you can establish a baseline. There's no question that my client has an extensive psychological history. And just let me say -- I mean, she testified -- I mean, we've signed authorizations. We've done everything we can to assist the Defense in obtaining these records that have been presented to the Commission.

I didn't file this 50 alleging Psychological injury or overlay until November of 2011. That was after my client had five knee surgeries. And that's when it began to appear in the records that she was beginning to have issues, and her situation was becoming exacerbated or exaggerated. That's at APA 138 and 139. And that was when it's first noted by an authorized treating physician, that being Dr. Piasecki. He notes on October 20th of 2011, "Again, after my client's had five knee surgeries that -- it was discussed today with

Alison and her family and the case manager regarding some issues with self-inducing vomiting on a regular basis, given concerns over the weight -- her weight, as well as her relative, depression, which appears to be limiting her injury level with respect to doing therapy on her own". He goes on to say, "That's not terribly surprising given her long surgical history and prolonged rehab and recovery.

COMMISSIONER BECK: Mr. Baker, the report of Dr. Lind appears to be dated in January of 2012?

MR. BAKER: That's correct.

COMMISSIONER BECK: So, that's almost two years after the date of injury?

MR. BAKER: Almost -- yes, that's correct, almost three years, Commissioner, almost three years.

COMMISSIONER BECK: And it's his opinion in that report that her Psych condition at that visit is no different than before the 5/11/09 work injury. So, I'm a little confused about your opening statement that he sort of took a snapshot at the time of the injury to make his assessment. He actually made his assessment almost three years

later?

MR. BACK: Right.

COMMISSIONER BECK: Comparing it back?

MR. BAKER: Right. And the way I read Dr. Lind's report, is he -- and he says it in his report that his opinion that "My client's psychological condition was not aggravated", and he specifically says "by the May 11th, 2009 injury". He virtually ignores the fact that she had five surgeries since that date of injury, and that's the -- I mean, had my client had ---

COMMISSIONER BECK: That appears to be a literal reading to me, though. If his statement is, "It wasn't aggravated by that injury on that day", or "It wasn't aggravated by that injury and its successive treatment", but I'm not sure how you're drawing that conclusion.

MR. BAKER: And Commissioner, I would say this, and obviously, she has -- and I would point to the testimony and records of Marjorie Hobbs who has had the benefit -- she's a Licensed Counselor. She's obviously not one that would satisfy 42-11-60(D), but I've got that with Dr. Piasecki, but her testimony ---

COMMISSIONER BECK: Who was what kind of

doctor?

MR. BAKER: Who was authorized doctor, Orthopaedic Surgeon, but Ms. Hobbs is a licensed practicing counselor. She's been treating my client both before and after this accident. She has a unique perspective, and she testified and it's in her deposition that she can see the physical demise of my client since this date of injury and how it's affected her and made her worse. She's in a unique position to have treated my client, again, both before starting in 2004 through the date of the injury and on into 2011, and you compare her treatment -- Dr. Piasecki saw my client, when he was deposed, at least seven times. He had operated on her a couple of times.

COMMISSIONER BECK: Did he have all the prior information?

MR. BAKER: He did not have all the prior information, and if you look at Dr. Lind's report, he didn't have all the prior information, either, when he issued his opinion. And you look at those two opinions, and you compare it to the fact that Dr. Lind saw my client for one hour in an interview, and I think the record is clear, and the decision of the Hearing Commissioner is

absolutely supported by the preponderance of the evidence in this case, and obviously, my conclusion is that it ought to be affirmed.

Just a few things about the record in this case. I mean, clearly, there was an argument that 42-11-60(D) was not satisfied. I think -- I mean, that statute was amended in 2007. I've got Dr. Piasecki who's an incredibly qualified Orthopaedic Surgeon who's given an opinion that her situation has been exacerbated by, not just the injury, but the five surgeries that -- it's now six at the time of the hearing that my client has had. He talked about the significance of the rehab that was involved, the isolation that one would have with that, the pain, being unable to work for over two-and-a-half, now three years, and certainly, his opinion was that it was not unusual, and he's testified to this in his deposition, that someone, and he referred to specifically a female, would be negatively impacted psychologically by the fact of having multiple surgeries and all that comes with multiple surgeries.

COMMISSIONER BECK: What experience would he have in that field?

MR. BAKER: Well, he is an Orthopaedic Surgeon, and as he testified, he has a unique perspective of knowing -- he handles complicated cases, Commissioner, and that's what he testified to. He has a unique perspective of knowing what one who goes through multiple surgeries would endure and what that would do to a person's psyche -- their psyche and what it would do to them psychologically, and he testified about that, that it's not unusual for somebody who's had such a complicated situation and gone through multiple surgeries to have psychological issues. And he is in that unique perspective to know what a complicated situation might do to someone. And he was confronted during his deposition with the issues in the past of my client, being issues when she was a child, the significant treatment that she had, and he held firm to his opinion that multiple surgeries over a two-and-a-half year period of time had negatively impacted my client psychologically.

MR. MCCASKILL: So, you're hanging your hat on what he says, not what the counselor says?

MR. BAKER: Well, I think I have to hang my hat on what Dr. Piasecki said because he's the

authorized treating physician.

COMMISSIONER MCCASKILL: Because the Counselor doesn't meet the standard of law.

MR. BAKER: That's correct, but the counselor, obviously, I think, bolsters Dr. Piasecki's opinion and certainly his evidence that helps prove my case in the sense that she is a witness and has treated my client significantly since 2004 and has been able to actually see, and that's what she testified to, how this injury has impacted my client and the surgeries that followed. So, I couldn't hang my hat on the counselor's opinion.

And that's my perspective and position in this case, that the opinion of Dr. Piasecki who's in a unique situation in that he treats folks with complicated situations, that it's not unusual for someone who's had multiple surgeries to be negatively impacted, and then you compare that and consider that along with the opinion of Counselor Hobbs, and the preponderance of the evidence supports the single Commissioner's decision in this case.

COMMISSIONER MCCASKILL: Well, you're actually saying, if I'm understanding you, that

because he is an Orthopaedist and he does see patients post-surgery, that he perhaps is in a better position to make that observation and determination than maybe a psychologist or psychiatrist?

MR. BAKER: That's absolutely what I'm saying, and that's what he testified to. He said I handle difficult cases, and I know how having multiple surgeries going through these significant recovery times can impact a patient, and he specifically said a female patient. That, and then when you look at the report of Dr. Lind, the fact that he only spent one hour with my client, and if you look at his report, there are some issues in there that are not -- that are just incorrect. They're typos or either they're incorrect. He has my client as living in Manning. He lists medical records if his report that are not my client's medical records. He only spent an hour with her. There were records at the time that he did not have.

COMMISSIONER MCCASKILL: And he only saw her the one time?

MR. BAKER: And he only saw her the one time. And based on that and the record and the

opinions, it's my position that the Commissioner's decision should be affirmed and supported by the preponderance of the evidence. Thank you.

MR. CHASE: Well, Counselor Hobbs didn't have the prior records. They've already conceded the Commission really can't hang their hat on the Counselor. Dr. Piasecki spent very little face time with this Claimant. That was admitted in his deposition, and he had no idea, had none of the prior records, didn't even know from her. She didn't tell him about her prior -- all of the visits back to when she was 12 years old for all the things, and we would encourage you to read all that in our Brief.

Since I'm limited on time, there's a couple of things that I do think are highly important the Panel's decision. One is this letter that Dr. Lind wrote, "To whom it may concern". That's Defendant's 1350-A. And this is where he said "The Claimant acknowledges she engaged in purging behaviors during the final week of her hospital stay" -- that was at Ridgeview -- "just several months before the knee injury. Such behaviors, the nature of her illness, it is to be expected, but served to sabotage her treatment. Moreover,

her intervention was interrupted by a medical emergency" -- that was a collapsed lung we spoke about -- "which presented her from attending the intensive outpatient portion of the program. This element is important as a design to transition the patient from the hospital back into the every day environment."

And then Dr. Lind did an addendum, and that's also -- and if I could finish this thought -- Defendant's 1350 ...

COMMISSIONER JAMES: You've got another 40 seconds.

MR. CHASE: Okay. Thank you. And that is Dr. Lind's addendum, and this is after the Counselor finally sent us her records, which existed prior to the date of accident, and what he goes into and says -- and I'm just going to paraphrase a bit, but I would encourage you to read that, is that "Up until this point, the Claimant has not been adequately motivated to take advantage of the services that have been offered to her, all these 17 prior inpatient visits" -- and this is what he says, "not always the case of the right treatment for right disorder, but the right treatment for the right disorder at the

right time". So, he says -- he concludes, from a reasonable degree of certainty if the field of Psychology, her medical condition is no different at the time that he wrote that letter in that addendum as before the knee injury on May 11th of 2009. So, we would ask for you to reverse on those grounds. Thank you.

COMMISSIONER JAMES: That concludes this hearing. Thank you.

(Whereupon, the Full Commission Panel Hearing concluded at 2:58 o'clock p.m.)

STATE OF SOUTH CAROLINA)

: C-E-R-T-I-F-I-C-A-T-E

COUNTY OF RICHLAND)

I, Jill H. Vickers, Certified Court Reporter and Notary Public, certify that I did have the Full Commission Panel Hearing before me at 2:30 p.m., on Monday, July 16th, 2012, at the South Carolina Workers' Compensation Commission, 1333 Main Street, 5th Floor, Columbia, South Carolina; that the foregoing pages constitute a true and accurate transcript of the proceedings held at that time and place.

I further certify that I am not of counsel or kin to any of the parties to this cause of action, nor am I interested in any manner in its outcome.

IN WITNESS WHEREOF I have hereunto set my hand and seal this 31st day of August, 2012.

Jill H. Vickers

Notary Public for South Carolina.
My commission expires July 5th, 2016.

ington Medical Center Occupational Healt
300 West Dunbar Road
West Columbia, SC 29170
803-755-3337

Injury Management Report

Name:	Morrett, Allison		
Emp ID:	[redacted]	D.O.B.: [redacted]	Injury ID: 1
Injury:	844.9 Sprain/strain, knee and leg		Injury Date: 5/11/2009
Co. Status:	Light Duty as of: 5/11/2009		
Clinic Status:	Light Duty as of: 5/11/2009		Days Lost: 0
File Status:	Open		Days Lt Duty: 2
Company:	Capital City Ambulance		Estimated on: 5/13/2009
Ins. Co:	Companion Property & Casualty Group		
Claim No:			

Treatments

5/11/2009 15:15 WCI

Practitioner: ALICE A. BARKER, MD
Treatment: Work Comp Initial Visit
Comment: Light duty
Restrictions:

MORRETT, ALLISON
[redacted]
DATE OF BIRTH: [redacted]

WORKER'S COMPENSATION INITIAL VISIT

EMPLOYER: Capitol City Ambulance.

DATE OF VISIT: May 11, 2009.

DATE OF INJURY: May 11, 2009.

DIAGNOSIS: Right knee strain, suspect internal derangement.

WORK STATUS: Restricted duty.

SUBJECTIVE: Patient states that this morning about 5:00 a.m. she was handling a stretcher and she fell down a hill and injured her right knee. She is not really sure what she did, but she did hear and feel a lot of pops in the knee. She states she was unable to get up immediately and had to lie there for a while before she could get up. She did ice it. Her coworkers insisted she buy a brace, which she has been wearing today. She took 3 Aleve, which she states that she does on a regular basis. She states the knee is still really hurting and throbbing, an 8/10, and has been giving out on her despite wearing the brace. She denies any history of prior knee injuries.

PAST MEDICAL HISTORY: Collapsed left lung in February that required pleurodesis. Frequent headaches, depression, reflux. She also notes she takes a lot of Aleve at a time for relief of the

Name: Morrett, Allison
Emp ID: [redacted] D.O.B.: [redacted] Injury ID: 1
Injury: 844.9 Sprain/strain, knee and leg Injury Date: 5/11/2009

Treatments

headaches, though it does not work well.

DRUG ALLERGIES: None known.

CURRENT MEDICATIONS: Oral contraceptive, Prilosec, Luvox, Aleve p.r.n.

PHYSICAL EXAMINATION: GENERAL: A 27-year-old white female, well-developed, well-nourished, in mild distress. VITAL SIGNS: Weight 125, temperature 98.5, pulse 72, respirations 16, blood pressure 102/60. RIGHT KNEE: Global edema as well as effusion palpable superior and inferior to the patella, though patella does not feel ballotable. Tenderness along the medial greater than lateral joint line, but more so at the popliteal space. Able to extend to about 5 degrees minus full, able to flex to about 45 degrees. Much increased pain with very mild valgus and varus stress and increased pain with weightbearing. Any maneuvering of the knee is painful.

DIAGNOSTIC STUDIES: X-ray performed of the right knee, questionable effusion, but no acute bony change, pending radiologist review.

DIAGNOSIS: Right knee strain, suspect internal derangement.

TREATMENT: Patient's right knee was wrapped in an Ace bandage to help supply compression.

PLAN: She was instructed to wear the Ace wrap or her brace for support, to remove it frequently for ice about 15 minutes every 4 hours for the first few days followed by heat about 20 minutes 3x/day with gentle range of motion exercises followed again by ice. She was instructed to elevate the right knee and to use crutches for nonweightbearing and these were supplied for her and she demonstrated correct use, although she then insisted on walking out without proper use of the crutches. Rx Naprosyn 500 mg p.o. b.i.d. p.c. and instructed very firmly to take no other NSAIDs. Tylenol or other home pain medications p.r.n. pain. Instructed not to drive or operate machinery if she took medication that made her drowsy. As far as work goes I recommended sedentary work only, sitting only. Again, use crutches for nonweightbearing and elevated the right knee. Return here on May 14, 2009, Thursday, at 3:15 for reevaluation. If she has had no improvement I will go ahead and request an MRI at that time. Patient does agree with and understand this treatment plan.

Alice Barker, MD

/saw

Lexington Medical Center
OCCUPATIONAL HEALTH
300 WEST DUNBAR ROAD
WEST COLUMBIA, SC 29170
PHONE (803) 755-3337 FAX (803) 955-2225

MORRETT, ALLISON
SS# [redacted] DOB: [redacted]
CO: Capital City Ambulance

RETURN TO WORK RECOMMENDATIONS

Date Of Visit 5-1-09 Date Of Injury 5-1-09 ☒ Work Related ☐ Not Work Related

DIAGNOSIS (R) knee strain - suspect internal derangement

WORK STATUS: May return to work on 5/2/09

- ☐ No work restrictions
- ☐ Return to work with the following restrictions:
  - ☐ No lifting, pushing or pulling more than _____ lbs.
  - ☐ No repetitive bending, twisting, stooping or squatting
  - ☐ No prolonged sitting or standing/Change positions frequently
  - ☐ No tight gripping or pulling using _____
  - ☐ No overhead use of _____ arm
  - ☐ Restricted walking _____
  - ☐ No climbing
  - ☒ Sedentary work only – sitting only, with minimal/no walking and no lifting (clerical duties)
  - ☐ No driving or operating machinery
  - ☐ No running or jumping
  - ☐ Limited use of _____
  - ☐ No use of
- ☐ Out of work. The employee can not work the following date(s)

COMMENTS: Use crutches for non-weight-bearing. Elevate (R) knee wear ace wrap or brace - remove for ice + rest

ADDITIONAL INSTRUCTIONS:

Activity Recommendations:
- ☒ Same as work limitations
- ☐ Walk/Stretch frequently
- ☐ DO NOT stay in bed, recliner or sofa – lie on firm surface with knees flexed or walk
- ☐ Wear supportive, tie-up shoe when walking
- ☐ Other _____

INJURY CARE:

- ☒ Use moist heat to affected area for 20 minutes 3 times per day F 2 days ice
- ☒ Use ice packs to affected area for 15 min every 4 hours for 2 days
- ☒ Use ice to affected area after exercise
- ☒ Exercises as instructed 3 times per day
- ☐ Written instructions given
- ☒ Elevate (R) Knee
- ☐ Wear _____ splint as directed. Remove 3x times per day and exercise as directed.

MEDICATION COMMENTS: ROM exercises

Take the following medications as directed. Your employer will tell you where to have your prescriptions filled if needed.

	Name.	Dose	Prescribed for	Take with food	Causes sedation
1.	Naprosyn 500mg	T po BID pc		x	
2.					
3.	And NO OTHER NSAIDS				
4.	Tylenol prn pain (or other none pain meds)				

☒ Do not drive or operate machinery if you are taking medication that causes sedation. If you have any problems after taking these medications, please call immediately.

WOUND CARE:

- ☐ Keep bandage clean & dry
- ☐ May shower _____
- ☐ Wound care _____ times per day. Clean with _____ and apply x _____ days.
- ☐ Keep eye patch as directed. May remove _____
- ☐ Do not take bath or swim

EDUCATION: Patient given written information on _____ Range

FOLLOW UP:

Any work restrictions are in effect until patient is re-evaluated at LMC Occupational Health on Date: 5/14 Time: 3:15pm.

If you have any questions or concerns, call 755-3337 during our normal business hours: Monday-Friday 8am to 5pm

If you need medical attention after hours, please go to any LMC Urgent Care or LMC Emergency Room.

- ☐ A referral has been made to _____ Your appointment is Date: _____ Time: _____
- ☐ You have reached maximum medical improvement and need no further treatment. Contact your employer before returning. Your employer will schedule any further appointments.

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

Employee: _____ Physician/NP: M McCracken

Lexington Medical Center
OCCUPATIONAL MEDICINE
300 WEST DUNBAR ROAD
WEST COLUMBIA, SC 29170
PHONE (803) 755-3337 FAX (803) 955-7225

MORRETT, ALLISON
[redacted] DOB: [redacted]
CO: Capital City Ambulance

DATE OF PATIENT VISIT 5/7/09 Medical Office Technician LB

NURSING CARE RECORD

INJURY DATE 5/1/09 | INJURY TIME 5AM | ARRIVAL TIME | MANNER OF ARRIVAL (AMB) WC

PATIENT'S DESCRIPTION OF INJURY: fell on a hill (incline) and injured R knee

WEIGHT 185 | TEMP 98.5 | PULSE 72 | RESP 16

BP 100/60 | LMP

ALLERGIES: NKDA

MEDICATIONS: BC OCP ambien prn 10sec Lexapro

LAST TETANUS 2001-2002

Significant Previous Injuries/Illness: ① wrist collapse 5 yrs ago NO surgeries 2/09

Present Job Type: EMT

Does Job Involve Lifting (Yes) No

Have you reported to work today? (Yes) No

What shift do you work?

Hours of Shift

PAIN ASSESSMENT

Is this a
- ☐ New pain
- ☐ Change in pain

Location R knee

- ☐ Quality of pain:
- ☐ Aching
- ☐ Burning
- ☐ Cramping
- ☐ Dull
- ☐ Prickly
- ☐ Radiating
- ☐ Sharp
- ☒ Throbbing

Scale of pain:
1 2 3 4 5 6 7 (8) 9 10
Least to Severe

Rate pain using scale of pain:
Last 24 hours:
Now:
Average:
Worst:

Using Scale below, how has pain interfered with the last 24 hours?

1 2 3 4 5 6 7 8 9 10
Doesn't interfere — Completely interferes

General activity
Mood
Walking
Normal work
Sleeping
Enjoyment of life

Goal:
feel down
handling stairs
heard + felt pops
SST
brace
ice, Aleve x2 wk
GWING out

PHYSICIAN ASSESSMENT

Pain
Ⓟ knee xray ϕ varus/valgus (+) edema - global
Ⓟ knee down ace -5 tr. tends to eff + tender global decr. ec

Provisional Diagnosis(es):

Physician/NP Signature
5/11/09 Time

☐ FOLLOWUP VISIT TO CLINIC IN 7 WKS PM
☐ REFERRAL TO
DICTATED
☐ ICD-9 CODE

Lexington Medical Center Occupational Health
300 West Dunbar Road
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Injury Management Report

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Co. Status:	Light Duty as of: 5/14/2009		
Clinic Status:	Light Duty as of: 5/14/2009		Days Lost: 0
File Status:	Open		Days Lt Duty: 5
Company:	Capital City Ambulance		Estimated on: 5/18/2009
Ins. Co:	Companion Property & Casualty Group		
Claim No:	5044631		

Treatments

5/14/2009 15:15 WCF

Practitioner: ALICE A. BARKER, MD
Treatment: Work Comp Follow-up Visit
Comment: Light duty
Restrictions:

Appt. Type Code: WCF

MORRETT, ALLISON
[redacted]
DATE OF BIRTH: [redacted]

EMPLOYER: Capital City Ambulance.

WORKER'S COMPENSATION FOLLOW-UP VISIT

DATE OF VISIT: May 14, 2009

DATE OF INJURY: May 11, 2009

DIAGNOSIS: Right knee strain, suspect internal derangement.

WORK RESTRICTIONS: Sedentary duty.

SUBJECTIVE: Patient states that her knee feels about the same. She is still having stabbing, tingling pain at 7/10, mostly at the medial knee around to the back of it. She did not use her crutches, but she did say that at home she has been wearing the brace and/or the Ace wrap and has been doing ice and heat and range of motion exercises as directed and also has been taking Naprosyn as prescribed and not over-taking it. She states she took Percocet once, but still does not like the way it made her feel. She has not really been doing anything else as far as pain medication. Again she has been doing the ice and heat. She states that the knee hurts most with lateral movement, side to side, and does give out on her when she tries to walk on it normally.

Name: Morrett, Allison

Emp ID: [redacted] D.O.B.: [redacted] Injury ID: 1

Injury: 844.9 Sprain/strain, knee and leg Injury Date: 5/11/2009

Treatments

ALLERGIES: None known.

MEDICATIONS: Naprosyn.

OBJECTIVE:
GENERAL: Caucasian 27-year-old female. Well-developed, well-nourished. In no acute distress.
VITAL SIGNS: Weight 125 pounds, temperature 98.8, pulse 80, respirations 16, blood pressure 100/60.
RIGHT KNEE: Decrease in the global edema, though there is still swelling mostly at the medial joint line in the popliteal space, as well as superior to the patella. Effusion palpable. Patella does not feel ballotable. No erythema, ecchymosis or warmth. Range of motion approximately the same with extension about 5 degrees less than full and flexion about 45 degrees. Gait is very antalgic. Less tenderness to palpation, but again still tender mostly at the medial joint line into the popliteal region with pain with very mild varus ana valgus stress.

DIAGNOSIS: Right knee strain, suspect internal derangment.

TREATMENT PLAN: As previously discussed with patient, I will go ahead and refer at this time for MRI of the right knee, as I do suspect internal derangement. I will also go ahead and start the referral process for orthopaedist. In the meantime she is to continue using crutches p.r.n. I did advise her to try at least 1 crutch for partial weightbearing, elevated the right knee as she is able to, alternate ice and heat and still perform range of motion exercises and wear the brace and/or the Ace wrap. She is to continue Naprosyn and Tylenol as directed and she may perform sedentary duty only at work. She is to arrange a recheck here 2 days after her MRI and she will be notified as soon as that is approved and arranged. Patient does agree with and understand her treatment plan.

ALICE BARKER, MD

/prf

Lexington Medical Center health
OCCUPATIONAL HEALTH
300 WEST DUNBAR ROAD
WEST COLUMBIA, SC 29170
PHONE (803) 755-3337 FAX (803) 955-2225

MORRETT, ALLISON
SS#: [redacted] DOB: [redacted]
CO: Capital City Ambulance

RETURN TO WORK RECOMMENDATIONS

Date Of Visit 5-14-09 Date Of Injury 5/1-09 ☒ Work Related ☐ Not Work Related

DIAGNOSIS (R) knee strain - suspect Meniscal derangement

WORK STATUS: May return to work on 5/14/09

- ☐ No work restrictions
- ☒ Return to work with the following restrictions:
  - ☐ No lifting, pushing or pulling more than _____ lbs.
  - ☐ No repetitive bending, twisting, stooping or squatting
  - ☐ No prolonged sitting or standing/Change positions frequently
  - ☐ No tight gripping or pulling using _____
  - ☐ No overhead use of _____ arm
  - ☐ Restricted walking _____
  - ☐ No climbing
  - ☒ Sedentary work only – sitting only, with minimal/no walking and no lifting (clerical duties)
  - ☐ No driving or operating machinery
  - ☐ No running or jumping
  - ☐ Limited use of _____
  - ☐ No use of
- ☐ Out of work. The employee can not work the following date(s)

COMMENTS: Crutches as needed. Elevate (R) knee as able, alternate ice (heat) wear brace/wrap.

ADDITIONAL INSTRUCTIONS:

Activity Recommendations:
- ☒ Same as work limitations
- ☐ Walk/Stretch frequently
- ☐ DO NOT stay in bed, recliner or sofa – lie on firm surface with knees flexed or walk
- ☐ Wear supportive, tie-up shoe when walking
- ☐ Other _____

INJURY CARE:

- ☒ Use moist heat to affected area for 20 minutes 3 times per day
- Use ice packs to affected area for _____ min every _____ hours for _____ days
- ☒ Use ice to affected area after exercise
- ☒ Exercises as instructed 3 times per day
- ☐ Written instructions given
- ☒ Elevate (R) knee
- ☒ Wear knee splint as directed. Remove 2x times per day and exercise as directed.

MEDICATION COMMENTS:

Take the following medications as directed. Your employer will tell you where to have your prescriptions filled if needed.

	Name	Dose	Prescribed for	Take with food	Causes sedation
1.	Naprosyn				
2.	Tylenol				
3.					
4.					

Do not drive or operate machinery if you are taking medication that causes sedation. If you have any problems after taking these medications, please call immediately.

WOUND CARE:

- ☐ Keep bandage clean & dry
- ☐ May shower _____
- ☐ Wound care _____ times per day. Clean with _____ and apply x _____ days.
- ☐ Keep eye patch as directed. May remove _____
- ☐ Do not take bath or swim

EDUCATION: Patient given written information on _____

FOLLOW UP:

Any work restrictions are in effect until patient is re-evaluated at LMC Occupational Health on Date: _____ Time: 2 days After
If you have any questions or concerns, call 755-3337 during our normal business hours: Monday-Friday 8am to 5pm
If you need medical attention after hours, please go to any LMC Urgent Care or LMC Emergency Room.
☒ A referral has been made to Ortho, Dr. Your appointment is Date: _____ Time: _____
☐ You have reached maximum medical improvement and need no further treatment. Contact your employer before returning. Your employer will schedule any further appointments.

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

Employee: AJohnston Physician/NP: - Alicia Rancourt, PA-C

Lexington Medical Center
OCCUPATIONAL MEDICINE
300 WEST DUNBAR ROAD
WEST COLUMBIA, SC 29170
PHONE (803) 755-3337 FAX (803) 955-2225

MORRETT, ALLISON
SS#: [redacted] DOB: [redacted]
CO: Capital City Ambulance

DATE OF PATIENT VISIT 5/14/09 Medical Office Technician

NURSING CARE RECORD

INJURY DATE 5/14/09	INJURY TIME	ARRIVAL TIME	MANNER OF ARRIVAL X AMB ___ WC
PATIENT'S DESCRIPTION OF INJURY: New @ knee. pt says during the same		WEIGHT NS TEMP 98.8	PULSE 80 RESP 16
		BP 140/100	LMP
		ALLERGIES NKDA	MEDICATIONS Naproxyn
LAST TETANUS			
Significant Previous Injuries/Illness		Present Job Type:	
		Does Job Involve Lifting Yes No	
		Have you reported to work today? Yes (No)	
		What shift do you work?	
		Hours of Shift	

PAIN ASSESSMENT

Is this a
- ☐ New pain
- ☐ Change in pain

Location: R knee

- ☐ Quality of pain:
- ☐ Aching
- ☐ Burning
- ☐ Cramping
- ☐ Dull
- ☐ Prickly
- ☐ Radiating
- ☐ Sharp
- ☐ Throbbing

stabbing injury

Scale of pain:
1 2 3 4 5 6 (7) 8 9 10
Least to Severe

Rate pain using scale of pain:
Last 24 hours:
Now:
Average:
Worst:

Using Scale below, how has pain interfered with the last 24 hours?

1 2 3 4 5 6 7 8 9 10
Doesn't interfere Completely interferes

General activity
Mood
Walking
Normal work
Sleeping
Enjoyment of life

Goal:

8 → 7

did not use cortenes
but stayed w/ pain

Ice / heat
Nap as rtod.

PHYSICIAN ASSESSMENT

going out
most pain w/ valgus
y/p
y globaled
pain @ medial → 2
get medial & post.
post.

(2) knee strain

Provisional Diagnosis(es):

Physician/NP Signature

Date 5/14/09 Time

- ☐ FOLLOWUP VISIT TO CLINIC IN 2d ? MRI
- ☐ REFERRAL TO MRI, ortho
- ☐ DICTATED
- ICD-9 CODE
- ☐ CALLED EMPLOYER

Occupational health
Lexington Medical Center

OCCUPATIONAL MEDICINE
300 WEST DUNBAR ROAD
WEST COLUMBIA, SC 29170
PHONE (803) 755-3337 FAX (803) 955-2225

REFERRAL FORM

Date: 5-14-08

Patient Name: MORRETT, ALLISON
SS#: [redacted] DOB: [redacted]
CO: Capital City Ambulance

Patient Phone Number's: ~~(803)~~ 707-3823 cell

Reason for Referral: (R) knee strain, suspect internal derangement

Referred by: (Provider Signature)

Previous Treatment / Test: xray (-), brace, meds

Appt. date and time:

Faxed Date and Time:

..atient Notified: _____ **By:** _____

Notes:

Lexin[illegible]n Medical Center Occupational [illegible]alth
300 West Dunbar Road
West Columbia, SC 29170
Phone: 803-755-3337
Fax: 803-955-2225

May 15, 2009

Notification of Workers' Compensation Referral

Orthro Midlands
Midlands Orthopaedics
Industrial Patient Scheduler

Phone: 803-256-4107 x4107
Fax: 803-253-6655

This patient has been approved by the adjuster to be seen at your facility for a workers comp. injury. If you need further information or have questions you may contact me at 755-3337 ext. 201. Thank you, Crystal

Referral Appointment:	5/15/2009
Patient Name:	Morrett, Allison
Patient ID:	[redacted]
DOB:	
Date of Injury:	5/11/2009
Diagnosis:	844.9 Sprain/strain, knee and leg
Reason for Referral:	
Current Work Capacity:	Limited Duty
Primary Physician:	ALICE BARKER, MD

Patient Phone: [redacted]
Address: [redacted]ane

Employer:	Capital City Ambulance PO Box 6365 Local # 929-0104 North Augusta SC 29861-6365
Co. Contact Person:	Nicole Shockley
Company Phone:	803-442-9426 Ext:
Workers' Comp. Ins.:	Companion Property & Casualty Group PO Box 100165 Columbia SC 29202
Claim Number:	5044631
Ins. Contact Person:	Helen Smith
Insurance Phone:	806-264-2869 Ext:
Insurance Fax:	803-870-8947 Ext:

PALMETTO IMAGING

2997 Sunset Boulevard
West Columbia, South Carolina 29169
(803) 936-0223 p
(803) 936-0229 f

PATIENT:	Morrett, Allison
MRN:	633102
DATE OF BIRTH:	[redacted]
REF PHYSICIAN:	Alice Barker, MD
DATE OF EXAM:	5/19/2009
PATIENT PH#:	[redacted]

EXAM: MRI OF THE RIGHT KNEE

HISTORY: Right knee pain and swelling.

TECHNIQUE: The following sequences were performed on a GE Signa HD EXCITE 1.5 Tesla magnet: Sagittal proton density, axial and coronal fat saturated proton density, and sagittal STIR imaging through the right knee. No priors for comparison.

FINDINGS: There is an acute full-thickness anterior cruciate ligament tear. The posterior cruciate ligament is intact.

There is a probable oblique tear through the superior articular surface of the anterior horn of the lateral meniscus. This may merely represent the confluence of the anterior transverse meniscal ligament and the anterior horn, however. The medial meniscus is within normal limits.

There is edema involving the deep and superficial fibers of the medial collateral ligament with thickening. The lateral collateral complex is intact.

There is marrow edema involving the anterior weight-bearing surface of the lateral femoral condyle as well as the posterior lip of the lateral tibial plateau with a linear component.

The quadriceps and patellar tendons are intact. There is a thin medial patellar plica. There is a moderate joint effusion. There is no soft tissue mass or cyst within the popliteal fossa. There is a PCL cyst measuring 16 x 9mm deep to the capsule.

IMPRESSION:

1. Acute full-thickness tear of the anterior cruciate ligament.
2. Equivocal tear of the anterior horn of the lateral meniscus involving the superior articular surface. This area should be probed should surgery be contemplated.
3. Slightly depressed subchondral fracture involving the anterior weight-bearing surface of the lateral femoral condyle with non-displaced trabecular fracture involving the posterior lip of the lateral tibial plateau. These commonly accompany ACL tears.
4. Grade II MCL sprain.
5. Moderate effusion.
6. PCL/posterior capsule ganglion cyst with intracystic debris and/or hemosiderin deposition.

5/20/09 → DAWO Referral - 6/5/09

Patient: Morrell, Allison
MRN: 633102
Exam: MRI OF THE RIGHT KNEE

Paul Aitchison, M.D.
PA / bl

DD: 5/20/2009
DT: 5/20/2009
Job: 8212431
This document has been reviewed and electronically signed by

Paul M. Aitchison MD

Occupational health
Lexington Medical Center

OCCUPATIONAL MEDICINE
300 WEST DUNBAR ROAD
WEST COLUMBIA, SC 29170
PHONE (803) 755-3337 FAX (803) 955-2225

REFERRAL FORM

Date: 5-20-09

Patient Name: MORRETT, ALLISON
SS#: [redacted] DOB: [redacted]
CO: Capital City Ambulance

Patient Phone Number's: _____

Reason for Referral: (R) knee - full-thickness ACL tear (+) on MRI

Referral to: Orthopedics

Referred by: (Provider Signature) [signature]

Previous Treatment / Test: MRI 5/20/09 (+++)

Appt. date and time: _____

Faxed Date and Time: _____

Patient Notified: _____ By: _____

Notes:

ONE CALL MEDICAL, INC.
Patient Scheduling Notification

20 Waterview Blvd. P.O. Box 614 – Parsippany, New Jersey 07054-0614
TEL (973) 257-1000 – FAX (973) 257-0044

Fax Date: Monday May 18, 2009

To Referring Physician: ALICE BARKER Fax #: (803)955-2225

One Call Medical, Inc. has scheduled the following patient:

Patient: ALLISON MORRETT
Claim Number: OCM590601589
Date of Injury: May 11, 2009

Please fax the Medical Order to:

2 pages

Provider: PALMETTO IMAGING OF WEST COLUMBIA
2997 SUNSET BLVD
WEST COLUMBIA, SC 29169
Phone: (803)936-0223 Fax: (803)936-0229

Procedure	*Scheduled Date and Time*
MRI ANY JOINT LOWER EXTREMITY; WITHOUT CONTRAST - RIGHT KNEE	05/21/2009 01:00 PM

Notes Sent to the Provider:

PT TO HAND CARRY FILMS

If you have any questions, please contact us at referrals@onecallmedical.com or call us at 800-872-2875, 8AM - 8PM EST.
One Call Medical, Inc. - The Connection to Quality http://www.onecallmedical.com

Sincerely,

NATASHA
CAMPBELL

OCM Service Consultant

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PATIENT MEDICATION LIST

Name:	MORRETT, ALLISON
Date of Birth:	SS: [redacted] DOB [redacted]
Emergency Contact/	CO: Capital City Ambulance

Allergies To /	Describe Reactions:	Allergies To /	Describe Reactions:
NKDA			

(Example- PCN- Rash.) *If no allergies- Enter NKA

LIST ALL MEDICATIONS CURRENTLY BEING TAKEN: prescriptions, over-the-counter medications (ex.- aspirin, antacids) and herbals (ex., Saw palmetto, ginkgo). Include medications taken as needed (ex. Nitroglycerin).

Date:	Name of Long Term Medication/ Dose	Date:	Name of Short term Medication/ Dose
5/11/09	Birth control Prilosec Levox	5/14/11	Naprosyn

7181-721-1 (1/07)

Progress Notes

PT: Allison Morrett
DOB: [redacted]

Marjorie Hobbs, MA, LPC
1500 Lady Street
Columbia, South Carolina 29201
ph.803-779-1995 fax 803-779-7881

COPY

Date of Service	Session Notes	Treatment
5/18/2009	Pt. experiencing significant anxiety over knee injury, relationship with mother, and living situation. Pt. distressed due to apartment not allowing her out of her lease. Processed fears/feelings over MRI on 5/21/11. Has an appt. with an orthopedic MD in 3 weeks. Feels discouraged. Has reached out to mom, but discussed mother's anger towards her. Reported mom called her crazy and hopeless.	Labeling Feelings
8/24/2009	Pt. arrived to session agitated and wanted to discuss recent fight she had with her mother. Pt. demonstates low insight and difficulty labeling and expressing feelings other than anger. She discussed a new relationship with a police officer (Chris). Pt. reported significantly increased purging behavior and moderate restricting. She stated, "I'm not gonna eat meat anymore" and "That sends everyone around me spinning". Pt. smiles as she makes these pronouncments. Recommended to pt. that she see PCP on regular basis as well as dietician.	Interpersonal Effectiveness and Cognitive Restructuring
9/14/2009	Pt. reports finding a new MD named Dr. Holmes. She reports being happy with MD and states she will continue to go. Pt. applied to go to Newberry College full time in the Fall.	Supportive Psychotherapy
4/12/2010	Pt. processed situation with knee injury. She reports frustration at having 4 surgeries in the last year. She reports constant pain in knee and denies taking any pain medication. Pt. says her knee being "screwed up" messes everything up. She states she cannot wear her leg brace. Pt. has made decision to move in with her boyfriend next month. She reports things are going well with her parents, but states, "Everything bad is happening to me!" When asked to clarify, she indicates she is referring to her knee injury. She reports not being able to work until her workman's comp case is resolved.	Created a log charting fluctuations in mood and functioning over life span. Included grief/loss issues.
5/3/2010	Pt. has MD appt. tomorrow. Processed feelings over treatment. She reports getting a new case manager for workman's comp case and an attorney. Pt. is moving on the 21st of May and reports feeling good about this decision. School is almost over and she will have one week off before summer classes. Discussed healthy ways she can use her time. Pt. reports she is "not friends with Tammy anymore". But states she is making friends at school. She expresses interest in Drug Rehab. in Nursing.	Supportive Psychotherapy

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Progress Notes

Marjorie Hobbs, MA, LPC
1500 Lady Street
Columbia, South Caroline 29201
ph.803-779-1995 fax 803-779-7881

PT: Allison Morrett
DOB: [redacted]

COPY

Date of Service	Session Notes	Treatment
9/20/2010	Pt. had clinicals test today....did well. She reports being happy that there are only 2 semesters left. Pt. appears hyper verbal, restless, with loud and rapid speech. Pt. admits to overuse of diet pills and caffeine. She appears distressed at not being able to exercise. Pt. unable to stay on one topic. Not speaking to mother.	Supportive Psychotherapy
10/11/2010	Pt. broke up with boyfriend. She is moving out into her own apartment. Passed her exam she was so worried about. Is making and maintaining friends from her class. Still not speaking to mother. Processed ideas of what to do with Thanksgiving coming up. Processed patterns in relationships.....getting hurt and leaving. Dichotomous thinking.	Confronting Cognitive Distortions, Labeling Feelings
11/1/2010	Processed decision to move out of boyfriends apartment. Reports Eating Disorder Bx's are flaring up. Pt. knows her triggers are combining to create a "perfect storm".....not being able to use her knee, being in pain, being estranged from her parents, and living alone. Processed anger with parents. Pt. states that she still does not feel that she knows herself.	CBT, Labeling Emotions, Supportive Psychotherapy, Created list of "what I love"
11/22/2010	Pt. arrived wanting to talk about how she will finish her last exam on 12/13/10. She has decided to go to her grandmothers for Thanksgiving. She reports looking forward to August since that is when she will finish school. Processed homework of list of "what I love".	Supportive Psychotherapy
12/13/2010	Pt. discussed finishing up the semester. She reports feeling depressed. She is tearful in session. She denies SI. Pt. expresses hopelessness and sadness. She is resistant to trying new things and appears "stuck'.	CBT, Labeling Emotions, Supportive Psychotherapy
12/27/2010	Pt. admits to increased purging Bx. She denies SI although she states that depression has worsened. Pt. discussed recent visit to parents house. Pt. appears to be decompensating and not responding to current interventions. Recommended pt. see a specialist in ED Bx and pt. refused. Recommended that pt. call MD to get labwork done. Pt. has stopped seeing her previous doctor. Pt. agreed to do this with a new MD. Informed pt. that she must see a physician to monitor her labs and general physical wellbeing.	Psychoeducation, problem solving, CBT

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Progress Notes

Marjorie Hobbs, MA, LPC
1500 Lady Street
Columbia, South Carolina 29201
ph.803-779-1995 fax 803-779-7881

PT: Alison Morrett
DOB: [redacted]

COPY

Date of Service	Session Notes	Treatment
1/3/2011	Pt. has been to an appt. with a new MD, Dr. Wallace. She has another appt. scheduled in one month. MD Rx Prozac 20mg again but pt. has not started taking it yet. Discussed the importance of taking her medication as directed and its effects on her progress in recovery. MD referred her to a dietician at Lexington Medical Center. Pt. discussed anxiety over school starting Monday. Discussed patterns of ED Bx and how it got worse in October. Explored why pt. cannot seem to process very deeply while things are happening, but reports them far after the fact. Pt. shows some limited insight. Recommended pt. make appt. with dietician. Recommended pt. go to 12 step mtg.	CBT, Labeling Emotions, Supportive Psychotherapy; charted ED Bx
1/17/2011	Pt. started psych clinicals this week. Processed feelings over being on the provider side. She is assigned to 3 Rivers which she reports makes it somewhat easier as she has never been a pt. there. She states that she has started on the Prozac and plans to return to the MD on Jan. 28, 2011. Discussed frustration over her leg. Her stress over leg and school and her inability to get control over ED Bx are her stated stressors at this time. Recommended pt. make appt. with dietician. Recommended pt. go to 12 step mtg. Recommended pt. keep a food journal.	CBT, Labeling Emotions, Supportive Psychotherapy
1/24/2011	Pt. still has not made a dietician appt. She appears resistant. Confronted resistance with no success. Pt. goes to her PCP on Friday of this week. She has checked into a clinical trial at UNC Chapel Hill and has started keeping a food journal. Pt. started going to OA mtgs in Lexington. Pt. set goal to weigh herself only 1x per day.	Psychoeducation, problem solving, CBT
1/31/2011	Kept her PCP appt. last week. MD increased Prozac to 40mg. Pt. signed a release for treatment collaboration with MD. Pt. still has not seen dietician.....continues to be resistant. Pt. attended 12 step mtg this week. Pt. unable to meet goal consistently of weighing only 1x per day. Recommended pt. get rid of her scale. Worked with pt. to change daily routine. Pt. continues to be resistant.	Psychoeducation, problem solving, CBT
2/14/2011	Discussed the possibility of residential treatment. Pt. showed ambivalence regarding the subject. She mentioned that she would be interested in Magnolia Creek Treatment Center. Will continue to pursue.	Psychoeducation, problem solving, CBT

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Progress Notes

PT: Alison Morrett
DOB: [redacted]

Marjorie Hobbs, MA, LPC
1500 Lady Street
Columbia, South Carolina 29201
ph.803-779-1995 fax 803-779-7881

COPY

Date of Service	Session Notes	Treatment
2/28/2011	Educated pt. on healthy and appropriate goal setting.....benefits and barriers. Pt. had labwork done at MD office. Waiting on results. Pt. expressed disdain for MD, stating that he is "easy to fool" and knows" nothing about ED"	Psychoeducation, Supportive Psychotherapy
3/7/2011	PT. passed nursing boards. Celebrated with pt. and expressed pride in her accomplishment. Pt. resistant to receiving compliments. Pt. initiated discussing depression, ED Bx and loneliness.	Supportive Psychotherapy
3/14/2011	Discussed food journal. PT. reports depression worsening. Still no SI. Pt. indicated some increase in insight as she stated her binging Bx gives her a "Numb and satisfying" feeling. She reports being "angry at myself for getting into this so deep". She states, "I screw everything up! Jobs, relationships, everything!" Pt. said she is "tired of being fake". Isolation is worse.	CBT, Labeling Emotions, Supportive Psychotherapy
3/21/2011	Reviewed Food Journal. Processed emotions around acting out bx.	CBT, Labeling Emotions, Supportive Psychotherapy
3/28/2011	Reviewed Food Journal. Processed emotions around acting out bx. Pt. fired sponsor from 12 mtg. Processed reasons for decision. Feels that she had a breakthrough. Graduation is august 5th.	CBT, Labeling Emotions, Supportive Psychotherapy
4/4/2011	Pt. reports significant depression this week. She denies SI. Processed Behavior Log pt. kept over the week.	CBT, Labeling Emotions, Supportive Psychotherapy
4/11/2011	Reviewed food/behavior log. Discussed critical voice and negative self talk. Pt. states keeping food log is not helpful. Discussed the need for pt. to label her emotions and express them appropriately. Assigned pt. to keep mood log and journal.	CBT, Labeling Emotions, Supportive Psychotherapy
4/18/2011	Discussed options for residential treatment. Gave hw to pt. to call. Discussed patterns in relationships. Pt. appeared invested and motivated for treatment. Educated pt. on the addiction cycle and drew cycle for pt to see in chart form.	Psychoeducation, problem solving, CBT
4/25/2011	Discussed images pt. may have for negative critical voice and one for nurturing voice. Worked on Cognitive Restructuring and negative self talk.	Interpersonal Effectiveness and Cognitive Restructuring

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Progress Notes

PT: Alison Morrett
DOB [redacted]

Marjorie Hobbs, MA, LPC
1500 Lady Street
Columbia, South Carolina 29201
ph.803-779-1995 fax 803-779-7881

COPY

Date of Service	Session Notes	Treatment
5/2/2011	Pt. shows some acceptance for the need for residential treatment. She completed her goal to call some treatment centers and is interested in Shades of Hope in Texas. Pt. states she is considering it, but will not pursue till August when she finishes school.	Supportive Psychotherapy
5/9/2011	Pt. appears flat and depressed. She states she feels disconnected. She has stopped keeping food journal as she states it is making things worse. She is completing mood log. She feels discouraged over residential treatment not working out. Finances are an issue.	CBT, Labeling Emotions, Supportive Psychotherapy
5/16/2011	Reviewed journal. Pt. reports having a bad week because there was no structure. She was unable to create her own structure. Pt. is resistant to ideas brought up in therapy and shows irritability. Pt. hopeless and helpless. Denies SI.	Supportive Psychotherapy
5/23/2011	Pt. reports depression worsening again. She denies SI although her ED Bx has caused bleeding of the throat, mouth ulcers, ringing of the ears, and sores on her hands. Pt. refuses to return to her doctor stating that he does not take her insurance. She is pursuing an appt. with an MD with the VA. Pt. is going to 3 or more 12 step mtgs a week.	CBT, Labeling Emotions, Supportive Psychotherapy
6/13/2011	Pt. reports making it 2 days this week without binging and purging. Pt. reports restricting more when not binging and purging. Processed event with sister and rejection from parents. Worked on Labeling emotions around family situations. Pt. continues to have difficulty with anything other than anger. VA rescheduled her MD appt. again.	CBT, Labeling Emotions, Supportive Psychotherapy
6/20/2011	Pt. discussed frustration over leg injury and inability to do the things she normally could due pre-injury. Pt. expresses hopelessness about the future related to not being able to work. She stated that she had to reschedule her appt. with MD from the VA a third time and it is now set for July 28, 2011. Encouraged pt. to be truthful about mental health and physical issues with MD when she goes, taking personal responsibility for getting the kind of care that she needs.	CBT, Labeling Emotions, Supportive Psychotherapy

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Progress Notes

PT: Allison Morrett
DOB: [redacted]

Marjorie Hobbs, MA, LPC
1500 Lady Street
Columbia, South Carolina 29201
ph.803-779-1995 fax 803-779-7881

COPY

Date of Service	Session Notes	Treatment
6/27/2011	Reviewed progress in treatment and discussed recovery patterns. Pt. expressed increased anxiety over upcoming MD appt., the ending of school, her hopelessness about her knee, and her inability to work. Discussed denial and ways to address it in her life.	CBT, Labeling Emotions, Supportive Psychotherapy
7/18/2011	Processed emotions around binging and purging. Pt. is making some progress on decreasing the Bx, but continues to fall back heavily on critical inner voice. Pt. continues to resist labeling feelings other than anger. She remains anxious and hopeless regarding what she will do when school ends in August. Pt. denies any SI.	CBT, Labeling Emotions, Supportive Psychotherapy
7/25/2011	Pt. appears discouraged and depressed. She wanted to discuss the results of her MD appt. in Charlotte with the new ortho guy. She reports the doctor recommends 1st surgery in Aug. or Sept. with rehab for 3-4 months and 2nd surgery after that. She stated she found it depressing to think another year of her life will be about her knee, with no promise of it being totally fixed at the end. Pt. is highly anxious over ending school and being incapacitated due to surgery, etc. Strategized ways she might maintain structure in her life. Pt. states finances are becoming a stressor. Expressed anger over parents not being there for her and resentment towards her sister.	CBT, Labeling Emotions, Supportive Psychotherapy

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DATE: 8-12-04

NAME OF CLIENT: _____

NAME OF CALLER: Alison Monett

HOME PHONE: _____ WORK PHONE: _____

ADDITIONAL INFORMATION: 467-3823

REFERRED BY: Bgt mdcnl Center.

☐ LOCATION/DIRECTIONS ☐ FEES

AVAILABLE FOR APPT: DAYS: ☐M ☐T ☐W ☐TH ☐F

- ☐ LATE MORNING
- ☐ EARLY AFTERNOON (19th @ 2:30 Confirmed)
- ☐ LATE AFTERNOON
- ☐ ANY TIME

BEST TIME TO RETURN CALLS: _____

- ☐ ANY TIME

OKAY TO LEAVE MESSAGE? ☐ YES ☐ NO

ASSIGNED TO: REQUESTED ☐

☐ TOM ☐ BOBBIE ☐ GREG

☐ JACK ☐ DEBBIE ☐ MARJORIE

☐ KELLY ☐ DAVID ☐ INTERN

INSURANCE COMPANY: _____

MAILING ADDRESS: _____

_____

PHONE: (_____) _____ EXT: _____

EMPLOYEE NAME: _____ SSN: _____

EMPLOYER NAME: _____

POLICY # _____ GROUP # _____

PATIENT NAME: _____ DOB: _____

DEDUCTIBLE? ☐ YES ☐ NO MET? ☐ YES ☐ NO

SCHEDULE OF BENEFITS: _____

PRE-AUTHORIZATION REQUIRED? ☐ YES ☐ NO

WHO NEEDS TO PREAUTHORIZE? ☐ PATIENT ☐ COUNSELOR

IS REPORT NEEDED? ☐ YES ☐ NO ☐ WRITTEN ☐ ORAL

AFTER WHICH VISIT IS REPORT DUE? _____

MAXIMUM NUMBER OF VISITS PER WEEK: _____

MAXIMUM NUMBER OF VISITS PER YEAR: _____

MAY WE BILL ON A UNIVERSAL FORM? (HCFA) ☐ YES ☐ NO

MD REFERRAL REQUIRED? ☐ YES ☐ NO

ACCEPT SIGNATURE OF FILE? ☐ YES ☐ NO

SPOKE WITH: _____

Authorization #: _____

Sessions: _____

Start Date: _____ End Date: _____

The Christian Counseling Center
of First Presbyterian Church

BACKGROUND INFORMATION QUESTIONNAIRE

Date 8/19/04

GENERAL INFORMATION

Name Alison Morreth
Address [redacted]
City, State [redacted]
Occupation [redacted]

Home Phone [redacted]
Work Phone [redacted]
Zip Code [redacted]
Birthdate [redacted]
Soc. Sec. No. [redacted]

Marital Status (circle one): (Single) Engaged, Married, Separated, Divorced, Widowed, Remarried

Referred by Pharon Johnston, RN

Are you covered by health insurance? ___Yes ✓No If yes,
Name of Insurance Company I havt Medicaid but you don't
Address takt it.
Phone Number _____ Policy Number _____

Living Arrangements: ___Own ___Rent ✓Other (explain) Livt w/ family

How long at present address? 4 yrs Number of addresses in last 10 years: 3

HEALTH INFORMATION

Physician Carlotta Jamtson, PNP Phone Number _____
Address _____
Date and results of last physical examination _____
Present medication Luvox, Zoloft, Klonopin, Seroquel

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Your approximate weight 101 lbs. Any recent changes in weight? well, . . .

If yes, explain. I am here for an eating disorder

On the average, how many hours of sleep do you get per night? about 4

Any recent changes in sleeping patterns? _____ If yes, explain.

I'm really not sleeping but maybe 2 hrs.

List any significant present or past illnesses, injuries or handicaps:

Eating disorder

Have you ever used drugs for other than medical purpose? ☐ Yes ☒ No If Yes, What?

Were you ever hospitalized for psychological problems? ☒ Yes ☐ No.

If Yes, give date(s), place(s), and problem(s) Baptist, Bermuda Ranch, MUSC, Richland Springs

Have you ever attempted suicide? ☐ Yes ☒ No. If yes, share when and how:

Has any close relative attempted or committed suicide? ☐ Yes ☒ No.

If yes, share who and when _____

Please rate your general health? ☐ Excellent ☐ Good ☐ Fair ☒ Poor ☐ Very Poor

Comments: _____

MARITAL INFORMATION

Name of Spouse _____ Age _____ Phone _____

Address of spouse _____

Occupation of spouse _____ Business Phone_____

Religious Preference of spouse _____

How long did you know spouse before marriage? _____

Length of engagement _____ Date of Marriage _____

Your ages when married: Your _____ Spouse _____

Any separations from your present spouse? ☐ Yes ☐ No. If yes, when and for what reasons(s):

_____

_____

Has either spouse ever filed for divorce? ☐ Yes ☐ No. If yes, who filed and when?

_____

Information about children from present marriage:

Name	Age (years)	Sex	Education	Marital Status

Give brief information about any previous marriages including children from previous marriages:

_____

_____

Indicate the amount of happiness you experience in your marriage and how happy you think your spouse is by checking a percentage for each of you below:

My happiness is about:	My spouse's happiness is about:
☐ 95% or better	☐ 95% or better
☐ 75%	☐ 75%
☐ 50%	☐ 50%
☐ 25%	☐ 25%
☐ 5% or less	☐ 5% or less

How committed are you to the marriage, and how optimistic are you that the marriage will improve?

_____

_____

Is your present sex life satisfactory? ☐ Yes ☐ No. If no, please explain:

_____

_____

How are conflicts handled within your marriage?

_____

_____

Has there ever been any violence or threats of violence in your marriage? If yes, explain:

_____

_____

_____

FAMILY HISTORY INFORMATION

Are your parents living or deceased? Father living Mother living

If living, present ages: Father 51 Mother 49

If deceased, age at and cause of death: Father _____

Mother _____

If you have lost a parent or other close family member through death, give information about your age and reaction at time of death:

Give a description of your father's personality and how he treated you and other members of the family:

He is very quiet. I would consider him an introvert. He is always out of town so I feel like I don't really know him. When I was growing up I was basically just given whatever I wanted to make up for him not being there.

Give a description of your mother's personality and how she treated you and other family members :

My mom is definitely a perfectionist. She thinks that I am "crazy". She shows a lot of favoritism towards my 14 yr. old sister. I am basically the screw up of the family.

If you were reared by someone other than your natural parents, briefly explain and describe their personality: I would like for them to love me unconditionally, not be so "performance" oriented. I would like them to be not only my family but also my friend.

List all the children in your natural family, from oldest to youngest, including yourself:

Name	Age (years)	Sex	Education	Marital	Career Status
Alison Morreth	22	F	some college	Single	in nursing school
[redacted]	[redacted]	F	in High school	N/A	

Were your parents divorced or separated? ☐ Yes ☒ No. If yes, how old were you and how did you react? _____

Why did the divorce or separation occur? _____

With which parent did you live? _____

What was home environment like? _____

RELIGIOUS AND SPIRITUAL INFORMATION

Denominational Preference: I was raised Catholic Member: ☒ Yes ☐ No

Attend services: ☐ Regularly ☒ Occasionally ☐ Never

What does "spiritual" mean to you? "Spiritual" to me means believing in a higher power

Do you believe in God? ☒ Yes ☐ No ☐ Uncertain

Do you pray to God? ☐☐ Often ☒ Occasionally ☐ Never

Are you a Christian? ☒ Yes ☐ No ☐ Uncertain

How often do you read the Bible? ☐ Often ☒ Occasionally ☐ Never

Your thoughts and feelings about the religious training you received as a child or adolescent:

I felt forced as a child. My parents were strict Catholics and everything was "by the book."

Describe how your religious training values have either helped or hurt you in coping with lifes problems:

I think everything has scared me.

Identify any religious/spiritual questions or problems that are of concern to you: I feel really angry at GOD. Kinda like "where was he when I needed him."

Explain any recent changes in your religious life, if any: I "rededicated my life to GOD w/ Pharon while in the hospital.

PERSONALITY INFORMATION

1. As you see yourself, what kind of person are you? Describe yourself.

I am fat. I feel that the disease I have has made me a very selfish person. Other than that I feel like I have a lot of compassion for helping other people.
self-centered, self-focused, but have the capability of putting self to the side.

2. If I were to ask other people to describe you, what five words would come up most frequently?

a. pretty
b. strong
c. skinny
d. outspoken
e. OCD

3. What are your four greatest fears?

a. being a failure
b. being fat
c. being out of control
d. being unloved / being alone

4. Identify any irrational, negative, or "horrible" thoughts that bother you:

"I'm too fat!"
"I'm a failure!"
"I can't do anything right."
"Everybody hates me!"
"I'll always be alone."

5. Identify any habits, practices or behaviors that you would like to change:

Restricting food intake, throwing up, cutting, taking diet pills, constantly weighing myself →

8

Basically, I would like the eating disorder and everything that goes with it erased out of my life.

6. State in your own words what you consider to be the nature of your main problem(s).

Starving myself, throwing, and really just trying to find something I can have control of in my life.

7. Describe when and how your problem(s) began:

I guess that my eating disorder started when I was about 13 but no one really knew about it and it never came to a head until I was 17.

8. I estimate the severity of my problem(s) to be (Check one):

- ☐ Just an irritant
- ☐ Mildly upsetting
- ☐ Moderately severe
- ☐ Very severe
- ☒ Extremely severe
- ☐ Totally incapacitating

9. What have you done about it? I've gone to therapy and to hospitals and tried to fix it on my own.

10. What do you expect the counselor to do for you? To care about me, to really get to the root of the problem and process it, to help me become healthy and realize I am more than the number on the scale.

11. Have you sought other professional help with this problem? ☒ Yes ☐ No.

If yes, give name(s) and professional title(s) of the therapist(s), dates of treatment(s) and results:

Rita Merck, Ph.D. Baptist, Richland

Donna Petrewitz, LISW MUSC, Bermuda Ranch

Debbie Knight, LISW

Ann Dwyer, MSW

Kevin Krebs, MD Cheryl Dodds, MD David Downie, MD
Somy Tawfik, MD Elda Lopez, MD

12. List three goals you have for self-improvement.

a. Stop throwing up!

b. Be healthy

c. Better communication with family, esp. Mom. "Mom is a yeller" "Mom has no insight into how her ky affects (A)"

13. List four major strengths or abilities.

a. ability to express myself through writing

b. independent

c. strong willed (I guess that can be bad too!)

d. as my dad says, "I'm a fighter or I wouldn't be alive!" Maybe I'm trying to prove a pt.

14. Is there any information not covered in this questionnaire that we should know? Physically I do have heart problems as well as just my body is not at a healthy point.

I acknowledge that I have received and read the ***FPCCC Professional Disclosure Statement and Consent for Treatment*** *(version 01-04)* and the ***HIPAA Client's Rights*** *(version 08-03).* I further acknowledge that I seek and consent to treatment with Marjorie. My signature below confirms that I understand and accept the information contained in the documents in italics above.

Alison Morrett
Client Signature

8/19/04
Date

α Ψ Ψ Ψ ω

If more than one individual (e.g spouse or family member) is seeking therapy, please have each of them sign below. Signatures below confirms that each understands and accepts the information in the ***FPCCC Professional Disclosure Statement and Consent for Treatment*** *(version 03-03)* and the ***HIPAA Client's Rights*** *(version 08-03),* and that each seeks and consents to treatment. We can provide additional copies of the above documents upon request.

Signature of client #2

Signature of client #3

Signature of client #4

Signature of client #5

Signature of client #6

Signature of client #7

Signature of client #8

Signature of client #9

Disclosure statement created 03-03; this revision: 01-04



The Christian Counseling Center
of First Presbyterian Church

Informed Consent

I understand that my counselor in a Licensed Professional Counselor Intern under the supervision of a licensed supervisor. I realize that my case will be fully discussed within the supervisory context and that other counselors and supervisees may be present during these discussions. Those present during a supervisory session are legally and ethically bound by confidentiality not to discuss any information that is shared regarding clients.

I understand that any information shared with my counselor will be held in strictest confidence and will not be discussed outside the supervisory context unless I sign a confidentiality release form. However, I also understand that in the case of child abuse or threat of harm to others, or myself; the counselor is legally obligated to break this agreement of confidentiality insofar as appropriate action can be taken to protest those who may be in danger. I further understand that release of information could occur if ordered by a court with good cause or as mandated or allowed by statutory laws.

Fees are due at the time of service and clients are responsible for the fee of missed appointments or appointments cancelled with less than 24 hours notice.

I do/do not give my written informed consent for my counselor to tape record either by audio tape or by video tape my counseling sessions. The tape will be used only for professional education and will be erased after said use.

Alison Monett
Client Signature

8/19/04
Date

Parent/Guardian Signature

Revised 1/30/03

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Lexapro
Zoloft
Seroquel
Klonopin

8-17-04 A. Norrell Age 22

8/12/04

D/C from Baptist Inpatient started on 5th Long + then went to 5th Averyett

Loves God + Jesus + Bible

"All these people yelling @ me"

Work 60 hrs. a wk. - Holister

used to wk. in OB Gyn office in Richland over a yr. - liked it - but lost it over being in PHP.

Eating Disorder
Started @ age 13 (in gymnastics)

Age 16 - severe ED Bx

Baptist

In adolesc. PHP @ age 17 - not eating anything - 2 days then went to inpatient b/c she refused to drink supplements - On feeding tube @ that time.

Residential Tx - 2001 - stayed 90 days
Pemuda Ranch - was not motivated for tx
Began throwing up - learned it from her roomates

Started Bulimic Bx

1 sister - Erin - 8 yrs. younger
"It's the 3rd time and then me"
Mom claims she's a spoiled brat

Cutting - Not currently - couple days ago
1st time @ age 17 right before 1st hospitalization

Took 4 diet pills @ one time last wk.

Took 2 diet pills this AM.

SI - Passive - apathetic about life
No plan or intent to act

(A) Depressive D/O NEC
Borderline PD



The Christian Counseling Center
of First Presbyterian Church

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

Re: Alison Morrett

Date of Birth: [redacted]

Social Security #[redacted]

I, Alison Morrett hereby authorize the reciprocal release of information between:

Marjorie Hobbs

and

Baptist Medical Center

This consent for disclosure shall be limited to the following information:

all health/medical information

The disclosure of this information is requested for the following purposes:

Continuity of Care

This consent is subject to revocation by the undersigned at any time, except to the extent that action has been taken on this release prior to revocation. If not earlier revoked, this consent shall terminate in 365 days.

I hereby release the professional and/or agency listed above from liability for disclosure of information to the persons, and for the purpose described above.

Patient: Alison Morrett Date: 8/19/04

Parents/Guardian: _____ Date: _____

Witnessed by: _____ Date: _____

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PLEASE COMPLETE THIS FORM

FEE: _____

THERAPIST: Marjorie

Date: 8/19/04

DIAGNOSIS CODE: _____

PATIENT REGISTRATION

Last Name, First Name, Middle Name	Sex	Birthdate Mo / Day / Yr	Relationship Responsible Party
Morrett, Alison Rene	F	[redacted]	self

Number, Apartment & Street Address: [redacted]

Marital Status: (S) M W

City & State: [redacted] Zip Code: [redacted]

Home Phone: [redacted] Cell: [redacted]

Social Security No.: [redacted]

Business Phone: [redacted]

Employer: [redacted] City & State Where Employed: [redacted]

PARTY RESPONSIBLE FOR PAYMENT—(**INSURED PARTY**) - (HUSBAND, WIFE, OR OTHER)

Insurance Company: Medicaid - NONE Policy #/ID: 472985210 1

(DO NOT FILL OUT IF SAME AS PATIENT)

Last Name, First Name, Middle Name	Social Security No.	Birthdate: Mo / Day / Yr

Number, Apartment & Street Address | Telephone

City & State | Zip Code

Employer of Responsible Party

Number & Street Address | City & State | Zip Code

Nearest Relative or friend not living with you

Last Name: [redacted] First Name | Middle Initial | Telephone: [redacted]

Number & Street Address | City & State | Zip Code

ASSIGNMENT OF BENEFITS

I HEREBY AUTHORIZE The Christian Counseling Center of First Presbyterian Church to furnish information to insurance carriers concerning this illness. I hereby irrevocably assign to the therapist all payments for medical services rendered and ALL MAJOR MEDICAL BENEFITS.

I understand that I am financially responsible for all charges regardless of any insurance claims.

alison morrett

Patient/Insured

REFERRED BY: ☐ PASTOR ☐ FRIEND ☐ NEWSPAPER ☐ YELLOW PAGES ☒ OTHER

Pharon

Alison's Life Time Line

Age		
Texas		
)- 4 years		Had problems eating as an infant and toddler. Refused to eat baby food or take a bottle. Started gymnastics at the age of 3.
Georgia		
5 years		Molested by my step-grandfather on my dad's side.
years	Florida	Moved from Georgia to Orlando, FL.
10 years		Heavily involved in gymnastics. Weighed regularly at practices. Carrying around my "secret" from age 5.
- 13 years		Up to 4-5 hours a day practicing for gymnastics. Went to Olympic Trials in 1996. Still carrying around "secret." Quit gymnastics after failing to qualify at trials.
Georgia		
years		Moved from Georgia to South Carolina. Felt like my whole world came crashing down. Became more focused on weight
5 years		Obsession with food, weight, and calories became worse. High School was calling my family voicing concerns.
		Teachers saw cutting on arms. Got caught faking her weight on application for track
years		Weight dropped down to around 75 lbs. Family in major denial despite continuous calls from school. Started cutting to try and relieve the pain of "my secret."
Moved		

17 years — Weight dropped to an all time low of 71 lbs. Hospitalized for the first time at the adolescent partial program. Turned 18 in the hospital. (Baptist Medical Center.)

moved
8 years — Became commited to Baptist after 2 days in the partial program. Had feeding tube for 8 weeks before flying out to Remuda. Stayed at Remuda for 90 days. Feeding tube stayed in most of the time. Left in June of 2000 at 117 lbs. 3 wks after leaving Remuda was hospitalized again at Baptist. In August of 2000 I went to MUSC in Charleston and was kicked out for laxative abuse.

Admitted to Richland after OD'd on diet pills.

1 years — Hospitalized at Richland Springs. Kept vomiting and restricting under control. August of 2001 got job at pediatric office downtown. In December of 2001 I was raped by physician that owned practice and threatened with my job.

' years — December of 2002 moved into my own apartment. It was basically my ticket to freedom, my ticket to do whatever I wanted. I lived off of yogurt and diet pills and was throwing up a minimum of 3 times a day. I also had just told my parents about all of the abuse issues.

nd back with parents

' years - — Right after my 21st birthday in February of 2003 I was hospitalized for 3 wks at Richland Springs. My mom gave me the decision to admit myself or she was going to have me committed. Dated a man 14 years older than me. He broke my nose twice by hitting me and pushing me off of the dock at the lake. When I finally decided to break it off with him 7 months later he hit me in the back of the head with a wine bottle. He also had a 3 year old daughter [illegible]

22 years - Hospitalized at Baptist on June 1, 2004. Just finished a semester in nursing school and had broken up with boyfriend. Hospitalized again in August of 2004 with feeding tube. Treatment w/ DBT was also terminated. Currently working 50-60 hours a week. My eating disorder is out of control. I am back to taking diet pills, going several days without eating, and throwing up. In all honesty my parents and I think I need to be back in the hospital but I am having a difficult time dealing with that. Dad thinks I should be trying to work towards getting

Word Ministries

939-9378



The Christian Counseling Center
of First Presbyterian Church

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

Re: Alison Morrett

Date of Birth: [redacted]

Social Security #: [redacted]

I, Alison Morrett hereby authorize the reciprocal release of information between:

Marjorie Hobbs

and

Dr. Cheryl Dodds

This consent for disclosure shall be limited to the following information:

All relevant tx information

The disclosure of this information is requested for the following purposes:

Continuity of Care

This consent is subject to revocation by the undersigned at any time, except to the extent that action has been taken on this release prior to revocation. If not earlier revoked, this consent shall terminate in _____ days.

I hereby release the professional and/or agency listed above from liability for disclosure of information to the persons, and for the purpose described above.

Patient: Alison Morrett Date: 8/20/04

Parents/Guardian: _____ Date: _____

Witnessed by: Marjorie Hobbs Date: 8/26/04

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8/26/04 A. Morrett

FAX
939-9378

791-1485

(A) Dr. Dodds - have Ms call to see if she'll take her back
2001 or 2002 was the last time.

(B) University Specialty Clinics
(A) has burned many bridges with providers - blames them

Dad - in sales - moves a lot

"Something good that it did" - thought about going
Marilyn Meade's grp. ED grp to grp.

Still getting short term disability

DS
1-10
(5)

9/2/04 A. Merrett

Went to the ER on Tues. night
thought she was having a heart attack
because she took a "stacker"

work so hard (70 hrs a wk.) to get out of the house.

Mom won't pay for her to go to school - thinks she
should "get her act together"

Dr. Michelle Archer - check on getting an appointment
will call before she comes back

Throwing up - 5 out 7 days
S/I - Ø
Cutting - (NO) Ø

HW
Call about Dr. app.
Make list of + attributes

9/9/04 A. Morrett

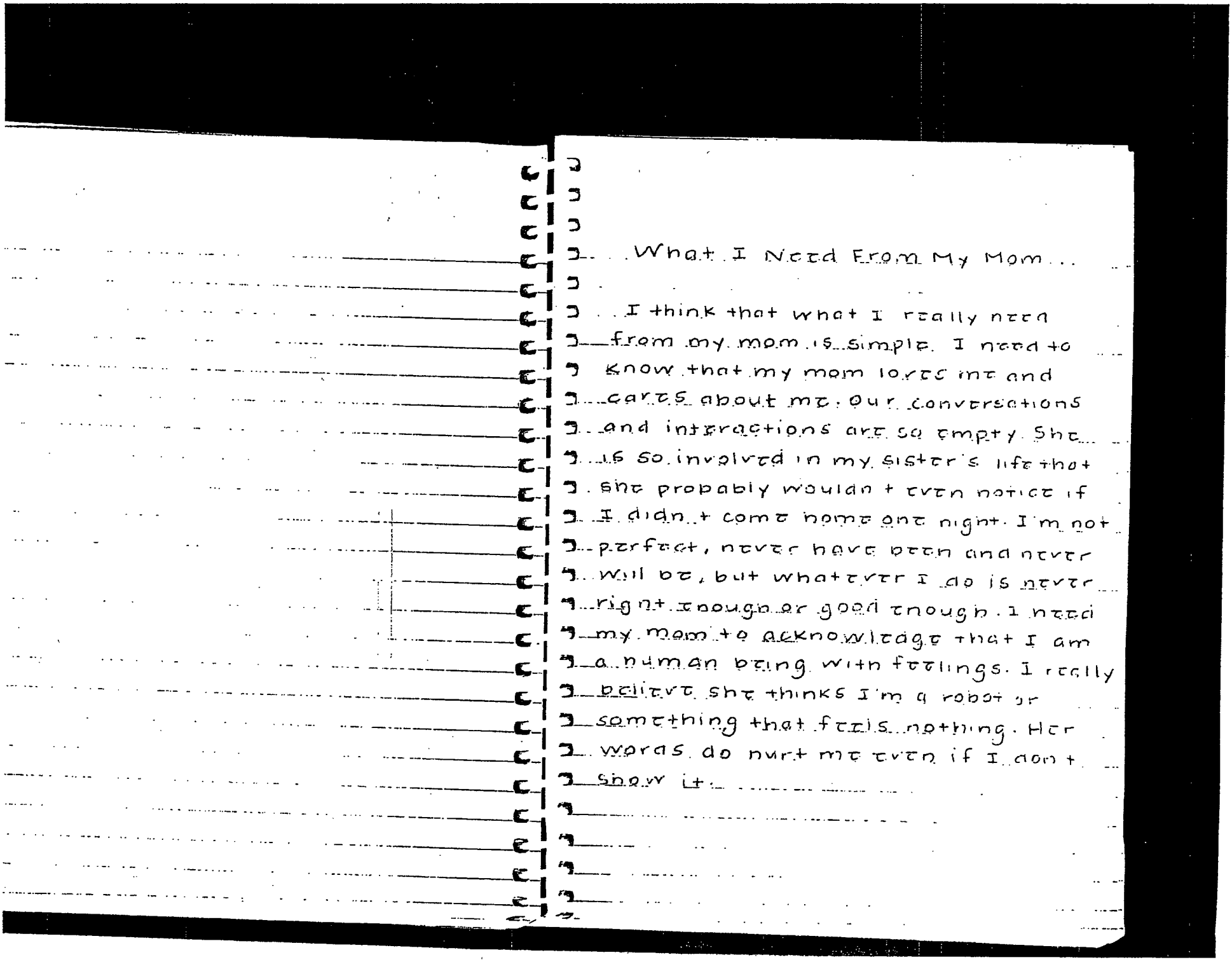
Pt. on time and eager to talk today. Pt. seems to enjoy the interaction of therapy, although not motivated to change bx. Session topics included enmeshment w/ mom, motivation for change, the correlation between vomiting and alcoholism as an addictive bx. Pt. is keeping a log of bx. Pt. denies any cutting, or suicidal ideation in past wk. Pt states she is throwing up anywhere btwn 0-5 x each day. Pt. is eating some yogurt, peanut butter, and salad each day. Pointed out to her that eating disorder may only be a sx of larger issue and therapy should address larger issue. Pt. willing to explore and process past abuse, relationships with family members and also core emotional needs.

Hw - write in journal about needs only mom can meet.

9-16-04 A. Monnette

Had a fight ē co-worker
"it was a release to be able to say what I felt

Dichotomous thinking
Prozac - doesn't work so "no medicine" works
Cl. has all or nothing thinking ē no insight
Can't say "no" - but doesn't see how as pervasive
Won't take medicine b/c "medicine makes people suicidal"
Called a doctor - don't take ins.
HW will have an app. by next wk. ē a dr.



What I Need From My Mom...

I think that what I really need from my mom is simple. I need to know that my mom loves me and cares about me. Our conversations and interactions are so empty. She is so involved in my sister's life that she probably wouldn't even notice if I didn't come home one night. I'm not perfect, never have been and never will be, but whatever I do is never right enough or good enough. I need my mom to acknowledge that I am a human being with feelings. I really believe she thinks I'm a robot or something that feels nothing. Her words do hurt me even if I don't show it.

9-23-04 A. Morrell

Brought up the dysfunctional nature of her family wants to blame family although she states she has never done that. cl. states she has researched a physician and Terry Hathcock who is a N.P. is her choice. Harbison Medical Assoc. - Mon. 27th-Sept, app. made. She will see N.P. before next app. ē me. Had to go through DBT for 6 months before one therapist would see her. She states she will see N.P. if cl absolutely requires it. cl. stated she fears abandonment ~~esp~~ by me as well as any other caregiver or therapist, or physician. cl. has little insight into her own role. LPCI explored her role in therapy.

cl. not experiencing S/I - states she is a 6 on 1-10 depression scale. Pt. vomiting @ least 1x every day @ most 5x. cl. reports no cutting this wk.

9-27-04

cl. called emergency beeper b/c of fight ē parents. She was tearful and stating that she wanted to run away. She stated that she knew she had nowhere to go, but anywhere was better than home. LPCI worked ē cl. on emotional regulation, problem solving and validating cl. desire to be separate from parents. cl. stated she promised to stay @ parents home, but w/out contact ē them. cl. would make decisions based

Sept. 28, 2004

Took 2 laxatives

Cut several places

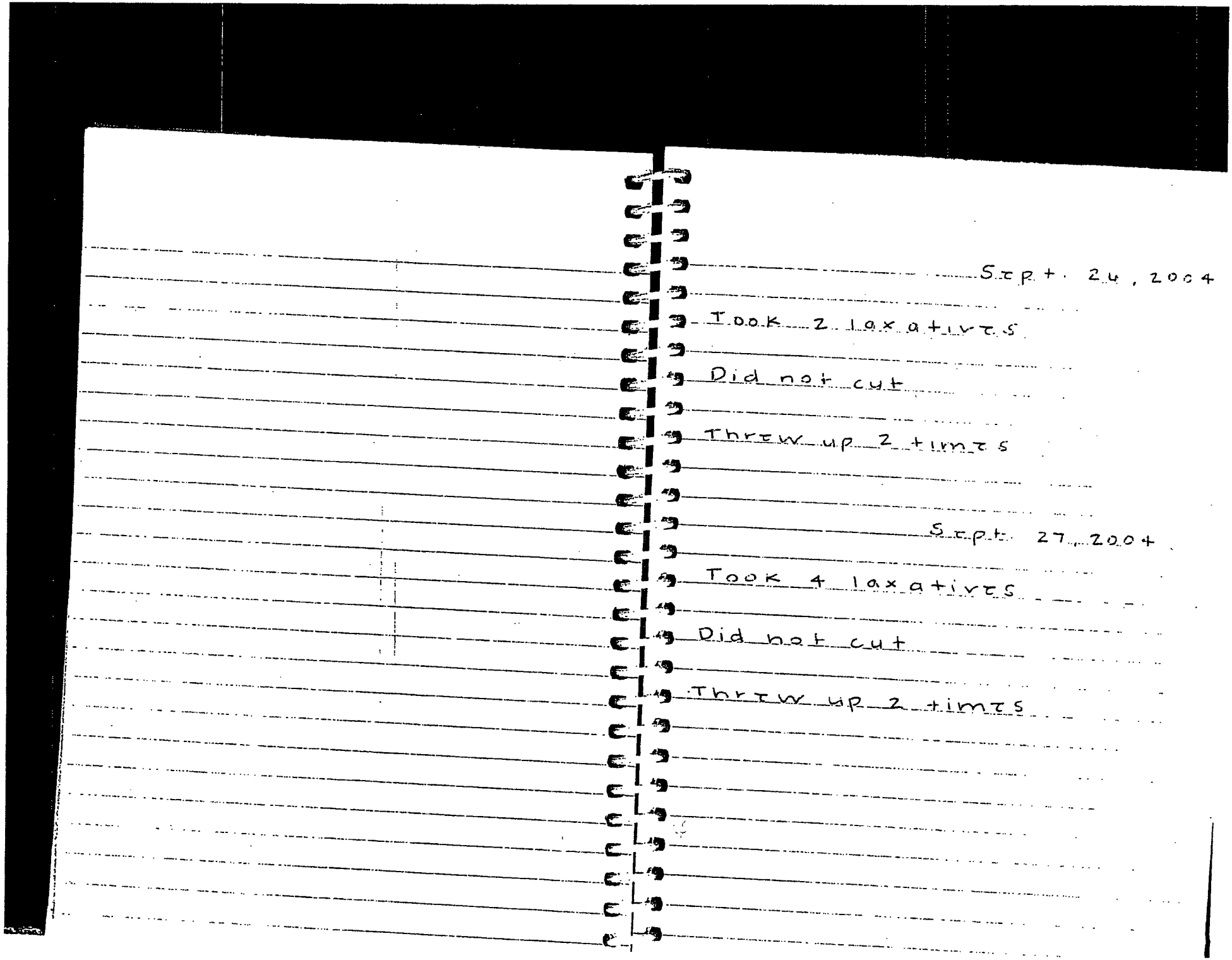
Threw up 2 times

Sept. 29, 2004

Did not take any laxatives

Did not cut.

Threw up 2 times



Sept. 24, 2004

Took 2 laxatives

Did not cut

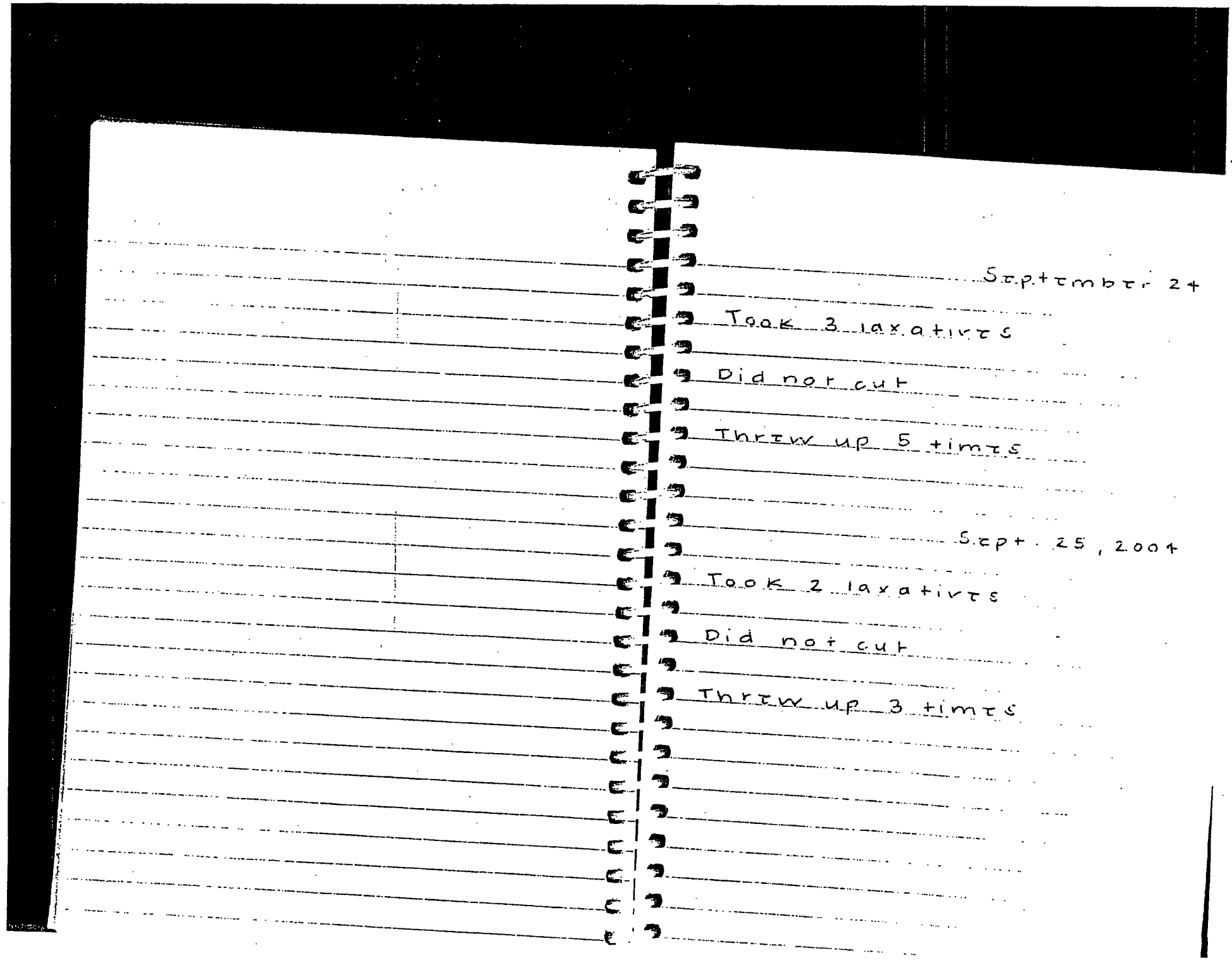
Threw up 2 times

Sept. 27, 2004

Took 4 laxatives

Did not cut

Threw up 2 times


September 24
Took 3 laxatives
Did not cut
Threw up 5 times
Sept. 25, 2004
Took 2 laxatives
Did not cut
Threw up 3 times

September 22, 2004

Did not take any stacker

Did not cut.

Threw up 2 times

September 23, 2004

Did not take any stacker

Did not cut

Threw up 3 times

SEPTEMBER 26, 2009

"I can't ever be them—but I can be the best possible version of myself."
—*Natasha*

"SPENT"

I have spent too many years staring into the mirror on the wall, which only magnifies the imperfection back to my smiling face.

I have spent too many days trying to be the pillar of optimism that keeps up the facade, even when everything's not okay.

I have spent too many nights covering up my tears and pain with an insecurity blanket made of laughter and lies.

I have spent too many hours watching those carefree girls who reflect the perfection of female beauty, which I will never have.

I have spent too much time stepping up onto a scale, only to measure my inability to succeed at the smallest goals

I have spent almost 23 years living in this world, and just now I'm beginning to wonder, if I have ever really lived at all.

- Alison Monett -

SEPTEMBER 27, 2014

Wishing

You stare
And sometimes glare
At my preadolescent body
Looking deep into my soul
This blackened hole
I try to hide
Behind my disguise
All of the lies
I have been living
Some can see
The real me
Lost and confused
My broken heart
Ripped apart
Never will mend
Forgotten how to cry
WISHING to die.

- Alison Morrett -

SEPTEMBER 28, 2004

I decided to start writing again because it is the only "healthy" outlet I have I just feel like I can't do this anymore. I feel like I am busting my ass for nothing. It sure isn't getting any easier. Everyday seems like it gets harder and harder to hang on. I feel like I am about to breakdown. I can be in a room full of people and I feel like I'm in my own little world. I have no connections with anyone. I want to run away. Nothing I do is ever good enough. No one understands me, no one wants to understand me. Sometimes I really and truly wish that I wouldn't wake up. No one would have to deal with me anymore and I wouldn't have to deal with myself. I just want someone to care, someone who isn't afraid I am going to break, to hug me. I was watching Dr. Phil and he said that babies who aren't shown love by their mother's grow up never knowing how to love. That statement totally hit home. The number on the scale IS who I am and always has been. There is nothing else to me. I am a waste of human space. My eyes are empty. I've lost the smile that use to be there. I hide behind my make up and clothes. I want to just look like I am okay. I'm failing everyone. I don't know why I am so ugly and how I ever became this "unlovable" person. I want to be thin. I want to be beautiful. I want to be normal. Why is being a size "zero" so important? It is nothing. Exactly what I am nothing. Terri asked me who had as a support system. I couldn't even put my family in that category. It actually made me really sad. I guess what I really want to know is where do I belong?

9-30-04 A. Morrett

App. @ Terri Heths N.P. next Tues. Oct. 5th

Didn't admit to Dr. that she was a cutter

Dr. saw cuts on stomach - pt. lied and said cat did it.

The Courage to Heal - "lost it" (tried to read it)

Discussed Borderline dx she doesn't like it

Powerlessness vs. Powerful by

10-14-04 A. Morrell

New Job @ restaurant

8 month Plan - cl. made for self

school in Jan. - take 4 classes and continue working nights

In June go to Charleston to finish last semester of school.

Stopped throwing up - None in last week

go back to N.P on the 27th - continued

Processed Internal vs. External control.

cl. realizes that her main excuse of external control is through eating d/o and related sx.

book entries

10/21/04 A. Morrett

tired

traded in car - anxious about new car payment

credit card debt - 7000
car insurance -
new car payment -
medical bills

"All people are manipulative"

"I hate men" - A guy @ work came on to her after they went out and both got drunk and slept together

He wouldn't get out of the car - so

(Didn't throw up except after getting drunk)

Needs to take responsibility for both neg. + pos. choices.

Still planning to visit SeaCoast church

went to OA once and they "made her feel weird"

Labile today - poor insight

11-11-04 A. Morrett

Good Decisions:

Signed up for college: Midlands Tech
English
Psych
Reading

Bad Decision:

"Have been drinking too much"

Ex-boyfriend called - she was mad
avoided talking to him

Saw N.P. 2 wks ago Terry Hethcock

Throwing up - average about once a day

No cutting -

11-18-04 A. Morrett
Lost credit cards + drivers lic..
Found it in yard - Went out last night
+ got drunk.

Anorexic Bx ↑
Bulemic Bx ↓

Ann Dwyer - nothing I said shocked her
"Sometimes I want to shock people"

Feels abandoned by everyone - they don't
pass the test - when she "acts bad" they
leave.

1-10

(3)

12/2/04 A. Monette

Processing Decisions coming up

Memory Work - Grandfather

Difficult for (A) ... tearful

12/9/04 A. Monett

Reviewed work from last session.

Not looking forward to Christmas
going to Mass & the family

Don't like men doctors
- they don't listen
- they want a quick fix
- feel intimidated

Gold's Gym - feel like it's a good decision
like to swim, but they don't have a pool.
Feel better working out,
Taking diet pills

Threw up after conflict & coworker - he called her a bitch.

* Sense of Entitlement

Doing training &

* Poor insight

HW

Journal about the dichotomy of
wanting no control by others but yet wanting
to be dependent.

1/13/05 A. Morrett

Started school yesterday

by Dec. will finish surgical tech classes

"Don't like Black people"

Plan on keeping job - through - till Summer

Haven't been throwing up for the last wk.
Restricting some

Motivated for now

* Talk about dx next wk.

1-27-05 A. Morrett

Quit job - anxious about prospects

Parents invalidate and criticize mainly mom

Dad is different from other men - trusts him

Hospital - doesn't want to live there / but yet does

Issues in Mental Health - "why are some counselors + psych. so rude?"

Confronting pts manipulation & lying

She is not going to N.P. needs to make appoint. Follow through?

2/2/05 A. Monell

Home Health Care for children
for Richland - work study - they'll help
pay for school.

disordered
obsessions
★ Wanting to be thin — Thin = Loved

"When making right + wrong choices I feel guilty"

No support system

working on finding the personal gain to her behavior

2/10/05 A. Monett

28 days in rehab. on Discovery Health CARE Program

"School motivates me"
achievement

"Looking for the perfect job"

Bank Job -
Hospital Job - No benefits, pay for school
April 11
Verizon Wireless -

Processed origins of Perfectionism in Performance + appearance
- would even floss over her appearance as a child

Things I am unhappy with that don't extend
* Not good @ listening
* NOT smart enough
* impulsive

Practicum
Betty Rek

2/7/05 Alison Monett

4 anxiety over school
got 2 jobs and now wondering whether she can handle it.

met a guy @ club
"Hate men" Is it just men?
"They lie"

Says that her therapists leave her
questioned whether she is instigating that or sabotaging her own therapy. Rejecting before being rejected or testing people?
She feels she is possibly but felt awkward talking about it.

2/21/05 A. Monetti

Bank Teller - 25 hrs a wk.
decided to stick with just one job

May change schools

Processing Honesty & self - being real...
communication/defense mechanisms

3/23/05 Allison M.

likes new job - @ the Bank (teller)

Working 37 hrs and taking 2 classes
need to work less

Ask mom to be involved ? Allison will think about what she wants and get back to me.

Making some progress on ↓ Balimic BP
had a setback over ~~Thanksgiving~~ her time
in Myrtle Beach -- was alone and stressed.

Shared important insight about past setbacks
She admitted that she has gone into downward
spirals in order to get herself into an unpt.
setting b/c she liked to be cared for and
about and to recieve validation for feelings +
problems. She also admitted that she exhibits
certain beh to often "get back" at Mom or to
manipulate Mom to care.

Tearful and depressed during session

4/19/05 A. Monett

pt. ⊖ S/I ⊖ H/I

tearful, labile during session alternating btwn silence & flat affect, tearful emotional outbursts, & evenly paced neutral conversation

Pt. wanted to process recent stressful activities

cracked windshield
job change / job conflict
Mother's reaction to the above

Pt. shut down when topic of mother is broached... very angry, wounded.

Explored open wound re: Mom somewhat.

Pt. fairly resistant

January '05

My lips are dry
cracked and swelling in the game
the taste of perfection
taints my tongue
let me out, let me out
a voice inside me trying to speak-but is never let out
not from this body, this cage
I have built endlessly
over a million lifetimes-
trying to understand why
trying to make sense of something
to give my life some meaning
help me, help me
mom- who are you? who am I? what are we doing here?
dad- tell me what is right, tell me what to do, tell me who to be
I don't trust that I know
In fact, I don't trust at all
the cage grows smaller
decorated, spun with gold, the prettiest cage around
I walk my body about
twirl in miniskirts, parade in high heels
Watch me, just watch me now!
The cage is still shrinking
trying to set the voice free....
Maybe if I get small enough, maybe then I'll be free
I could just squeeze myself out of excess flesh and bone
flesh and bone
that's what I'm left with now
10 years of dieting away my organs, my passion, my womanhood
I am left with you golden cage
an ugly reminder of a tiny child wondering what was going on
my identity shifts from mom to dad to me
ME

Anorexia, a name, a structure of some kind
explainable, understandable, simple, scientific
close enough to GOD in this century.
After that came more:
depression, addiction, compulsion, obsession
all concrete, medical terms in a chart that I could read
there it was-ME.

Textbook smart, textbook hard, with no need to feel a thing
my emotions were as dry as my vitamin B deficient lips
by then I was everything I ate and nothing I wanted to be
except almost dead.

If I had to go back, recount the memories, relive the horror stories
it would be simple
and neat
always very structured, strict and clean
organized and folded on to a page
the self-denial season, my attempt to coming of age

In my mouth the taste is still there
years washing down my throat
their eyes digging into me, peeling back the rippling skin
teasing my throat with a scream
the bile as sharp as my tongue, against the back of my throat.
I never understood my mouth
it's ability to affect my day
it's never ending chew gnawing at my brain
I go back now, recognizing the taste
and my paste unfolds
spilling out over the page

Age 15

Boys started to notice me
Young, blonde, thin
I was everything I thought I could never be
and never believed that I was
Guys called me, asked me out, followed me around
I concluded- this must be love
for awhile at least.
Then he dumped me
Easy as a phone call.
I felt my golden world ripping apart
So I searched and searched for a reason,
an explanation why he didn't want me.
Then it came
Actually, it was right in front of me
It was me
It was my body.
FAT
Sure, I could lose 5 lbs.

Age 16

No trouble finding guys at all
I am on center stage- thin, blonde, tan
an ideal come to life and dying on the inside
But, who has time these days to even notice if all I eat is rice.
After all I am slowly becoming beautiful
Just 400 calories a day and you can become a star.
How come no one told me it was this easy?

Two years pass
Two years of rehearsal
The final performance.
I take a shaking bow
as the stretcher quietly prepares for my exit.

I had a dream once
I was back in the hospital, suffering, starving,
slowly dying.
Everyone that loved me was there.

They put there arms around me
and held me tightly and close because I was dying.
All I could think about was there arms around my fat body.
I am too fat to be held by them
I am too fat to be held by anyone.
I am too fat to be loved, accepted, cried over.
I am even too fat to die.

And now, years later
I find myself almost 23 years old
Don't know how I got here
Not really sure why I came at all.
I don't remember waking up, taking showers, getting dressed
All these years
But I am still here.
My existence hangs in the air.
I am smarter now
I've studied hard
Women's issues, media manipulations, food deprivation
I could give an entire sermon
My knowledge purged into the world
But that isn't enough.
It should be, but it isn't

And so I am still here
because I need to learn
I won't leave until I have learned what life is really about
How precious it is
How precious I am
and how cold I have really become

and spirituality
the term rests in my hand
I love the idea and sometimes convince myself that I actually understand
but that is not what my life,
my 22 years that I can own so far,
has been

The spiritual experiences I have had
are sacred and sweet,
held inside of me.
I have spent a lifetime fighting with something else,
with ME.

It is an age old idea, a spiritual question, really
that at birth I was given
a train ticket to suicide
and now suicide
is still only a train ticket away.

Names from the hospital still sting me.
Anorexia, bulimia, CRAZY
Every billboard, every magazine
They are talking about it, whispering about it.

Probing into me
Interviewing and pointing, staring openly
My body is on stage again.
And my vision goes dim again.

Tiny girl, wide eyes
I hate her-but I want her back
I lost her somewhere beneath all of this fat
The tricks that I practice have caught up with me
My body hurts, feels 80 years old already.

I am scared and secretly glad.
This is familiar, this must be safe, this impossible frame
The perfect one with the perfect teeth
which are always clean
College student with the American potential written all over me

Young, so young.
I look about 15.
I have talked about it, read about it, sang, cursed, and screamed about it
but I still believe in it.
My own passage to God, my only talent.
Identity in disease-
and I won! I must have won!
After all, I have worked so hard for my trophy.

I can feel the madness of winter coming back through me
the desperation of illness and silence
the fear of knowing what I'd done and knowing I was the only one that knew
Wondering if the pain shooting up and down my spine would pass,
or if I would finally succeed at killing myself.
ANGER
The world's plead for beauty, thinness
ANGER
Masked in armor, a chance to end my internal war.
Praying to God that no one would find me like this,
and praying to God that somebody would
Waking up sick and aching,
feeling my bones depleting against my bed
swallowing pill after pill in a haze of food and medicine.
Remembering the promises I made, hovered and shaking over the toilet bowl.
Afraid of telling someone
Afraid of not letting anyone know.
Please die-I beg myself-and live as someone else
Someone healthy, happy, and
THIN.

He said I felt cold
Cold.
Sounds like I am dead.
I would feel dead if I could feel.
What's wrong with me??

What is happening??
I have been through my journals,
faced a thousand poems in my computer.
No answers
Who answers??
I don't know what this is
LIFE
This thing that I have but I have no idea what to do with it
where to go with it
what to think of it.

I think I have to start all over.
My body aches, it's painful to be alive
Is this the way it is suppose to be??
I can't believe that
I won't believe that
I don't trust that at all.

My spirituality still nudging me
forcing me to think
This disease lives inside of me for a reason, I know,
and it will continue to grow
It will breathe in my air
feed on my nourishment
travel using my feet,
until I face it.

The doctors gave me drugs to cure it,
anti-depressants for two bucks a day
and happiness can be yours!
I am still asking
still begging for an answer
Why am I like this?
My head is pounding
God, I want to know is it the past?
My family, my childhood?
Was it the lying, the manipulation, the songs I use to sing?
Was it the abuse I inflicted on myself
The hate
The hate I had.
Was it the starvation, the deprivation,
the dream to be as thin as dead?

Then why am I still here?
I don't know where I am going or why
or who I've ever been.
I don't care, I don't think.
Life is stopping and living and breathing
and I have no space left for air.

I gave up the dream,
let go of the therapist-will-save-me theory.
I have to save myself.

I want to find this
this draining ache for illness, name it, hold it,
and get out of it.
This passion to escape and climb away
Re-shape this for myself.
Too skinny,
but still too fat.
My logic runs out the door.

Such a responsible girl
They said.
such a good worker, such a good head
But, they didn't know
They didn't know that I was starving and dying
in their office bathrooms
Behind my employee of the month smile,
I hate.
But I didn't act that way.
The only talent I really have is acting, pretending,
lying.
I can do it so well.
I can believe anything I say
and so does everyone around me
My head nodding politely to
everyone I meet,
while adding up calories and watching the scale-God at my feet
my head was busy I guess,
with obsession and hate
and my heart was empty
even when I dared to eat everything on my plate

You know the songs (music is my earthly version of God)
they were speaking to me
all that time
they were trying to tell me something
anything-if I was listening,
and I was.
I tried so so so hard, do you know what that is like? do you?
Those songs saved my life.
They were the only thing I could be close to that still treated me right.
Something in the music
made me shiver and squirm inside....
It was a feeling, I think,
a rare, raw feeling
breaking past my hollow shell
my skeleton of emotion.
The songs were feeling for me
It was a feeling I will never forget until the day I die.

And the real question always was
Will I have to die?
Will the anorexia and bulimia creep in,
grab hold of my heart and starve the life out of it?

Will it have to come to that?
I don't know.

God, the question of suicide has always penetrated my mind
since I was young, too young,
and since I have tried so hard, no one could possibly understand.
Suicide. Such an ugly word.
Suicide. I still holds so much power.
Why do I think about it?
I don't know...
because I am scared
because this is all too hard to face
because it is easier this way
because it is familiar
because it is safe
because it is the only way that I will know that I am finally thin enough.

I don't know what else to do.
I have spent my entire life
figuring out how to die.
What exactly do I believe?
Am I suppose to know yet?

Today, I looked back at my life
and decided not to give up so easily.
Instead of eating away my life
I want to feed.

Allison Morrett 7/14/05

Teaching Life Skills class loves it

ages 12-17 like girls better than boys - they pay attention

start clinicals next Aug.

"I'm more perfectionistic than ever" - don't know why

on Luvox now for anxiety - talking about passions

focus on: music, art and self care

HW: Journaling about identity

8/18/05 A. Morrett

Next Time
Distraction from Obsessive Thoughts

Joining Air Force possibility

Did the physical last wk.

Flight Nurse

6½ wks - Basic Training
9 months - schooling + clinicals

Defer till Jan' to finish

Probably be stationed in Germany

Have to decide by next wk. whether or not

"Biggest decision" of her life

School starts Monday
"got a "B" in Psych" - devastated

States doing well at "self care"

last threw up 3-4 wks ago
Denies cutting

Make a plan for moving

8/30/05 Allison Moretti

School is "terrible"
complaining about all aspects of life

Anxious about changes

What makes you happy?

cats — being right
writing — winning / being the best
quitting smoking — being the favorite / liked
going to the beach

haven't smoked in 3 wks.

Processing changes in military
Physical aspect

Goal:
1x each wk. practice something that makes you feel happy.

9/13/05 A. Monett

* Riverbend Church - went and liked it
invited by lady @ work

leave Jan 3rd

struggling in school

can do 10 push ups now - proud of self

Relationships

moderate - progress

Mom still "downing" the military

"I always thought military was cool"

Happy Things:

- chose to go have a drink w/ another student
- watched the season premiere of OC

* want to minor in English - possibly teach

9/29/05 Alison Monett

Hurt knees from running too much

Processing past tx and progress.

No S/A + H/I claims to be in recovery concerning eating D/o

Admits to using D/o as excuse for poor or destructive bx in past.

Gain: Attention + Compassion from others.

10/25/05 A. Morrett

ticked yesterday b/c Dad killed a possum.

* Working out @ gym again. "New life" lost or didn't keep old records. Feels she got a second chance.

Obsessive Thinking - still present

11/29/06 Allison Morrett

Been home 2 wks from 11 months in military

goes to Charleston 1 weekend a month

wants to change to being stationed in Charlotte

Wants to switch to Nat. Guard rather than Reserves

Throwing up "sometimes"

HW

write about future plans

12/13/06 Allison Morrett

"I halfway have a plan"

Charlotte Jan 6-7

Wants to move into Aunt's house in Charlotte

Central Piedmont in Charlotte - transfer from Midland's Tech

There are going to be ground rules @ Aunt's house.

Going to the Gym - 6 days a week
work out for 2 hours -

Obsessive about weight / body image

Taking "Stackers" 1 or 2 / day c Red Bull

still drank too much while away for the 11 months

Throwing up 2x / wk.

Restricting diet -

1/3/07 Allison Merrett

Going to Charlotte Friday just for weekend

UTA
Unit Training Assembly

will find out whether she can transfer to Charlotte in Nat. Guard within the next 2 months.

Enjoying job @ Old Navy

Trying to avoid family

Loneliness is a factor

(A) agitated today - tearful, angry

visibly lost weight

(F) S/I

1/18/07 Allison Morrett

Discussed school plans
↳ changing units in military

Hates self on inside - tries to hide ugliness by hyperfocus on appearance

Tx plan: to move focus off of outside to inside

HW Journal about self criticism — also a cry for Help
Feelings re: self

States she fears that I will no longer care about her if she gets big.
I reflected that statement stating I [redacted] care about her not because of weight or appearance but about who she is on the inside.

1/31/07 Allison Morrett

Going to quit job @ Old Navy

this friday will interview for an EMT job

Still restricting + purging daily
Stressed and depressed
States "this time its different and its scaring me"

Denies S/I

HW

Answer Pres I. D. whether she wants any help on eating issue or not.

2/6/07 Allison Morrell

(A) Processed her own "needs" and how to take personal responsibility for her recovery.

I NEED:

1. To Be Honest
2. To maintain some control over my life
3. To have some distance from family
4. To limit access to media (T.V. + magazines)
5. Structured daily schedule
6. A challenge
7. Support system / sense of community
8. Confident
9. Not to weigh myself regularly

February 2007

"The greatest mistake you can make in life is to be continually fearing you will make one."
~ Elbert Hubbard

I don't really know where to begin but I do remember where and when it all began.

5 years old.

I was young, cute, and full of life. What more could any parents want than to have a child with such curiosity and obedience. Life was a journey. I was so alive. Everything was so bright and new until the night that my world, my innocence, was taken away.

I can recall the events as if it happened yesterday. The house, so warm and muggy. The sound of the ocean waves crashing on the shore. The shadow of a man standing in my bedroom. The blood on the sheets and the wetness of the tears on the pillow because the man that I trusted... hurt me. My fingers sore from grabbing the sheets to tolerate the intensity of the pain. Scared to death to scream. Waking up with my underwear missing. Shivering with fear. I felt dirty and disgusting. I wanted to vomit. Was it my fault? It must be. Why else would this happen. I didn't remember doing anything bad. But, I must have. Why couldn't he have just given me a spanking? Why? That night and the ones that followed changed my life forever. I no longer trusted the way that a five year old should. I now had this secret. A painful and disgusting secret that I would never be allowed to reveal and my brain couldn't quite deal.

I left that summer a changed little girl. The thirst for life was gone. I lived in constant fear. I was scared to be alone. I was scared to be with people. I sort of just threw myself into gymnastics and school. No one knew that I wasn't the child that I portrayed. After all, everyone said that I had the potential to be a world class gymnast. Why not be what everyone thought that I could be.

7 years old.

Once again my life was changed. In August of 1989 my sister was born. I was no longer felt important. I felt like because my family did not have time for me...I was bought. Anything I wanted I had. No questions asked. Too bad the one thing that I really wanted was for them to pay attention to me. Still, everyone believed I was this perfect little girl.

With gymnastics such a huge part of my life, I started to become very aware of my body and its imperfections. I started to become more concerned with what I ate and my ability to exercise or get rid of it.

The next several years of my life are pretty blurry. I lost myself in the world of gymnastics. I wasn't like the rest of the kids my age. At least, not on the inside. My secret was becoming more and more suffocating. Why couldn't I just tell someone? Why wouldn't the pain just go away? Why was I such a coward. The battle continued but I had no idea what I was about to embark on. My body became my sole focus. Maybe if I could make myself look disgusting and unattractive then no one would want me and I would never be hurt again. You see...in my mind I truly believed that my body was to blame for my past. If only it had been different.

13 years old.

Gymnastics was my life. It was what I was good at. I threw myself in to it. It made me temporarily forget my problems. I could shift my focus on to something else. I felt this need to be thin. After all, if I was thinner then my flips and tricks would be higher and better. No one would really have to know what my motive was. After all, I had still maintained my secret after 8 long years. I was still this perfect child and no one would ever suspect anything, at least not for years to come. I got really good at manipulating people. I always had excuses for not eating or for exercising. I was a gymnast and I had to be great. By the time I was 14 I stood a mere 4 feet 10 inches and weighed 60 lbs. I weighed as much as a 8 year old.

Being a gymnast was really starting to take its toll on me. I know longer loved it the way that I use to. It felt like a job. But...I felt like I had to hang on because I didn't want to disappoint all of the people that were invested in me becoming a "world class" gymnast. Food , and not eating it, became an all important coping mechanism. It made me forget how bad I was hurting.

15 years old.

Just when I thought that things couldn't get any worse. At the end of my freshman year of high school we moved to South Carolina. I gave up the life of a gymnast and suddenly realized how much time I had on my hands. It wasn't necessarily a good thing. Without anything to take up my time, I focused on my body. It felt like the only thing in my life that I could control. Sure, you could uproot me and take away everything familiar, but you could never take away my fascination with food and thinness. It was that one thing that I could call my own. By the end of my sophomore year of high school I was in over my head. At 5 feet 4 inches I was barely weighing in at 80 lbs.

I don't think that very many people realized that I had a problem. Maybe they did. Maybe I was just so far gone that I couldn't see it. But...did I even have a problem? My mom didn't think so. My friends didn't think so. Confusion set in. What was so wrong? Teachers called my house to alert my mother. I guess you can't really get help if no one thinks that anything is wrong with you. So...my downward spiral continued for another 2 years.

17 years old.

SENIOR YEAR. You now how people always tell you how great your senior year of high school is suppose to be. Boy, were they wrong. Basically, the walls came crashing down all around me. After carrying such a shameful secret around for the last 12 years I started to fall apart. I was tired of pretending and trying to be perfect all of the time. I couldn't do it anymore. I just wanted the pain to go away.

I am not really sure what made me pick up a razor for the very first time but I will never forget how it made me feel. I found a new outlet to go along with starving and taking pills. CUTTING! I know that it sounds sick, but, it had this miraculous way of numbing the pain. It was like I could bleed it out. Sure, there were scars, but they could be hid. I just had to be very careful. That is what I thought , at least.

I don't think I will ever forget that cold day in February when I was called to the office at school and told that I could not return until I sought help for my obvious eating disorder and self mutilating behaviors. What were these people talking about? How did anyone know? The road home that afternoon was a long one. I was petrified to tell my mother what had happened. Unbeknownst to me, the school had already called and informed her.

I never really dreamed that I would ever "get caught." I had everything mapped out perfectly in my mind. I guess I failed.

Several days later I found myself going through an evaluation at Three Rivers Behavioral Health. I am sitting in the waiting room not really sure of how I ever got to this point. What happened to my self control? What happened to all of my strength? I was later called back for my psychiatric evaluation in which I painted this picture perfect life with very minimal problems. I explained to the woman that I was just stressed out. I had to salvage that little bit of my life that was left. I went back into the waiting room while everyone decided what to do with me. My mother glared at me for embarrassing her. Everything was always about her. It was never about how I felt. Several moments later the woman called me back to explain the plan of action. I was going to be placed in the IOP program at Baptist Medical Center. The woman begged me to just work the program because I was "too pretty" to have any problems. I believe that statement damaged me. It shoved me farther into denial thinking that I really didn't have any problems or I wasn't worthy enough to have any problems.

I met Baptist Medical Center with much resistance. Who were these people to tell me that what I was doing was wrong? Who were they to force me into getting help that I didn't want? The first day of treatment was a nightmare. I didn't belong with all of those people. They had real problems. I was just wasting everyone's time. My plan was to manipulate everyone so that I could get out.

Yet again...I failed. Not only was I not released, I was committed. I could not get out and I could not go home. Supposedly, my health had deteriorated to a point where I would not be allowed to make medical decisions for myself. Who were these people to take away my rights? The days in the hospital drug on and got worse. I was threatened with feeding tubes and IV's if I did not maintain a healthy weight and nutritional status. I, however, used starving as a weapon. I knew that it upset people and I took advantage of that fact. I did not realize that there were consequences for my actions. Several days later, I found myself laying on an X-RAY table being restrained by security guards having a feeding tube shoved up my nose. I tried to kick and scream, it didn't work. I had already proven myself to be not trustworthy and I had just given up my last little piece of independence. I was now at the mercy of everyone else. That first night with a feeding tube was probably one of the worst night's of my life. To lay in a bed and watch calories slowly drip into your body is pretty disturbing. I cried harder than I have ever cried in my life. These people were going to make me fat. Several days later I turned 18.

18 years old.

I really thought that turning 18 would set me free. I could sign myself out now, right? WRONG!! I wasn't going anywhere. Being 18 meant absolutely nothing. My health had deteriorated to a point where the court had granted my parents the right to make all of my medical decisions. I was stuck and I had no control. The only thing that I did have was a really good relationship with my nurse. She was all I had. I felt that I could trust her...but not enough to reveal my secret. The days slowly passed and at this point I had believed that I had found a way to manipulate the system. No one would ever know if I dumped the liquid nutrition that flowed through my feeding tube at night down the toilet and replaced it with water. That was my new plan. I would convince everyone around me that I wanted to get better and maybe then I would be set free. 6 weeks later after much struggle I found myself sitting in court. Everyone around me was talking about me and making decisions as if I didn't even exist. They did not rule in my favor. I had no choice. I would be committed to a long term residential treatment center whether I wanted to go or not.

Over the next several weeks I remained at Baptist while my family made the arrangements for me to be placed. Needless to say, I was not very happy.

REMUDA RANCH.

My journey at Remuda wasn't a pleasant one. I surely wasn't going there because I wanted to.

To any normal person, Remuda Ranch would have been the dream place to go. Tucked away on the edge of the desert in Arizona. Neat little cabins. You surely would think it was a retirement villa. WRONG!!! It was definitely a treatment center for disturbed people who had eating disorders.

My stay at the ranch was suppose to last for 45 days. However, due to my noncompliance with the program it became increased to 75 days. I was not happy. I still had a feeding tube. I still had rules. Only, these people were smart enough to realize when they were being manipulated. None of my previous tricks worked. I was miserable. Jeff, my therapist, probed me for some answers on to why I became eating disordered. After 13 years, I was good at keeping my secret and there was no way I was about to breakdown now. It wasn't worth it. Who would believe me? NO ONE. Again, I would be the one left standing to pick up all of the pieces and I wasn't strong enough. I invited my grandmother out to family week with every intent of relinquishing my secret but once she was sitting in front of me, I couldn't bring myself to do it. I couldn't hurt her.

As the weeks passed on I learned some things that would definitely damage me in the years to come. The minute that I learned to vomit, I knew it would be a battle to stop. My roommate had been vomiting for 8 years and convinced me that it was the way to go. No one would ever know. Not for awhile, at least.

My release date from Remuda was quickly approaching. I had decided in my head to comply with the program because it was the only way I was ever going to be allowed out. Once I was back home I could do whatever I wanted.

HOME AGAIN.

The trip home again was difficult. I knew in my mind that I was unchanged. Everyone expected so much. I guess I was suppose to return home a miracle. However, it did not turn out they way that everyone expected.

GRADUATION.

Two weeks after returning home from REMUDA RANCH I graduated from high school. It definitely wasn't what I expected. I watched all of the people I once knew stand up and be honored for scholarships and merit. I swallowed my pride knowing that my eating disorder had cost me a full scholarship to UNC Chapel Hill PRE MED and that I would not be going to school in the fall like everyone else. I received my diploma and it was over.

Over the next several months I worked as a receptionist at a pediatric doctor's office. I liked it. Plus, I was getting first hand experience on what the medical field was really like. Then, things started to change.

The physician that owned the practice was a nice looking man. But, he was old enough to be my father. I guess to some people that doesn't matter. It all started out innocent. He would make comments, tell me that I was beautiful. It was exactly what I wanted to hear. Slowly, he progressed into touching me. I felt uncomfortable but I was scared. A couple months later the unimaginable happened AGAIN. My brain shifted to the emotions of that 5 year little girl. What did I do again? Why was this happening to me? I was such a bad person. I must have deserved it.

I managed to succeed at keeping myself well and out of trouble for about a month after the incident. My downward spiral then landed me back in the hospital.

BAPTIST MEDICAL CENTER ROUND 2.

Somehow, I found myself back under lock in key at Baptist. Somewhere that I never thought I would end up at ever again. My stay there was not a pleasant one. Again, I was resistant. But this time

something was different. For some reason, it wasn't such a bad place to be. People cared about me and I felt that. Only, no matter how much people cared, I couldn't quite bring myself to let it all go. I wanted help but I didn't know how to receive it. I didn't trust. I couldn't trust. I still felt broken.

In the months that followed my discharge from Baptist, I rotated back in about every 6 weeks. I couldn't deal with my life on the outside. My parents were burnt out. They thought that had bought the best stay at a treatment center that money could buy and that there was no reason I should not be better. They were really so upset that they couldn't deal with me anymore and wanted me placed at another facility.

MUSC EATING DISORDER PROGRAM.

I stood at the door of MUSC realizing that I was about to face another cycle of rules and people trying to tell me how to live my life. I still don't understand how you can just tell someone to stop doing something that has been such a part of them for so long. MUSC became a place that I soon learned to hate. The people who were suppose to aid in my recovery were some of the meanest people I had ever met. Not too long into my stay, my roommate introduced me to laxatives. It was a new found concept that I was not aware of until then. It was a concept that got me kicked out of the program. The policy on laxatives and all other eating disordered behaviors was ZERO TOLERANCE.

I went home unchanged.

My arrival home was not welcomed. No one wanted to deal with me. My cutting became more and more severe as well as the vomiting. I really just could not wrap my brain around the whole recovery process. It was easier for me to stay sick. Only, I was not prepared for what was about to happen.

19 years old.

I have never wanted my parents to view me as a weak person. I have always felt like I have somehow kept our family together. Now, I was the one tearing it apart. One summer night, my mother saw me at my most vulnerable. She found me in my room covered in blood with cuts all over my body. God, what was I doing? I had just hurt her really bad. She put me in the car and took me to the emergency room. I have never seen my mother so upset. Her words cut as deep as the knife that had penetrated my skin. She informed me that she didn't care if I lived or died but that she couldn't help me anymore. We got to the emergency room and she left. I was all alone. I sat in the emergency room for 7 days before I was placed. I thought I would return to Baptist but I was wrong. I can remember being handcuffed and walked to the police car. Where was I going? I was a disgrace and I was being locked up.

I had never really heard of a state mental health facility until I was locked up in one. If they thought that I was crazy then I might as well act like it. I was probably the best patient there. Plus, these people about just about zero experience with eating disorders. They were easy to manipulate. I told the doctor a long, drawn out story on how I couldn't concentrated and really needed Ritalin. Several days later, he wrote me a prescription. What an idiot.

Once I was finally discharged, I vowed to never go back to that place ever again. I couldn't. I would rather die than go back there.

20 years old.

I found myself at 20 years old with nothing to show for myself. I was managing to stay healthy enough to remain out of the hospital. I was attending SC DBT twice a week and working full time. I also

had a new boyfriend that became my life. I never expected for him to turn out to be an ass hole. Months into our relationship he began to hit me and make me feel bad about myself. My first line of defense was my eating disorder. It was the only way that I knew how to deal with anything. Eddie and I were over.

Over the next several months I continued working and moved out into my own apartment. There was no way I could stay at my parents house. They hated me...well, they hated my disease and could not watch me throw my life away. The day that I left we did not speak for 4 months. The next time I saw my mom was when she showed up on my doorstep. I opened the door not expecting to see her or the response that I was about to get.

My mom informed me that I was either going to get in the car with her and go to the hospital or that she was going to call the cops and have them come get me. I chose to do this the easy way this time. Along with the 30 lbs that I had lost in the past 4 months, I had also lost some of my fight. I was tired. I didn't feel like I could keep hanging on. The hospital would be a safe place for me.

I ended up a Richland Springs on this go around. It wasn't terrible. Much better than a state facility. Plus, I had a different attitude. I couldn't keep going like I was going. I was tired of the vomiting, the pills, the cutting, the lying. I was slowly breaking down.

After my discharge from Richland Springs, I returned home to live with my parents. I really wasn't in a spot to be alone emotionally or financially.

21 years old.

Have you ever wanted to tell something so bad that you were about to bust at the seams. At 21 years old my secret had been bottled up for the last 16 years. Both of them. My head couldn't handle it. I had to tell someone. I had to. Sure, I was scared. I was faced with mixed emotions. What if no one believed me? What if they thought differently about me?

So...I picked up the phone and called my therapist. I could not wait a week until my next appointment. I couldn't hang on any longer.

I thought that relief would come with my secret being told. I thought that maybe my journey to recovery would finally start to begin. However, I did not get the response that I wanted. My family swept it under the carpet and pretended as if none of it had ever happened. How was I ever suppose to heal if no one would acknowledge my past. I felt guilty and ashamed. Maybe I should not have ever said anything. I had a lot of regret.

22 years old.

With my secret out, I managed to maintain myself over the next several months. I continued at DBT twice a week. After all, that was my only support system. I worked full time, took a few college classes at night. Everything was going pretty well, for awhile. Finally, I started to crack. My therapist at DBT told me that I needed more help than she could provide at this point in my treatment and that she would have to terminate. I was devastated. And...once again I found myself at the outpatient program at Baptist Medical Center. My home away from home.

So far, that hospitalization has proven to be my last.

In 2005 I enlisted in the Air Force. A decision that has probably been what has kept me stable over the last several years. I signed up to do a job that I have to be healthy enough to do. I know longer feel as if I want to need this secret and pain anymore. I want to go to school. I want to be something.

I still struggle. I would be lying if I said that I wasn't. There are good days and there are bad. I take them as they come. My motivation is my maintenance right now. I want to become an officer in the Air Force. I want to be a nurse. I can't do those things if I stay sick. So for now, I have to work really hard. I can't return down the road that I have already been down. I don't have the strength to live through it again. So for now, I will continue in therapy. I will listen to those who I trust. And...I will start to believe that I deserve a life worth living. I cannot fall prey to the scale and I cannot lose who I am in a number. I am not a number. Eventually, I hope to believe that I am more than a size.

2/14/07 Allison Howell

Start Monday @ Ambulance Service
excited about new job

She is beginning same pattern of overloading her schedule, not saying "no" to anything - poor self care

(W) admits to being evasive about "eating issues"
claims to have not purged in 1 month
Daily restricting diet
Referred her to MD. for evaluation and medication
HW for OC/depressive Sx
will set Boundary w/ Old Navy boss re: schedule

She does not appear motivated to change habits

(E) S/I
- H/I

2/27/07 Allison Morvett

likes her new job as an EMT - working "too much"

Flies in the Guard in April

In Aug. might be going to Germany for 90 days

Processing taking personal responsibility in life.

Discussed journaling exercise from last wk

Recommended she get full physical and look into getting back on Prozac.

~~H.W.~~ Purchase workbook when ready "A Courage to Heal" or "A Wounded Heart"

Journal about future

3/14/07 Allison Monnett

- Will see MD for SSRI
- Angry @ Mom
- Angry @ Therapists (including me) for being simplistic
- Processed living and parenting

4/18/07 Allison Morrett

Gave 1st chapter of Courage to Heal.

Starts school May 21st
going back to Old Navy
quitting ambulance job

looking forward to school

Living @ home has not been bad"
b/c she is never there

Start gp on May 1st for support

Throwing up since last session
"getting out of control" Pt. uses this phrase repeatedly.
looks very thin - did not weigh her as she refused.

(A) becomes tearful when discussing progress. but is resistant to setting goals or being accountable.

Affirmed her in her need to feel some control and stated that she must want the help before change can begin. She volleys btwn denial & rationalizing and admitting her lack of control over her Bx.

Continues to resist w/d's & C.O. at <1—

5/1/07 Alison Morrett

Pt. states she is increasingly more depressed. Stated that purging b/x and obsessive thinking about eating + restricting is increasing. She refused tx on a more intensive level.

Pt. refuses to pursue med. evaluation

Dr discussed self destructive b/x and thinking c client and suggested support grp here @ FPCCC as well as AA

5/22 Alison Marrett

School stress - Processed thoughts and feelings

July 11th - seeing the doctor (Katherine Moore)

6/5/07 Alison Morrett

Moving out on July 7th - excited

found an apartment - will live alone

discussed risk of self destructive Bx escalating

(A) agreed that it might - she was resistant to making strategy for self care.

(R) admits she is and has always been resistant to Tx - she doesn't really want to stop pursuing/restricting Bx

6/20/07 Alison Morrett

Georgia

- Processed memories of abuse - pt. has been triggered sexual x's by EMT work (picking up sex. trauma victims)

- Discussed escalation of ED Bx. Pt. resistant to tx of Anorexia or Bulimia

- Refuses inpt. tx when I recommend it

- Refuses support group involvement

- Refuses action plan

- Insists on moving out of families home and living alone even though she admits this will exacerbate her illness.

6/27/07 Alison Morrett

Goals for cnslg in next 6 months
- Main issues - communication
- own commitment - later said this is not an issue
- feeling out of control of life

(A) continues to show limited insight and inability to authentically connect w her own emotions.

Processed Nervousness about flight test

HW
Practicing positive self talk
moving on the 6th of July
Dr. appt. on July 11th - Needs to follow through

Testing on flight tomorrow.

7/17/07 Alison Morrett

Cancelled M.D. appt. - states she will make appt. to see Nurse Practitioner

Pt. continues to refuse more intensive treatment for her worsening ED sx. She does not feel they are significant.
Pt. denies she has a "real problem" although she states she has lost 30-40 lbs in last 6 months.

Denies S/I + H/I - Does not appear depressed

8/28/07 Allison Morrett

School started last wk.
stressed - very perfectionistic - worked on labeling emotions
(A) stays in her head
Had breast augmentation
had complications - frustrated by "Nothing" going well for her in life.

Processed self image issues

9/11/07 Alison Monnett

Client called to cx appt. and terminate couns relationship. She stated that she is just not ready to change and doesn't feel ready for continued therapy.

I returned her call and left msg stating she can call again in the future should she change her mind.

2/25/08 Allison Merritt

Taking full load this semester

Planning on taking full load in summer
- graduating in summer

"Hate clinicals" dread going every morning

Richland OR

- Throwing up daily
- Restricting diet
- Lost weight
- Depressed
- Feels @ the end of herself, wants help

Recommended Remuda Ranch

Pt. suggested local inpt facility
advised her to seek specialized residential Tx

Pt does not think her ED Bx is significant
enough to warrant Tx

12/15/08 Alison Monteith

60s married in April to → Adam

out of town 2 wks @ a time - got disconnected from husband

in July went for 4 months to D.C.

He visited 1x/month

Argued about $ a lot

In Oct., he went to commander to tell about her E/O

C/O Sx ↑ in D.C.

Triggers: living alone
worked out everyday

Looking into the
Center for Balanced Living

12/29/08 Allison Marrett

Moved out of apartment and living alone

In a new apartment - glad to be out of relationships
No insight into how ED Bx effects relationships
Grandma is supportive

Self proclaimed
"independent"

"Adam is psycho" - Processed marriage ending

His family has called to yell @ her + her family

Going back to EMT work on Jan. 5th

Start school in May possibly in Orangeburg
Looking @ different schools
Orangeburg/Calhoun Tech

Brevard

1/12/09 Allison Morrett

"I need an intervention" client denies S/I but states her E/D Bx is out of control. Will see psychiatrist on Friday. Encouraged her to make decision for herself to enter Tx rather than waiting for someone to tell her that she has to from military. Recommended Rentrew again. Pt. considering it. She states her biggest time of weakness is being home alone. Spent some time thinking of ways to spend time out of apartment.

Things to do when lonely:

- look for a bike
- Go to a bookstore
- Pedicure

Richland
NICU

3/9/09 Allison Mansell

Went to MD for evaluation "off the record"

She reported her and denied her flying privileges

She "freaked" spent 2 wks. alone isolating
taking diet pills + laxatives and purging.

Then decided to go inpt. so she could
say she was "recovered" by discharge & fly again

She hated Tx and is angry because they
"treated her like a 12 yo"

Upon discharge they found out her lung had
collapsed. Rushed her to the hospital.

9 days in the hospital for lung issue

LEXINGTON MEDICAL CENTER

2720 Sunset Boulevard
West Columbia, SC 29169
803-791-2000

Date: 3/9/09

Dear Marjorie Hobbs:

Your patient Alison Johnston canel missed his/(her) scheduled appointment for counseling ~~on a~~ for eating disorder diet. She may contact me for another appointment if needed.

Thank you for the referral.

Sincerely,

Susan K Wilkerson RD, LD

Susan K. Wilkerson, RD, LD

791-2993

3/23/09 Alison Morrett

Been working full time - feels proud of self

Purging alot last wk.

Exercise? Time spent - Boundary setting
Dietician? "Not going to go"

Thinking about school
Made appt to see
Dr. [redacted] Gajewski - PCP (female)
likes her ok.
started on
- Luvox
- Trazadone

Church?

Meeting people @ the gym.

Spinning class

HW
- time Boundary on Gym
- getting connected

4/6/09 Alison Merrett

Needs $ - will not ask parents for more

Apartment Rent as a stress

Living Alone " "

No $ " "

Mom is helping financially

Going to the Gym 6 days

1 - 1½ hrs per day

Needs Hobbies - HW - Look in the ★ - Free times for ideas of social things

★

FAX TRANSMISSION

RIDGEVIEW INSTITUTE
3995 SOUTH COBB DRIVE SMYRNA, GEORGIA 30080
PHONE 770-434-4567

CONFIDENTIAL

NAME OF RECIPIENT: Dr Hobbs, TB, Weichbrodt

FAX NUMBER OF RECIPIENT: 803-779-7881, 770-435-2825

NAME OF PERSON SENDING FAX: Erica / Women's Ctr

SENDER'S FAX NUMBER: 770-431-7039

PROGRAM/DEPT:

DATE: 2-11-09

PAGES: 2

INFORMATION FAXED:

[ ] FACE SHEET
[ ] DISCHARGE SUMMARY/PSYCHIATRIC DATA BASE
[ ] HISTORY & PHYSICAL
[ ] PSYCHOLOGICAL EVALUATION
[ ] INITIAL CLINICAL ASSESSMENT
[ ] SOCIAL HISTORY
[ ] CARE PLAN
[ ] TELEPHONE CALLS/VERBAL COMM
[ ] LAB REPORTS
[ ] X-RAY REPORTS
[ ] CONSULTATIONS
[ ] MEDICATIONS
[✓] Other (please specify): Discharge Plan

Purpose of sending requested information: [] continued treatment [] referral [] other

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Ridgeview INSTITUTE

DISCHARGE PLAN
PRACTITIONER/REFERRAL SOURCE

Patient Name:	JOHNSTON,ALISON	**Admit Date:**	01/26/2009
MR/Episode Number:	64739-1	**Discharge Date:**	02/10/2009
Program:	INP Women's	**Physician:**	WEICHBRODT,GARY
Discharged To:	Emory Adventist Hospital	**Case Manager**	Rebecca Dever, MAMFT
		Ridgeview Institute	(770) 434-4568
		Access Center Extension	3200
		Medical Records Extension	2800
		Patient Pharmacy	None

DISCHARGE STATUS: Regular

TREATMENT SUMMARY

Pt. was admitted into women's program to address EDS bxs. While in treatment pt. was experiencing some medical problems such as dizzines, elevated heartrate, and abnormal EKG. Pt. to return to women's program after medical stabilization is attained at Emory Adventist.

DISCHARGE RECOMMENDATIONS

Pt. to return to treatment after medically stabilized at medical facility.

SUPPORT/TWELVE STEP GROUPS

DISCHARGE APPOINTMENTS

Practitioner	Date	Time	Telephone	FAX
Marjorie Hobbs, LPC			803-779-1995	803-779-7881
Dr. Weichbrodt			770-433-2821	770-433-2823

DISCHARGE MEDICATIONS

Medication	Dosage	Frequency	Reason	Has Meds	Provided Prescription	Pharmacy Called
YASMIN BIRTH CONTROL	1 TAB	DAILY AS DIRECTED	BIRTH CONTROL	Yes		Not called
Colace	100MG	BID	CONSTIPATION	Yes	Yes	Not called

MEDICAL INFORMATION

PPD Results: Negative **Date Administered:** 1/26/2009 **Notes/History:**

Chest X-Ray Date Administered: **Notes/History:**

MEDICAL FOLLOW-UP NOTES:

Staff Signature: RDever, MAMFT

Print Date: 02/10/2009

BARRY D. OLIVER, MD, PA
1416 Calhoun Street
Columbia, SC 29201

PATIENT: Alison Morrett
CHART NO.: 12598
DOB [redacted]

INITIAL OFFICE VISIT

Date: 05/21/2009

HISTORY OF PRESENT ILLNESS

The patient presents to the office today for the first time as a 27 year old female who was injured on the job when she fell down a hill twisting her right knee on 11May09 answering an EMS call while carrying a stretcher. The patient was seen by her medical doctor who later obtained a MRI scan because of the patient's pain and instability. She was subsequently referred to the office because of her meniscal tear and ACL tear.

PAST MEDICAL HISTORY is unremarkable.
MEDICATIONS include Luvox, Yasmin, and Vitamin B complex.
ALLERGIES: NKA.
SOCIAL HISTORY is remarkable for use of cigarettes (approximately 5 per day) and social use of alcohol.
PREVIOUS OPERATIONS: left lung pleurodesis, stapling of blebs & wedge resection 2/09, and breast augmentation.
REVIEW OF SYSTEMS is bulimia and depression.

PHYSICAL EXAMINATION

Examination of the right knee was remarkable for a moderate effusion without joint line tenderness. The patient had a passive range of motion between 0 to 100 degrees without tenderness. The knee was stable to valgus and varus stress testing between 0 to 30 degrees. The patient did have a Grade II Positive Anterior Drawer and Lachman on examination of the right knee.

Examination of the left knee was completely negative and the patient had a Negative Drawer and Lachman.

X-RAYS

Review of the MRI scan was remarkable for an ACL tear within the substance of the ligament, grade II MCL sprain, contusion of the lateral femoral condyle and lateral tibial plateau, and anterior horn lateral meniscal tear.

IMPRESSION: Right ACL Tear (ICD–9 CODE: 844.2).

PLAN

I have discussed in great detail with the patient the need for a diagnostic arthroscopy and possible ACL reconstruction. I have also discussed the possibility of an ACL repair if the actual ACL looks better than the scan suggests, then an ACL repair would be possible. However if the ACL appears to be consistent with the MRI scan then the patient is going to require an ACL reconstruction. I have discussed the pros and cons of both the allograft

OFFICE: 803 252 5791

FAX: 803 254 7215

* Final Report *

Result type:	Operative Report
Result date:	23 June 2009 10:39
Result status:	Auth (Verified)
Result title:	Operative Report
Performed by:	Oliver MD, Barry D on 23 June 2009 10:39
Verified by:	Oliver MD, Barry D on 25 June 2009 08:00
Encounter Info:	B0914601383, Baptist, OSB-Outpatient Surgery, 05/29/09 - 05/29/09

* Final Report *

Operative Report (Verified)

DATE OF OPERATION: 05/29/2009

SURGEON: Barry D. Oliver, M.D.

ASSISTANT: Robert Belding, M.D.

PREOPERATIVE DIAGNOSIS(ES): Right anterior cruciate ligament tear.

POSTOPERATIVE DIAGNOSIS(ES): Right anterior cruciate ligament tear with inflammatory synovitis and hypertrophy, medial plica, and patella lateral subluxation.

PROCEDURE(S): Diagnostic intraoperative arthroscopy of the right knee with a right endoscopic ACL reconstruction total synovectomy with debridement of the ACL.

INDICATION FOR PROCEDURE PERFORMED: The patient is a 27-year-old female who apparently injured her right knee when she fell down a hill carrying an EMS stretcher on 11 May 2009. The MRI scan of her knee indicated an ACL tear therefore the patient was scheduled for surgery. She understands the indications, risks, and possible complications, which include but are not limited to possible infection and hematoma.

DESCRIPTION OF PROCEDURE: The patient was brought to the main operating room suite after a leg block was placed in the holding she was then placed in a supine position where general anesthesia was obtained using above-medical constituents in the operative report. The patient was not intubated, but a laryngeal mouth airway was utilized. Afterwards, the right leg was prepped and draped in usual fashion. Immediately after prepping and draping, the leg was examined under anesthesia and the patient was noted to have gross anterior laxity and no posterior laxity. The knee was also stable to valgus and varus stress testing between 0 to 30 degrees. The arthroscopic examination was begun by placing two portals along the medial and lateral joint line, approximately 1 cm to a 1.5 cm medial and lateral to the patellar tendon

respectively. The arthroscopic examination was begun by introducing the 5-mm blunt trocar and sleeve through the anterior lateral portal and replacing the blunt trocar with the 4-mm, 30 degrees down-angle Dyonics scope. Joint distention was provided by a 3M Linvatec/pump. Once in the joint, the patient was noted to have a small bloody effusion and significant synovial hypertrophy which extended throughout the entire knee, both at the medial and lateral gutters to the space anterior to both the medial and lateral compartments and also extending into the patellofemoral compartment. There was also a medial plica present. However, what could be seen of the patellofemoral compartment was within normal limits, as was the articular surfaces of the patellofemoral compartment. There was however a significant lateral over hang of the patella. Unfortunately, the rest of the knee was not well visualized, and therefore, a 3.5 full-radius shaver was introduced through the anterior medial portal to initiate and complete a total synovectomy with resection of the medial plica. After completing the synovectomy the ACL could be visualized, which was definitely torn away from the lateral aspect of the notch and it was scarred also along the medial aspect of the intracondylar notch as well. After completing this stage of the procedure, a diagnostic arthroscopy was done to examine the medial and lateral compartments as well as the medial and lateral menisci. The medial meniscus was probed and visualized throughout its entirety and noted to be within normal limits. In fact, a medial compartment was within normal limits. The lateral compartment was then examined and it was noted to be within normal limits. The lateral meniscus was probed and visualized and noted to be within normal limits. Next, the leg was exsanginated with the esmarh and the tourniquet the inflated to 350mm Hg for a total time of 67 minutes. The ACL reconstruction graft was then harvested from the central third of the patella to acquire a PTB graft through an incision made just medial to the midline, and starting at the inferior pole of the patella and extending distally for approximately 6cm. The graft was obtained by using a small oscillating blade at 45o to achieved depth of 8mm with 8mm wide bone plug of the femoral side, and 9mm wide bone plug of the tibial side. The total length of the graft was 105mm and the femoral bone plug was 28x8x8mm and the tibial bone plug was 30x9x8m. Two drill holes were placed in the bone plugs of the patella tendon allograft, placing two drill holes in each bone plug, using Depuy graft sizer on the back table. Sutures were placed both distally and proximally using two 1-PDS sutures through the femoral bone plug, and two 1-fiberwire sutures through the tibial plug. Therefore the 9.5mm straight shot tube was use to hold the graft for implantation. Then the ACL was then debrided with the shaver. Because of the thickness of the ACL, the minivac Arthrocare bipolar Bovie was used to ablate the ACL and as well as controlling the bleeding. A round bur was used to perform a notchplasty. At this point, a posterior Drawer test was done intraoperatively to ensure that the PCL was still intact after the ACL resection. The PCL was probed and felt

to be intact and the patient's knee was still stable with a negative posterior Drawer and Lachman indicating no laxity of the PCL. The patellofemoral compartment was re-examined and a lateral release was done using the Arthrocare minivac bipolar bovie. The tourniquet was actually deflated prior to the lateral release. The suprapatellar pouch was also within normal limits as well as medial and lateral gutters. At this point, the tunnels were then made in the tibia and femur. This was done by using tibial guide which was set at 45 degrees, placing it about the midpoint of the proximal tibia and slightly medially the insertion of the ACL. The outer part of the tibial guide was then placed through the incision already present and placed firmly on the anterior tibia medial to the tibial tubercle. The guide-pin was then introduced into the tibia using a tibial guide. This was then followed by removing the tibial guide using an 10.5 diameter cannulated reamer to create the tibia tunnel. Tibial canal was then cleaned with the 3.5 full-radius shaver and the Minivac bipolar bovie. Then the #7mm femoral off-set guide was then inserted at the 11 o'clock position about the notch going through the tibial tunnel. The off-set guide was placed at the over-top position and brought anteriorly so that the offset guide could fit nicely at the over-top position and allow the guide to place 7 mm away from the over-top position. The guidepin was then placed through the offset guide at the 11 o'clock position on the notch and drilled through the femur and out the thigh. The 10mm acorn femoral reamer was then used to drill over the guide to create the 40mm long femoral canal. The reamer was removed leaving the guide in place and the sutures of PTB graft were then placed through the eye of the guide and pulled through the canal and out of the anterior femur. The tubing was then introduced into the canal, which did go quite easily. Once the tubing was correctly maneuvered into the optimal position, the knee was taken through a range of motion to verify its position and to make sure that there was no impingement of the graft. An addition, notchplasty was performed at this time. Then the narrow guidepin for the screws was then introduced through the tibial tunnel, paralleling the straight shot tube with the graft inside and placing the pin into the femoral tunnel. Next, the 8x30mm metal screw was then placed in the femoral canal and the graft was again taken through a range of motion to make sure there was no impingement of the graft both medially as well as anteriorly. Once this was confirmed, the straight shot plastic tubing was then removed leaving the narrow guidepin in place and then the graft was placed in tension verifying that the graft was stable and the fixation of the graft was solid. Under tension the position of the graft seem to be in isometric point. The guidepin was then used to place the tibial screw and the knee was placed in 45 degrees of flexion. In addition, the leg was then internally rotated slightly and a posterior directed tension was applied to the tibia while maintaining tension on the suture attached to the tibial bone plug. With this tension and position of the foot and leg, the 10x30mm bioabsorbable screw was then placed. Once excellent

purchase was achieved, the guidepin was removed and the knee was examined on the table and the ACL was intact and the patient had a full range of motion with a negative anterior Drawer and Lachman. The bone plug sutures were then removed and the voids in the tibia and patella were filled using the bone debris from the drills as bone graft. The arthroscopic portals were re-approximated with 4-0 Vicryl using a subcuticular technique, which was reinforced with Mastisol and Steri-Strips. The incision was then re-approximated with 2-0 Vicryl using subcuticular technique which was also reinforced with Staples, Mastisol, and Steri-Strips to close the skin. Then a compressive dressing was applied and the patient was placed in knee immobilizer. The patient was then taken to the recovery room after tolerating the procedure well.

D: 5/29/2009 3:42:01 PM

D: 06/23/2009 10:38 T: 06/23/2009 10:39 TID:
Job #: 45678 Doc #: 00006054
c: Barry D. Oliver, MD

*
*
*
*

Signature Line
Electronically Signed & Verified on 06/25/2009 08:00
by Oliver MD, Barry D

Completed Action List:
* Perform by Oliver MD, Barry D on 23 June 2009 10:39
Modify by Oliver MD, Barry D on 25 June 2009 08:00
* Sign by Oliver MD, Barry D on 25 June 2009 08:00 Requested on 23 June 2009 10:42
* VERIFY by Oliver MD, Barry D on 25 June 2009 08:00

Received
Companion P&C Claims
06/30/09

PALMETTO HEALTH BAP HISTORY and PHYSICA

[redacted] MORRISETT, ALISON R
[redacted] MR [redacted] OLIVER, BARRY D
[redacted] F

* Name _____ Age _____ Sex _____
* Chief Complaint CKmm pain
* History of Present Illness (Onset, Duration, Cause) CKmm injury R foot
Fx TR Hx Lean, Mont by MRI, Pt is now scheduled
for Ant Recon, Surgery can Surg as needed
Family History _____
Habits and Social History CAD/Hx, ⊕ smoker, Heart Transplant,
⊕ leg Arm clots, weight Reduction 2/2
* Past Medical History (Injuries, Operations, etc) _____
Cancer
* Review of Systems Ca
* ALLERGIES NKA
* Current Medications See Chart
* PHYSICAL EXAM Temp _____ Pulse _____ Resp _____ BP _____ Weight _____
HEENT WNL
* Mental Status (Alert, Oriented, etc) A&O x3
* Heart & Lungs NSR, S1&S2 w/o M/R/G Clear
Abdomen benign
Genitourinary unremarkable
Breast unremarkable
Other Pertinent Findings c/d/I
* ADMITTING DIAGNOSIS Acute Fx, Mont
* PLAN Surgery
PHYSICIAN SIGNATURE _____ Date 6/30/09

* DENOTES REQUIRED INFORMATION

FTA09150116000142

10018899mr r 7/1/03

BARRY D. OLIVER, MD
Diplomate American Board of Orthopaedic Surgery
PRACTICE LIMITED TO ORTHOPAEDIC SURGERY
Companion P&C Claims Street
06/29/09 Mon 9:30 AM, S.C. 29(b)
TELEPHONE (803) 254-3991 FAX 254-7215

5-29-09

SURGICAL

PATIENT'S NAME Alison Morrett (D.O.B. 2-23-82)

DIAGNOSIS Rt Knee ACL Tear

OP PERMIT FOR Rt Knee Arthroscopic ACL Reconstruction

1. Regular Diet.
2. CBC per AOC
3. UA
4. _____ of surgical area 10 min. night before and 10 min. morning of surgery.
5. Surgical prep of surgical area (night before) (morning of) surgery.
6. Anesthesia to write preop.
7. Notify Orthopaedic Resident (at Richland Memorial only).
8. _____ mg Q 4 H p.r.n. for pain.
9. _____ mg HS p.r.n.
10. Ambulate (if practical) and void prior to pre-medication.
11. Notify Dr. Oliver's office of room number, room change and discharge.
12. VDRL (if circled).
13. Do the following if circled.

A. SMA-12
B. SMA-16
C. Sed-Rate
D. Rheumatoid AGGL
E. Uric Acid
F. Alkaline Phosphatase
G. EKG (routine if over 40)
H. Chest x-ray (routine if over 40)
I. Type and match for _____ units of packed cells.
J. Prothrombine time (routine on any child not having previous surgery)
K. PTT (routine on any child not having previous surgery).
L. Platelet count (routine on any child not having previous surgery).
M. Sickle cell prep (if Black).
(N.) Accu-J Gordon IV

MORRETT, ALISON R
B0814801383
MR 00054485S5 27Y F OLIVER, BARRY D

(A) (N)

Barry D. Oliver, M.D.

5-29-09
Date

TA09181188601 42
Filename: surgical.doc

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06/10/09

PALMETTO HEALTH BAPTIST
TAYLOR AT MARION STREET
COLUMBIA SC 29220

PHYSICIAN'S ORDERS

MORRETT, ALISON N
BOB1460136J
MR 0005488335 OLIVER, BARRY D
27Y F

PATIENT LABEL

START HERE →	DATE	TIME	PROFILED BY:	FILLED BY:	CHECKED BY:	①
	5/29	AM PM				

ALLERGIES

AUDIT NURSE ONLY

Post op
Foley PRN Thigh
IVF Check Rate
IVF D5LR 75cc/hr until taking po
Ancef + Cm IV x 3 doses
Ice To Rt Knee.
Physical Therapy WBAT Touch Partial Weight
Bearing with crutches (Rt femoral/Supracondylar fx)

MD

	READ BACK BY (NURSE SIGNATURE)	CONFIRMED BY (PRESCRIBER NAME)	DATE	TIME
FAXED BY	MS Clarke, R		5/29/09	1055 AM PM
TRANSCRIBED BY			DATE	TIME AM PM
VERIFIED BY (NURSE)			DATE	TIME AM PM

START HERE →	DATE	TIME	PROFILED BY:	FILLED BY:	CHECKED BY:	②
		AM PM				

ALLERGIES

D/C Home when cleared by Physical Therapy
Hb in 3Q 12PM 6/2/09

AUDIT NURSE ONLY

MD

	READ BACK BY (NURSE SIGNATURE)	CONFIRMED BY (PRESCRIBER NAME)	DATE	TIME
FAXED BY	MS Clarke, R		5/29/09	1055 AM PM
TRANSCRIBED BY			DATE	TIME AM PM
VERIFIED BY (NURSE)	R Clarke RN		5/29/09	1215 AM PM

Printed: 05/27/09 11:58

Medication Reconciliation Orders Form - Discharge

Palmetto Health Baptist

Received
Companion P&C Claims
06/30/09

Place Patient ID Sticker Here

MORRETT, ALISON R ... Wt: 61.36kg ... RmBed:

MORRETT, ALISON R
B0914601383
MR# 0015499335 27Y F
OLIVER, BARRY D

Allergies:

Allergy Information Complete
Home Medication Information Complete

Discharge: Completion of this form does not constitute a prescription. Please write discharge prescriptions

☐ I have reviewed the list of home medications (medications taken prior to admission) as documented. I do not see any medication-related problems associated with any new prescriptions I may be giving the patient. The patient/parent is instructed to contact prescriber for questions about their home medications.

OR

Place a check mark only by medications that you want the patient to be on after discharge.
If a medication is listed in multiple sections, you only need to check it one time.

Home Medications:

- ☑ drospirenone-ethinyl estradiol (Yasmin oral tablet) Give: 1 tab, PO, qAM, current med (Hx) 5/27/09
- ☑ fluvoxamine (Luvox 50 mg oral tablet) Dose: 50 mg, Give: 1 tab, PO, daily, current med (Hx) 5/27/09
- ☑ multivitamin (Vitamin B Complex oral tablet) Give: 1 tab, PO, qAM, current med (Hx) 5/27/09
- ☑ omeprazole (Prilosec OTC 20 mg oral delayed release capsule) Dose: 20 mg, Give: 1 cap, PO, qAM, current med (Hx)

Additional Orders:

Please list any additional orders: (To be written by MD, DO, DDS, NP, PA)

*** End Of Medication Reconciliation Orders Form ***

Physician Signature Date: 5/27/09

☐ Form Reviewed By: ____ Time: ____ am/pm MD Pager No.: ____

Entered By: ____ Date: 5/27/09 Time: 1055 am/pm

Transcribed By: ____ Date: ____ Time: ____ am/pm

Verified By: ____ Date: 5/28/09 Time: 1215 am/pm MD: Oliver MD, Barry D

PART OF THE PERMANENT RECORD

Name: MORRETT, ALISON R RmBed: 42 0000113760V1
Acct #: B0914601383 ADM: 05/26/09
Med Rec #: 5499335 Age: 27 Years Sex: Female

Received
Companion P&C Claims
05/30/09

PHYSICIAN'S ORDERS
Palmetto Health Baptist
Taylor at Marion Street
Columbia, SC 29220

Pre-Operative Anesthesia Guideline Orders

HORRETT, ALISON R
DOB 14801383
MR# 0005-09135 27Y F
OLIVER, BARRY D

START HERE →	DATE: 5/27/09	TIME:	AM PM	PROFILED BY:	FILED BY:		Page: 1 of 1
ALLERGIES: NKA						Form # PHB 104C	

___ CBC ☑ BMG ___ Serum HCG ___ EKG
___ BMP ___ Urine HCG ___ PT ☑ Chest X-Ray
___ Other: _____

☐ Telephone Order
☐ Verbal Order

READ BACK BY (NURSE SIGNATURE) | CONFIRMED BY (PHYSICIAN NAME)

PHYSICIAN SIGNATURE

Faxed By:		Date:	Time:	am / pm
Transcribed By:		Delay?	Time:	am / pm
Verified By:		Date: 5/27/09	Time: 1150	am / pm

APPROVED: 07/09 REVISED: 01/05/09

Received
Companion P&C Claims
06/30/09

PHYSICIAN'S ORDERS

Palmetto Health Baptist
Taylor at Marion Street
Columbia, SC 29220

CHS of SC
Adult Pre – Operative Orders

[redacted]
MORRETT, ALISON R.
5009145013B3
MR 00054[redacted] 27Y
OLIVER, BARRY D

START HERE	DATE	TIME	AM PM	PROFILED BY	FILED BY	CHECKED BY	Page 1 of 1
ALL ORDERS						Form # PHB 104A	

Pre-op Day of Surgery Anesthesia Orders:

___ CBC ___ BMG ___ Serum HCG ___ EKG
___ BMP ___ Urine HCG ___ PT ___ Chest X-Ray
___ Other:_____

Pre-op Medications to be given: (check the appropriate item)

Pre-Operative Orders: Weight = ____ kg

Ranitidine (Zantac®) 150mg once orally with 30 ml of water.
(Patient may substitute home medication on morning of surgery)

✓ Midazolam (Versed) 1 mg IV once
✓ Glycopyrrolate (Robinul®) 0.2 mg IV once
___ Atenolol ____ mg ORALLY once
✓ Metoclopramide (Reglan) 10 mg IV once. ✓ Place in first liter of IV fluids.
___ Alka Seltzer Gold® 2 tablets once orally in 30 ml of water
___ Scopolamine transdermal patch 1.5mg once topically post auricular. To be removed per anesthesia instructions.

Parenteral Pain Options: (for moderate to severe pain)

___ Meperidine (Demerol) 5 – 25 mg IV every 5 minutes (Maximum of 100 mg)
___ Fentanyl (50 mcg/ml) 0.5 ml IV every 5 minutes (Maximum of 100 mcg)
___ Morphine 1 – 5 mg IV every 5 minutes (Maximum of 20 mg)

___ Other:_____

☐ Telephone Order
☐ Verbal Order
READ BACK BY (NURSE INITIALS)
CONFIRMED BY (PRESCRIBER NAME)
PHYSICIAN SIGNATURE

Faxed By:	Date:	Time:	am / pm
Transcribed By:	Date:	Time:	am / pm
Verified By:	Date:	Time:	am / pm

APPROVED: 07/03 REVISED: 01/05, 09/05, 12/05, 01/08, 02/08

Received
Companion P&C Claims
06/30/09
CHS of SC

PHYSICIAN'S ORDERS

Palmetto Health Baptist
Taylor at Marion Street
Columbia, SC 29220

Adult Post-Operative Orders
(PACU 1 and PACU II ONLY)

[redacted] MORRETT, ALISON R
DOB 04/01/1983
MR# 00053[redacted] 27Y OLIVER, BARRY D
[redacted]

START HERE	DATE	TIME	AM PM	PADFILED BY	FILLED BY	CHECKED BY.	Page 1 of 1
ALLERGIES						Form # PHB 104B	

Oxygen to maintain oxygen saturation at greater than or equal to 92%.
Leave on 2 – 4 liters O2 by nasal canula overnight to maintain oxygen saturation at greater than or equal to 92%.

Post-Op Medications to be given in PACU: (check the appropriate item)

Adult Post-Operative PRN Pain Orders

Parenteral Pain Options: (for moderate to severe pain)
- ✓ Morphine 1 – 5 mg IV every 5 minutes as needed (Maximum dose = 20 mg)
- ___ Meperidine (Demerol) 5 – 25 mg IV every 5 minutes as needed (Maximum dose = 100mg)
- ___ Fentanyl (50 mcg/ml) 25mcg IV every 5 minutes as needed (Maximum dose = 100 mcg)
- ___ Hydromorphone (Dilaudid) 0.5 – 1mg IV every 5 minutes as needed (Maximum dose = 3mg)

Oral Pain Options: (for mild pain)
- ___ Meperidine/Promethazine (Mepergan Fortis) capsules. Give 1 – 2 capsules ORALLY every 3 hours as needed.
- ___ Oxycodone/APAP 5/325 (Percocet) tablets. Give 1 – 2 tablets ORALLY every 3 hours as needed.
- ✓ Hydrocodone/APAP 5/500 (Vicodin) tablets. Give 1 – 2 tablets ORALLY every 3 hours as needed.
- ___ Acetaminophen 500mg tablets. Give 1 – 2 tablets ORALLY every 3 hours as needed.

Other Options:
- ___ Ketorolac (Toradol) 30mg IV x 1 dose if NOT given in OR
- ___ Midazolam (Versed) 0.5 – 2mg IV every 5 minutes as needed_____(Maximum dose = 4 mg)

Adult Post-Operative PRN Nausea Orders
- ✓ Promethazine (Phenergan) 6.25 – 12.5 mg IV every 5 minutes as needed (Maximum dose = 25mg)
- ___ Ondansetron (Zofran) 4mg IV once if not given in the OR
- ___ Dexamethasone (Decadron) 4 mg IV once as needed if not given in OR
- ___ Metoclopramide (Reglan) 10mg IV every 8 hours as needed if not given in the OR
- ___ Other_____

Adult Post-Operative PRN Hypertension Orders
- ✓ Labetalol 5 – 10mg IV every 15 minutes as needed for Diastolic Blood Pressure greater than or equal to 100 mmHg and HR greater than 70 beats/min (Maximum dose = 20mg)
- ✓ HyDRALazine 5 – 10 mg IV every 20 minutes as needed for Diastolic Blood Pressure greater than or equal to 100 mmHg (Maximum dose = 20mg)

☐ BMG if patient is an insulin dependent diabetic.

☐ If patient has received spinal anesthesia, first dose of low molecular weight heparin [Lovenox (enoxaparin), Fragmin(dalteparin)] must be scheduled 4 - 6 hours following the spinal insertion. Spinal insertion done at _____(date/time).

☐ Telephone Order / ☐ Verbal Order	READ BACK BY (NURSE SIGNATURE)	CONFIRMED BY (PRESCRIBER NAME)	PHYSICIAN SIGNATURE	
Faxed By:			Date: 5/29/09	Time: 1110 am / pm
Transcribed By:			Date:	Time: am / pm
Verified By:			Date: 5/29/09	Time: 1110 am / pm

APPROVED:07/03 REVISED:01/03,09/05,12/05,01/06,02/08

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Companion P&C Claims
06/30/09

[redacted]
MORRIETT, ALISON R
8091460138
MR 0003493
OLIVER, BARRY D
27Y

Palmetto Health Baptist
OR Progress Note

DATE	OPERATIVE NOTE
	Notes should be signed by Physician
	DATE: 5/29.
	TIME: 11:20 h
	SURGEON: Oliver
	ASSISTANT(s): Beldon
	PROCEDURE(s) PERFORMED WITH DESCRIPTION:
	Revision Synovectomy Rt ACL Reconstruction Lat Release
	FINDINGS: Total Synoventomy / Plica Bone Graft
	ESTIMATED BLOOD LOSS: See Anesthesia Record
	SPECIMEN(S) REMOVED:
	DISPOSITION OF SPECIMEN(S): ☐ Pathology Lab ☐ Other:
	POSTOPERATIVE DIAGNOSIS:
	Torn Rt ACL
	OTHER:
	PHYSICIAN SIGNATURE:

F1A091BL1000001420

Received
06/30/09

CR Chest 2 Views PA + Lateral *Companion [redacted], ALISON R - B0000549335

Final Report

Result type: CR Chest 2 Views PA + Lateral
Result date: 27 May 2009 11:55
Result status: Auth (Verified)
Verified by: Hubbard MD, Charles R on 27 May 2009 17:00
Encounter Info: B0914501383, Baptist, OSB-Outpatient Surgery, 05/29/09 - 05/29/09

* Final Report *

Reason For Exam
surgery 5/29/09

Finding:
INDICATION: Preoperative chest x-ray.

COMPARISON: 8/6/04.

The lungs are clear. The heart size is normal with no mediastinal abnormality noted.

IMPRESSION: No active disease.

Signature Line
*** Final *** Trans On: 05/27/2009 12:4by: AYC
Read by: Hubbard MD, Charles R
Released By: Hubbard MD, Charles R
Released on: 05/27/2009 17:00 Technologist: Stillinger, Sally M

Completed Action List:
* Order by Oliver MD, Barry D on 27 May 2009 11:48
* Perform by Stillinger, Sally M on 27 May 2009 11:55
* VERIFY by Hubbard MD, Charles R on 27 May 2009 17:00

Printed by: Winders, Natalee D
Printed on: 06/23/09 10:29

(End of Report)

Received
Companion PC Claims
SEP 09 2009

PALMETTO HEALTH PATHOLOGY LABORATORY
TAYLOR AT MARION, COLUMBIA, SC 29220
06/23/2009 09:44
OUTPATIENT CUMULATIVE from 05/29/2009 to 06/23/2009

Patient Name: MORRETT,ALISON R
Unit # / Acct #: 000549335 /0914601383
Location: OPS
Physician: OLIVER,BARRY D

Page: 1
Adm: 05/29/2009
Dis: 05/29/2009

********** URINE HCG **********

05/27/09 1115	URIN PREG TEST	NEGATIVE If a urine sample is too dilute, it may not contain a representative urinary hCG concentration. If a negative result is obtained and pregnancy is still suspected,a first morning urine sample should be obtained and tested.

MORRETT,ALISON R
000549335 /0914601383
OPS
(P-[redacted]
Dr.BARRY OLIVER

END OF REPORT
OUTPATIENT CUMULATIVE SUMMARY

vs. autograft with the patient she feels very comfortable with the concept of a patella tendon allograft. She would like the surgery to be scheduled as soon as possible. The patient may continue with range of motion exercises at home and full weight bearing with crutches. Obviously the patient will not be able to participate in any athletic or strenuous activities at this point. She will not be able to return to work at this time.

The patient has given the option to have a second opinion about the recommendation and discussion today.

FOLLOW-UP OFFICE VISIT Date: 06/02/09

The patient is 4 days status-post a right endoscopic ACL reconstruction using an autograft PTB and an ACL debridement with total synovectomy and lateral release. The portals and incision are well approximated, and were redressed with 4x4's and an ace wrap. She was given instructions to keep the area dry. The patient was told to start Aspirin 81mg qday. She was told to continue partial weight bearing with crutches and the knee immobilizer. She was also given a prescription for Demoral 50mg 1 tablet q3-4 hours prn. Her next appointment is in nine days for removal of the staples.

FOLLOW-UP OFFICE VISIT Date: 06/11/09

The patient is 13 days status-post a right endoscopic ACL reconstruction using an autograft PTB and an ACL debridement with total synovectomy and lateral release. The portals and incision are well approximated therefore the staples were removed and steri strips were placed today. The incision and portals were redressed with 4x4's and an ace wrap. She was given instructions to keep the area dry. The patient was told to continue Aspirin 81mg qday and partial weight bearing with crutches and the knee immobilizer until the ACL brace is acquired. She was also told to continue with physical therapy following the ACL protocol. She was also given a prescription for Percocet 5/325 1-2 tablets q3-4 hours prn. Her next appointment is in two weeks.

FOLLOW-UP OFFICE VISIT Date: 06/25/09

The patient is 27 days status-post a right endoscopic ACL reconstruction using an autograft PTB and an ACL debridement with total synovectomy and lateral release. She had a minor accident approximately 4 days ago and the therapist felt that something was loose consequently her therapy has been postponed. Her knee was stable without the brace with a negative anterior drawer and Lachman. X-rays were also done which was unremarkable indicating no change with the position of the interference screws. The portals and incision are well approximated therefore she was given instructions to shower in a chair, but not to bathe, soak or scrub the area. The patient was told to continue Aspirin 81mg qday and partial weight bearing with crutches and the ACL brace. She was also told to continue with physical therapy following the ACL protocol. She was also given a prescription for Percocet 5/325 1-2 tablets q3-4 hours prn. Her next appointment is in two weeks. The patient was also told not to drive.

BARRY D. OLIVER, MD, PA
1416 Calhoun Street
Columbia, SC 29201

PATIENT: Alison Morrett
CHART NO.: 12598
DOB: [redacted]

FOLLOW-UP OFFICE VISIT

Date: 07/13/09

The patient is 45 days status-post a right endoscopic ACL reconstruction using an autograft PTB and an ACL debridement with total synovectomy and lateral release. She has some quadriceps weakness with a range of motion 0-100 degrees. Her knee was also stable without the brace with a negative anterior drawer and Lachman. The portals and incision are well approximated therefore she was given instructions to shower in a chair, but not to bathe, soak or scrub the area. The patient was told to continue Aspirin 81mg qday and start full weight bearing with crutches and the ACL brace. She was also told to continue with physical therapy following the ACL protocol. She was also given a prescription for Vicodin ES 1-2 tablets q3-4 hours prn. Her next appointment is in two weeks. The patient was also told not to drive.

FOLLOW-UP OFFICE VISIT

Date: 08/03/09

The patient is 66 days status-post a right endoscopic ACL reconstruction using an autograft PTB and an ACL debridement with total synovectomy and lateral release. She has some quadriceps weakness with a range of motion 0-105 degrees. Her knee was also stable without the brace with a negative anterior drawer and Lachman. The portals and incision are well approximated therefore she was given instructions to shower in a chair, but not to bathe, soak or scrub the area. The patient was told to continue Aspirin 81mg qday and start full weight bearing with crutches and the ACL brace. She was also told to continue with physical therapy following the ACL protocol (therefore she was given a new prescription for therapy). She was also given a prescription for Vicodin ES 1-2 tablets q3-4 hours prn. Her next appointment is in one month. The patient was also told not to drive.

FOLLOW-UP OFFICE VISIT

Date: 09/08/09

The patient is 3.4 months status-post a right endoscopic ACL reconstruction using an autograft PTB and an ACL debridement with total synovectomy and lateral release. She has some quadriceps weakness and lateral knee pain. Her range of motion is between 0-115 degrees. Her knee was also stable without the brace with a negative anterior drawer and Lachman. The portals and incision are well approximated therefore she was given instructions to shower in a chair, but not to bathe, soak or scrub the area. The patient was told to continue Aspirin 81mg qday and start full weight bearing with crutches and the ACL brace. She was also told to continue with physical therapy following the ACL protocol (therefore she was given a new prescription for therapy). Her next appointment is in two weeks. The patient was also told not to drive.

OFFICE: 803 252 5791

FAX: 803 254 7215

Moore Orthopaedics
104 Saluda Pointe Drive
Lexington, South Carolina 29072
(803) 227-8000 Phone / (803) 227-8015 Fax

September 15, 2009 **Alison Morrett 248140** **Lexington Office**

HPI: Ms. Morrett is a 27-year-old EMT who presents for evaluation of her right knee. She tripped and fell in the dark down a hill when she was going to get a patient on 05/11/2009 at work. She was seen at occupational health and then referred to Dr. Barry Oliver. Dr. Oliver evaluated her. An MRI was obtained which showed an anterior cruciate ligament tear. Also there is a small anterior horn lateral meniscus tear. There was a bone contusion in the lateral compartment and a grade II MCL sprain. I reviewed those films personally as well today. See below.

PAST MEDICAL HISTORY: Past medical history was negative for prior right knee injury. She is a fairly fit woman. She had planned to train and run a marathon this year.

PHYSICAL EXAMINATION: The left and right knees were examined and compared. The left knee has a negative Lachman, negative posterior drawer. No varus or valgus laxity. Negative posterolateral laxity. She has full range of motion. The right knee is examined. There is a well-healed anterior longitudinal scar and two scope portals. The knee range of motion is 0 to about 115-120 degrees for me. I did not push it beyond that point secondary to some pain. I can palpate no endpoint on Lachman and she has a 2-3+ posterior drawer. There is no varus or valgus laxity that I can appreciate. McMurray's creates a clunk inside the knee.

RADIOGRAPHS: Plain films are reviewed which show changes consistent with a previous ACL reconstruction. There is a metal screw on the femoral side and a radiolucent screw in the tibial side. The graft is relatively vertical. The femoral interference screw is almost perpendicular to the long axis of the femur seen on the lateral view. What I can see of the bone plugs, they are still in appropriate position in the tibia and the femur adjacent to the interference screws.

IMPRESSION:

1. STATUS POST ACL RECONSTRUCTION WITH PERSISTENT LAXITY
2. POSTERIOR CRUCIATE LIGAMENT INSUFFICIENCY

PLAN: I questioned her at length regarding any postoperative injury or any secondary injury to try to determine how the PCL could have been injured and she cannot recall anything that would be construed as a major injury that could create PCL tear; however, her PCL is certainly unstable today. She has at least a 2 and probably a 3+ posterior drawer compared to the contralateral side. I think the knee needs to be re-imaged. She needs to repeat the MRI to look at the integrity of the ACL graft and of the PCL. Notably, I reviewed the MRI pictures which were consistent with an intact PCL with no significant signs of injury in her

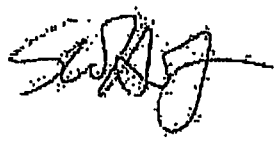
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Continued

September 15, 2009 **Alison Morrett 248140** **Lexington Office**
PLAN: Continued

preoperative films. The ACL was completely torn and the other radiologist's findings I agreed with.

We will go ahead and obtain an MRI. She will wear her brace for everyday activities. She is out of work. I will follow her up when the MRI is complete.



S. Wendell Holmes, Jr., M.D.

SWH: ats35
DD: 09/15/2009, DT: 09/16/2009

Name: Morrett, Allison
Acct#: 248140
Date: 9/15/2009

MOORE Orthopaedics

Age: 27 Years

248140-12

THE MOORE ORTHOPAEDIC CLINIC, P.A.
PATIENT MEDICAL HISTORY FORM

MEDICAL ILLNESSES

Do you have presently or have you ever been diagnosed with any of these illnesses?

- ☐ High Blood Pressure
- ☐ Heart Disease
- ☐ Blood Clots in legs
- ☐ Liver Disease
- ☐ Arthritis
- ☐ Kidney Disease
- ☐ Stomach Ulcers
- ☐ Asthma
- ☐ Cancer
- ☐ Diabetes
- ☐ Depression
- ☐ Stroke

List Others: _____

SURGICAL HISTORY

Have you ever had any of the following surgeries?

- ☐ Heart Bypass
- ☐ Appendectomy
- ☐ Hysterectomy
- ☐ Tonsillectomy
- ☒ Arthroscopy
- ☐ Fracture Surgery
- ☐ Joint Replacement
- ☐ Gall Bladder Removal
- ☐ Spine Surgery

List Others: Lung surgery, breast augmentation

FAMILY HISTORY

Do any of the following medical problems run in your family?

- ☒ High Blood Pressure
- ☐ Arthritis
- ☐ Diabetes
- ☐ Depression
- ☐ Heart Disease
- ☐ Cancer
- ☐ Bleeding Problems
- ☐ Osteoporosis

List Others: _____

REVIEW OF SYSTEMS

Do you presently have any of the following problem?

- ☐ Headaches
- ☐ Watery Eyes
- ☐ Blurry Vision
- ☐ Double Vision
- ☐ Chest Pain
- ☐ Indigestion
- ☐ Joint Pain
- ☐ Diarrhea
- ☐ Numbness
- ☐ Weakness
- ☐ Anxiety
- ☐ Wheezing
- ☐ Seizures
- ☐ Skin Ulcers
- ☐ Rashes
- ☐ Incontinence
- ☐ Problems Sleeping
- ☐ Joint Swelling
- ☐ Cough
- ☐ Shortness of Breath
- ☐ Constipation
- ☐ Fainting Spells
- ☐ Burning with urination
- ☐ Leg Swelling

MEDICATIONS

Please list any medications that you take, including how much and how often if possible. Include over the counter medications and any supplements (glucosamine, ginkgo baloba, etc) You may attach a list if you have one.

BCP 1x day			

ALLERGIES

Are you allergic to any medications or Latex? NKDA

- ☐ Penicillin
- ☐ Codeine
- ☐ Iodine
- ☐ Latex
- ☐ Aspirin
- ☐ Novocain

List Others: _____

SOCIAL HISTORY

Please complete the following information?

Do you smoke? ☐ Yes ☒ No

Do you drink alcohol? ☒ Yes ☐ No

Occupation: EMT

☐ Single ☐ Married ☐ Separated ☒ Divorced ☐ Widowed

VITAL SIGNS (TO BE COMPLETED BY PHYSICIAN AND/OR ASSISTANT)

Pulse: _____ Respirations: _____ Blood Pressure: _____/_____

Height: _____ Weight: _____

Reviewed By:	Reviewed By:	Reviewed By:
Date: 9/15/09	Date:	Date:

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Department of service:
Lexington
104 Saluda Pointe Drive
LEXINGTON, SC 29072-7295
(803) 227-8000

248140-29

Patient #:	248140	GUARANTOR NAME AND ADDRESS	Date/Time: 09/15/2009 11:20 AM Dept: Lexington
Name (Sex) Age:	ALISON MORRETT (F) 27 YR	ALISON MORRETT [redacted]	Tel: [redacted] Auth:
Provider:	S. WENDELL HOLMES JR		Ins: ALIGN NETWORKS - CONVERSION DEPARTMENT

APPT TYPE: New Patient | NOTES/REASON:
- New Patient: Please bring any recent xrays with you to your appt.
- 09/03/2009 tziglar rt knee acl sx may 09 - wkc requesting eval and assume care/mc

Chart Record #: 248140 | Location Suffix: | Global: | Referring Provider:

OFFICE VISIT/PROCEDURE

NEW FEE	MOD	CPT		ESTABLISHED CPT	MOD	FEE
			Minimal (Nurse)	99211		
		99201	Problem Focused	99212		
		99202	Expanded Problem Focused	99213		
		99203	Detailed Problem Focused	99214		
		99204	Comprehensive	99215		
		99205	Extensive Comprehensive			
		99456	IME			
		99361	WC Case Manager			
		99025	Initial Office Manager			
			Orders	99022		
			Post Op/Pre Surg	99024		

Rx / Surgery or WKC / Atty / Evals / Rpts

CONSULTATIONS

99241	Problem Focused
99242	Expanded Problem Focused
99243	Detailed Problem Focused
99244	Comprehensive
99245	Complex

ARTHROCENTESIS (ASPR / INJ)

	R	CPT
Injection: Therapeutic, Carpal Tunnel		20526
Injection: Tendon Sheath, Ligament, Ganglion Cyst		20550
Tendon Origin / Insertion		20551
Single or Multiple Trigger Points, 1 or 2 Muscle Groups		20552
Single or Multiple Trigger Points, 3+ Muscle Groups		20553
Sm. Jt., Bursa or Gang. (Finger or Toes)		20600
Int. Jt., Bursa or Gang. (AC, Wrist, Elbow, Ankle, Olec.)		20605
Maj. Jt., Bursa or Gang. (Shoulder, Hip, Knee, Subac.)		20610

RADIOLOGY

CPT	R	MOD	FEE		CPT	R	MOD	FEE
72069				Hip Min. 2V	73510			
72010				Hip Bil.	73520			
72040				Femur 2V	73550			
72050				Knee 1V w/ fib shaft	73560			
72070				Knee 2V	73560			
72100				Knee 3V	73562			
72110				Knee 4/5V	73564			
72170				Tib/Fib 2V	73590			
73000				Ankle 2V	73600			
73030				Ankle Min. 3V	73610			
73050				Foot 2V	73620			
73070				Foot Min. 3V	73630			
73080				Heel	73650			
73090				Toes	73660			
73100				Bone Age Study	77072			
73110				Orthoroentgen w/ ruler	77073			
73120								
73130								
73140								

Scoliosis 1V
Entire Spine Surg
C. Spine 2V
C. Spine 5V
T. Spine 2V
L. Spine 2V
L. Spine 5V
Pelvis, AP V
Clavicle
Shoulder-Min. 2V
Humerus 2+ V
Elbow 2V
Elbow/Ly
Forearm
Wrist 2V
Wrist Min. 3V
Hand 2V
Hand Min. 3V
Finger/Thumb Min2V

CASTS / SPLINTS

S.A. Cast	29075	S.L. Splint	29515
L.A. Cast	29085	L.L. Splint	29505
S.A. Splint	29125	Cylinder	29868
L.A. Splint	29105	P.T.B. Cast	29345
S.L. Cast	29405	Thumb Spica	29086
L.L. Cast	29345	Unlisted Cast	29799
L.L. Cast Amb.	29355		
S.L. Cast Amb.	29425		

INJECTABLES

CC		MOD	FEE
Bolox	J0585		
Celestoria	J0702		
Depo Medrol 40	J1030		
Depo Medrol 80	J1040		
Kenalog 10	J3301		
Kenalog 40	J3301		
Hyalgan or Supartz	J7321		
Synvisc	J7322		
Euflexxa	J7323		

Supplies / Misc

SUPPLIES	HCPCS	FEE
Cast Shoe	L3260	
Plaster Bandage	A4434	
Sling	A4565	
Splint (99070)	A4580	
Synthetic (99070)	A4580	
Sterile Tray	A4550	
Surgical Tray	A4550	

WKC Sent for Eval of Rt ACL - Done 5/09 By Dr- Barry oliver pt + Therapist Concern about re-injury POS 5/29 - Needs MRI (R) Knee R/O PCL tear

DIAGNOSIS: Date of Accident: 5/11/09
S/P ACL Recon
PCL tear

Previous Diagnoses:
Diagnosis 1: 8442 2:

Your Next Appointment is with:

Dr. Ainsworth	Dr. Locke	Dr. Presnal
Dr. Chillag	Dr. McFadden	Dr. Van Dam
Dr. Emily	Dr. Noojin	Janine Moseley
Dr. Fallon	Dr. O'Malley	Farah Schildknecht
Dr. Holmes	Dr. Smith	Greg Mangione

Return Appointment:
___ Days ___ Mos. ___ Wks ___ Yrs
Call PRN Discharged

Disabled: From __/__/__ to __/__/__

Return To:
School Work Light Duty Work Full Duty
DATE: __/__/__

Physician's signature:

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Bradley P. Presnal, M.D.
Total Joint Replacement, Arthroscopy & General Orthopaedics
W. Alaric Van Dam, M.D.
Musculoskeletal Medicine & Electrodiagnostics

REPORT OF MEDICAL EXAMINATION

ALISON MORRETT
Employee's Name

XXX-XX[redacted]
Social Security Number

ALIGN NETWORKS - CONVERSION DEPARTMENT
Employer/Carrier

09/15/2009
Date of Office Visit

S. WENDELL HOLMES JR
Physician/Provider

Signature of Physician

RETURN TO WORK STATUS:

Regular Duties _____ Date to Return: _____
Light Duties _____ Date to Return:
Remain Out of Work ✓ Duration: _____

PHYSICAL LIMITATIONS:

____ None
____ No Walking or climbing
____ No standing
____ No prolonged standing
____ No sitting
____ No bending or stooping
____ No twisting or stretching
____ No change from previous status

____ Pushing and pulling limit _____ lbs.
____ Lifting and carrying limit _____ lbs.
____ Sedentary duties only
____ No kneeling, squatting, crawling
____ No work involving _____ arm/hand
____ No overhead work
____ No work at heights
____ Other: _____

FOLLOW UP:

____ Days
____ Weeks
____ Discharged with permanent limitations above
____ Next Appointment: after MRT

____ Months
____ PRN

Copy of office note to follow.

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MOORE
— Orthopaedics —

Open MRI
4721 Sunset Boulevard, Suite A
Lexington, SC 29072
Ph: (803) 227-8007
Fax: (803) 996-3180

PATIENT NAME: ALISON MORRETT
PATIENT #: 248140
DATE OF BIRTH: [redacted]
REFERRING PHYSICIAN: S. WENDELL HOLMES, JR., M.D.
DATE OF EXAMINATION: 09/23/09

MRI OF THE RIGHT KNEE

REASON FOR EXAM: Right knee pain; status post ACL reconstruction with ligamentous laxity.

TECHNIQUE: MRI of the right knee was performed using multiple pulse sequences in multiple planes.

FINDINGS: There are post-surgical changes of a prior anterior cruciate ligament repair. This ACL graft shows extensive intermediate signal change consistent with intra-ligamentous scar. Possibly, some of the signal is related to impingement of the graft, but there appears to be continuous graft tissue from the femur to the tibia. There is no visible posterior cruciate ligament tissue. There is some anterior subluxation of the proximal tibia with respect to the distal femur.

The medial collateral ligamentous complex is intact. The iliotibial band and lateral collateral ligamentous complex are intact.

The medial and lateral menisci are intact.

IMPRESSION:
1. The posterior cruciate ligament is torn proximally. There may be a minimal amount of the distal PCL seen, attaching to the posterior proximal aspect of the tibia.
2. Post-surgical changes of anterior cruciate ligament repair with extensive signal change suggesting fibromyxoid degenerative change of the ACL graft, but this signal change may also indicate that there is some degree of impingement. There is mild subluxation of the proximal tibia with respect to the distal femur.

T. Daniel Silvester, M.D.
Radiologist
PITTS RADIOLOGY

TDS/dag

Signed and released electronically by: T. Daniel Silvester, M.D.
Date/Time: 9/24/2009 4:12 PM

Moore Orthopaedics
104 Saluda Pointe Drive
Lexington, South Carolina 29072
(803) 227-8000 Phone / (803) 227-8015 Fax

September 28, 2009 Alison Morrett 248140 Lexington Office

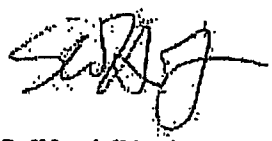
HISTORY: Alison follows-up for her right knee. MRI has been done and I reviewed the films personally. The PCL is gone. There is no proximal tissue visible in the PCL. The distal tail at the tibial insertion site is there. The ACL graft has some high signal throughout but it looks like there is at least some continuous fibers.

PHYSICAL EXAMINATION: Examination reveals she has a 3+ posterior drawer and a 2+ pivot shift. She has excursion on Lachman but I can't really feel her neutral point and can't really grade the endpoint very well so she probably does have some intact ACL but the position of that current ACL graft allows her to pivot. There is no direct varus/valgus laxity. Hypertension and hyperflexion reproduce pain.

IMPRESSION:
1. INCOMPETENT RIGHT PCL
2. LAX ANTERIOR CRUCIATE LIGAMENT GRAFT

PLAN: I went back over her history carefully. She did not re-injure the knee since the surgery or since she had the preoperative MRI. The PCL was perfectly normal prior to her surgery and I reviewed those films on her last visit. The proximal 2/3 of the PCL is gone or grossly torn at this point so either she had an intraoperative injury or traumatic injury at another point. Given the gross PCL laxity I can't tell exactly how much laxity there is in the ACL graft but I am concerned that it is incompetent as well. She will need surgery. The operative plan would be PCL reconstruction. We would use an Achilles allograft for that. With regards to her ACL we will need to be prepared to do a bone patella tendon bone allograft revision if necessary. I went overall all of these issues with the patient and risks and benefits of the surgery.

She has a history of spontaneous pneumothorax and blood disease. She had to have a pleurodesis to get the last pneumothorax to resolve. We will do her at Providence Northeast Hospital.



S. Wendell Holmes, Jr., M.D.

SWH: ats35
DD: 09/28/2009 DT: 09/28/2009

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W. Alaric Van Dam, M.D.
Musculoskeletal Medicine & Electrodiagnostics

REPORT OF MEDICAL EXAMINATION

ALISON MORRETT
Employee's Name

XXX-XX[redacted]
Social Security Number

ALIGN NETWORKS - CONVERSION DEPARTMENT
Employer/Carrier

09/28/2009
Date of Office Visit

S. WENDELL HOLMES JR
Physician/Provider

Signature of Physician

RETURN TO WORK STATUS:

Regular Duties	_____	Date to Return:	_____
Light Duties	_____	Date to Return:	
Remain Out of Work	✓	Duration:	_____

PHYSICAL LIMITATIONS:

	None	____	Pushing and pulling limit _____ lbs.
____	No Walking or climbing	____	Lifting and carrying limit _____ lbs.
____	No standing	____	Sedentary duties only
____	No prolonged standing	____	No kneeling, squatting, crawling
____	No sitting	____	No work involving _____ arm/hand
____	No bending or stooping	____	No overhead work
____	No twisting or stretching	____	No work at heights
____	No change from previous status	____	Other: _____

FOLLOW UP:

____	Days	____	Months
____	Weeks	____	PRN
____	Discharged with permanent limitations above		
____	Next Appointment:	Pending Surgery	

Copy of office note to follow.

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

OPERATIVE REPORT

PATIENT: MORRETT,ALISON R
DOCTOR: Holmes,S Wendell Jr.
ADMISSION DATE: 10/16/09
DISCHARGE DATE: 10/17/09
ROOM/BED: E.2208-A
PATIENT TYPE: SUR

ACCOUNT # E00113393441
MED REC # Z000107343
AGE: 27
NURSING STATION: E.MS2

****

DATE OF OPERATION: 10/16/2009

PRE-OPERATIVE DIAGNOSIS:
1. Incompetent posterior cruciate ligament.
2. Lax anterior cruciate ligament graft, status post reconstruction.

POST-OPERATIVE DIAGNOSIS:
1. Posterior cruciate ligament insufficiency (absence).
2. Anterior cruciate ligament insufficiency, status post reconstruction.
3. Retained tibial screw (Milagro).

PROCEDURES PERFORMED:
1. Posterior cruciate ligament reconstruction, with Achilles tendon allograft.
2. Anterior cruciate ligament revision reconstruction using bone-patellar and tendon-bone allograft.
3. Hardware removal (Milagro screw, tibial side).

SURGEON: S. Wendell Holmes, MD.

ASSISTANT SURGEON: Gregory S. Mangione, PA-C.

ANESTHESIA: General plus regional.

FLUIDS: Crystalloid.

ESTIMATED BLOOD LOSS: Minimal.

TOURNIQUET TIME: None.

DRAINS: None.

DISPOSITION: PACU, then floor for overnight observation.

INDICATION FOR PROCEDURE: The patient is a 27-year-old woman who injured herself on-the-job. She suffered an anterior cruciate ligament tear. MRI at that time showed an anterior cruciate ligament tear. She underwent surgery for ACL reconstruction. Postoperatively, she continued to have problems and had an unstable knee. When I saw her in the office, she had a completely stable PCL and lax ACL. MRI was then obtained which showed absent PCL, except for the tibial talar insertion and an ACL graft. Her examination is consistent with a grossly unstable knee, with a grossly unstable anterior posterior with 3+ posterior drawer with no endpoint, 1- to 2-plus Lachman with a 2-plus pivot shift, so there seems to be at least an ACL graft that stopped in place but still allows some significant anterior laxity.

She was brought to the operating room for revision/ reconstruction of both

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OPERATIVE REPORT

PATIENT: MORRETT,ALISON R
DOCTOR: Holmes,S Wendell Jr.
ADMISSION DATE: 10/16/09
DISCHARGE DATE: 10/17/09
ROOM/BED: E.2208-A
PATIENT TYPE: SUR

ACCOUNT # E00113393441
MED REC # Z000107343
AGE: 27
NURSING STATION: E.MS2

****

the ACL and PCL.

DESCRIPTION OF PROCEDURE: After informed consent was obtained, the patient was brought to the operating room and general anesthesia was induced. The examination under anesthesia revealed 3+ posterior drawer. It was difficult to define the neutral position doing a Lachman's as she was so grossly unstable, but had about a 1- to 2-plus Lachman with a palpable endpoint but had a 2-plus pivot shift, so the ACL felt incompetent. As well, the PCL felt incompetent.

Anterolateral and anteromedial arthroscopic portals was created after prepping and draping. The femoral notch was visualized. The medial wall of the femoral notch was there, with no remnants of the PCL on the anterior three quarters of the condyle. The ACL graft was intact from the femur to the tibia; however, it was lax and vertical. I tested the ACL and it did develop some tension, but it was lax and did not stop the tibia in the appropriate position. I debrided around the femoral insertion to see if I could determine exactly where the tunnel was. The tunnel was in about 11:30 to 12 o'clock position. I went ahead and looked at the rest of the knee. The medial compartment, lateral compartment, and patellofemoral compartment were, otherwise, normal, so the only real pathology was the ACL and PCL. Based on the position and laxity of the ACL, I did not feel that this was salvageable. I went ahead and planned to do both reconstruction of the ACL and PCL. The old ACL was debrided. The mouth of the tunnel really was lying about 11 to 11:30, so it would not be in the way of a new femoral tunnel down at the 9:30 to 10 o'clock position, so I just left the femoral interference screw in the femoral tunnel, as it was not likely to be in the way for drilling or placement of fixation. No notchplasty was done. This had already been debrided in a previous surgery. I then placed a posteromedial portal and debrided down the PCL insertion on the tibia. This was done very carefully, keeping the shaver mouth pacing forward to avoid any inadvertent injury to the posterior neurovascular structures. There were just some small remnants of lax tissue of the tibial insertion. There was no good ligamentous tissue remaining of the PCL. The tibial insertion fibers did help mark the tibial location. These were debrided and a few were left intact at the very inferior aspect of the PCL. I could see well enough down the posterior slope with the 30-degree scope and then dissecting through a posteromedial portal with the shaver.

A small incision directly anterior to the old patellar tendon harvest incision was made. Skin and subcutaneous tissue were resected down to the periosteum. This was elevated over the palpable Milagro screw. Elevator was used. I tried to use the Milagro screwdriver to back this out; however, it had absorbed enough where it was soft and would not hold a screwdriver but as I tried to back it out, the screw fragmented, so I just picked the pieces out with a hemostat and rongeur.

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

OPERATIVE REPORT

PATIENT: MORRETT,ALISON R
DOCTOR: Holmes,S Wendell Jr.
ADMISSION DATE: 10/16/09
DISCHARGE DATE: 10/17/09
ROOM/BED: E.2208-A
PATIENT TYPE: SUR

ACCOUNT # E00113393441
MED REC # Z000107343
AGE: 27
NURSING STATION: E.MS2

****

The first tunnel drilled was the tibial PCL tunnel. This was done from directly anterior-posterior using the tibial guide. A guide pin was drilled from anterior-to- posterior in the center/center lateral aspect of the PCL insertion on the posterior tibia. This was passed through the posterior cortical wall under direct visualization with the arthroscope, so that no inadvertent injury was done to the posterior structures.

The guide pin was then over-reamed with a 6- up to an 11-mm reamer. The mouth of the
tunnel was cleaned with a shaver. This was in excellent position just lateral to the central point, based on my visualization. The next tunnel that was drilled was the tibial tunnel. I was married to the old tibial tunnel which was in good position. I used a guidewire to just enlarge this to a 10-mm tunnel. This was drilled with 6-, then 8-, then 10-mm reamer over a guidewire, centering the ACL footprint in the anatomic location.

Next, the femoral tunnel was drilled. This was done through the medial portal with the knee flexed between 100 and 110 degrees. I passed a 6-mm acorn reamer in the 9:30 to 10 o'clock position on the on the clock face, and this was going to create a nice tunnel away from the original tunnel, so that it had new native walls to the femoral tunnel. I then enlarged this to 8, then 10 mm and had excellent walls on all sides, and this left a 1- to 2-mm posterior cortical wall at the mouth of the tunnel.

Next was drilled the small femoral PCL tunnel. A small incision over the medial femoral epicondyle was made. Skin and subcutaneous tissue were dissected down to bone, and this was elevated to expose a small area on the medial femoral epicondyle. The femoral PCL guide was debrided. This was brought into the knee in the center anterior aspect of the femoral PCL insertion. As the knee was looking, as it was flexed 90 degrees, it was adjacent to the articular surface in the central/anterior aspect of the femoral PCL insertion. This was over-reamed up to an 11-mm 6, then 8, then 11-mm reamer just adjacent to the articular surface. This would place the final graft in appropriate position.

Mr. Mangione prepared Achilles, and bone-patellar and tendon-bone grafts on the back table while I was drilling the tunnels. At this point, we were ready to pass grafts. The guiding sutures were placed through the tibial/femoral tunnel, femoral PCL tunnel, and out the medial portal. The Achilles graft was introduced through the medial portal, pulled into its tunnel, and then affixed with an 8 x 20-mm titanium interference screw over a guidewire. This gave excellent fixation of the graft. I used the Mitek graft sleeve distally, used guiding sutures through the tibia to pull the graft into the tibia, and this nicely delivered out through the tibial tunnel. I affixed this with a 10 x 30 BioRCI screw, did not get ideal fixation, then went up to an 11 x 30

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OPERATIVE REPORT

PATIENT: MORRETT,ALISON R
DOCTOR: Holmes,S Wendell Jr.
ADMISSION DATE: 10/16/09
DISCHARGE DATE: 10/17/09
ROOM/BED: E.2208-A
PATIENT TYPE: SUR

ACCOUNT # E00113393441
MED REC # Z000107343
AGE: 27
NURSING STATION: E.MS2

****

BioRCI screw which gave excellent fixation. This was done with the knee flexed at 90 degrees, bringing the tibial forward until it recreated the normal tibial step-off. The Bio-interference screw was placed, and then I reinforced it by using a Smith and Nephew screw and washer over the tail of the suture. On the second fixation attempt, this gave excellent stability.

The ACL was passed using a Beath pin through the femoral tunnel and out the anterior skin of the thigh. The graft was pulled into the knee. The femoral side was recessed into its tunnel 1 to 2 mm and affixed with an 8 x 20-mm titanium interference screw. This gave excellent fixation. The tibial side was affixed with a 9 x 25 mm titanium interference screw over a guidewire as well. This gave excellent fixation. This eliminated the Lachman and pivot shift signs. At 90 degrees, there was no sag and the tibia sat in a neutral position. This had a good endpoint with 1-plus or less posterior drawer. At 20 degrees, there was no varus or valgus laxity, so I was satisfied that we had recreated near-normal stability.

Photographs were taken of the grafts. Fluid was suctioned from the knee. Attention was turned to closing the wounds. The periosteum was closed with 0 Vicryl, subcutaneous with 2-0 Vicryl and 3-0 Vicryl, and skin with running 4-0 Monocryl. Steri-Strips and sterile dressings were applied. The patient was discharged to the PCU in stable condition.

DD: Fri Oct 16 12:49:00 2009
DT: Sun Oct 18 00:32:20 2009
17655719 /20409

Signed: _____
S Holmes, MD

CC:

Electronic Signature By:

Electronic Signature Date:
Electronic Signature Time:

PROVIDENCE HOSPITALS

A Ministry of the Sisters of Charity Health System

2435 Forest Drive • Columbia, SC 29204

OPERATIVE REPORT

PATIENT: MORRETT, ALISON
DOCTOR: S Holmes, MD
REFERRING:
PRIMARY CARE: TIMOTHY R WALLACE
ADMISSION DATE:
DISCHARGE DATE:

ACCOUNT: E00113393441
MR: Z000107343
SOCIAL SECURITY: [redacted]
AGE: 27 PATIENT TYPE:
ROOM: BED:
NURSING STATION:

DATE OF OPERATION: 10/16/2009

PRE-OPERATIVE DIAGNOSIS:
1. Incompetent posterior cruciate ligament.
2. Lax anterior cruciate ligament graft, status post reconstruction.

POST-OPERATIVE DIAGNOSIS:
1. Posterior cruciate ligament insufficiency (absence).
2. Anterior cruciate ligament insufficiency, status post reconstruction.
3. Retained tibial screw (Milagro).

PROCEDURES PERFORMED:
1. Posterior cruciate ligament reconstruction, with Achilles tendon allograft.
2. Anterior cruciate ligament revision reconstruction using bone-patellar and tendon-bone allograft.
3. Hardware removal (Milagro screw, tibial side).

SURGEON: S. Wendell Holmes, MD.

ASSISTANT SURGEON: Gregory S. Mangione, PA-C.

ANESTHESIA: General plus regional.

FLUIDS: Crystalloid.

ESTIMATED BLOOD LOSS: Minimal.

TOURNIQUET TIME: None.

DRAINS: None.

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OPERATIVE REPORT

PATIENT:	MORRETT, ALISON	ACCOUNT: E00113393441	
DOCTOR:	S Holmes, MD	MR: Z000107343	
REFERRING:		SOCIAL SECURITY: [redacted]	
PRIMARY CARE:	TIMOTHY R WALLACE	AGE: 27	PATIENT TYPE:
ADMISSION DATE:		ROOM:	BED:
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DISPOSITION: PACU, then floor for overnight observation.

INDICATION FOR PROCEDURE: The patient is a 27-year-old woman who injured herself on-the-job. She suffered an anterior cruciate ligament tear. MRI at that time showed an anterior cruciate ligament tear. She underwent surgery for ACL reconstruction. Postoperatively, she continued to have problems and had an unstable knee. When I saw her in the office, she had a completely stable PCL and lax ACL. MRI was then obtained which showed absent PCL, except for the tibial talar insertion and an ACL graft. Her examination is consistent with a grossly unstable knee, with a grossly unstable anterior posterior with 3+ posterior drawer with no endpoint, 1- to 2-plus Lachman with a 2-plus pivot shift, so there seems to be at least an ACL graft that stopped in place but still allows some significant anterior laxity.

She was brought to the operating room for revision/ reconstruction of both the ACL and PCL.

DESCRIPTION OF PROCEDURE: After informed consent was obtained, the patient was brought to the operating room and general anesthesia was induced. The examination under anesthesia revealed 3+ posterior drawer. It was difficult to define the neutral position doing a Lachman's as she was so grossly unstable, but had about a 1- to 2-plus Lachman with a palpable endpoint but had a 2-plus pivot shift, so the ACL felt incompetent. As well, the PCL felt incompetent.

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OPERATIVE REPORT

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ADMISSION DATE:
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MR: Z000107343
SOCIAL SECURITY: [redacted]
AGE: 27 PATIENT TYPE:
ROOM: BED:
NURSING STATION:

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AGE: 27 PATIENT TYPE:
ROOM: BED:
NURSING STATION:

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SOCIAL SECURITY [redacted]
AGE: 27 PATIENT TYPE:
ROOM: BED:
NURSING STATION:

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DD: Fri Oct 16 12:49:00 2009
DT: Sun Oct 18 00:32:20 2009
17655719 /20409

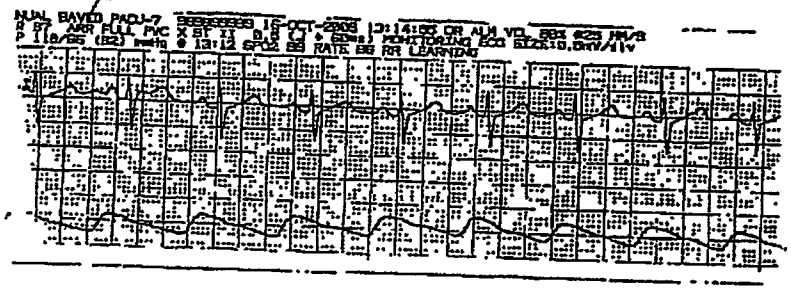
Signed: _____
S Holmes, MD

CC:

PROVIDENCE HOSPITAL ECG READING AND INTERPRETATIONS

MORRETT,ALISON R
A# E00113393441 ID#2000107343
10/16/05 F 27 [redacted]
Holmes,S Wendell Jr. E.OR

Vent. Rate 86 PRI .16 QRS .08 QT .36 Rhythm SR
Nurse [signature]



Vent. Rate ___ PRI ___ QRS ___ QT ___ Rhythm ___
Nurse ___

Vent. Rate ___ PRI ___ QRS ___ QT ___ Rhythm ___
Nurse ___

THIS INFORMATION IS PRIVILEGED AND CONFIDENTIAL.

PROVIDENCE HOSPITALS
DEPARTMENT OF PATHOLOGY/CLINICAL LABORATORY
2435 FOREST DRIVE/COLUMBIA, SC 29204
PHONE (803) 256-5330, FAX (803) 256-5785

Joseph R. Modzelewski, Jr., MD, MBA, FCAP
Medical Director of Laboratories
120 GATEWAY CORPORATE BLVD/COLUMBIA, SC 29203
PHONE (803) 865-4550 , FAX (803) 865-4638

PATIENT: MORRETT,ALISON R		ACCT #: E00113393441	LOC: E.MS2	U #: Z000107343
		AGE/SX: 27/F	ROOM: E.2208	REG: 10/16/09
REG DR: Holmes,S Wendell Jr.		DOB: [redacted]	BED: A	DIS: 10/17/09
		STATUS: DIS IN	TLOC:	

SPEC #: 1015:UR00005R	COLL: 10/15/09-1000	STATUS: COMP	REQ #: 02008000
	RECD: 10/15/09-1014	SUBM DR: Holmes,S Wendell Jr.	
ENTERED: 10/15/09-1014		OTHR DR: WALLACE,TIMOTHY R	
ORDERED: UR HCG QUAL			

Test	Result	Flag	Reference	Site
UR HCG QUAL	NEGATIVE			NEP

NEP - NORTHEAST PROVIDENCE HOSPITAL
120 GATEWAY CORP BLVD COLUMBIA, SC 29203

RUN DATE:04/30/10 RUN TIME: 1049
Patient: MORRETT,ALISON R Age/Sex: 27/F Acct#E00113393441 Unit#Z000107343

Providence Hospital PCI **LIVE**
Summary of Medications

MORRETT,ALISON R (Z000107343)
Age/Sex: 28 F
DIS - Oct 17, 09

All Medications

Medication | Sig - Apr 30, 10 | Timeline of Results

All Medications	Ending SIG	Apr 23, 2010 23	24	25	8 Days 26	27	28	Apr 30, 2010 29	30
Percocet 7.5/325 MG									
Tylenol									
Ecotrin									
Sensorcaine/Epi 0.5%									
Kefzol 1GM Piggyback									
Benadryl									
ADRENALIN CHLORIDE									
EPINEPHRINE HCL 1:10									
Sublimaze									
Robinul									
Dilaudid 2 MG									
XYLOCAINE 2%-MPF									
Lactated Ringer's Vi									
DEMEROL									
VERSED 2MG/2ML VIAL									
MORPHINE SULFATE INJ									
Zofran									
Phenergan									
Propofol 20 Ml									
Zantac									
Naropin 0.5%									
Quelicin Fliptop									

Run: Fri - Apr 30 (10:49) for ROUNDTREE,KIMBERLY A

RUN DATE: 04/30/10 Providence Hospital PCI **LIVE** for ROUNDTKA PAGE 1
RUN TIME: 1051 List Patient Notes
RUN USER: ROUNDTKA

Patient: MORRETT,ALISON R
Account #: E00113393441 Unit #: Z000107343

Age/Sex: 28 F Attending: Holmes,S Wendell Jr.
Location: E.MS2 Admitted: 10/16/09 at 1340
Room/Bed: E.2208-A Status: DIS IN

	Date	Time	By	Nurse Type	
Occurred:	10/16/09	1109	LHK KASPRZYK,LYNDSEY H	RN	
Recorded:	10/16/09	1109	LHK KASPRZYK,LYNDSEY H	RN	Category: Intraoperative Notes

Abnormal? N Confidential? N

1100: CALLED SURGICAL WAITING AREA TO UPDATE PATIENT FAMILY MEMBER, STATED SURGERY GOING WELL AND SURGEON WILL UPDATE AFTER SURGERY COMPLETE.

Note Type	Description
No Type	NONE

RUN DATE: 04/30/10 Providence Hospital PCI **LIVE** for ROUNDTKA PAGE 1
RUN TIME: 1054 List Patient Notes
RUN USER: ROUNDTKA

Patient: MORRETT,ALISON R
Account #: E00113393441 Unit #: Z000107343

Age/Sex: 28 F Attending: Holmes,S Wendell Jr.
Location: E.MS2 Admitted: 10/16/09 at 1340
Room/Bed: E.2208-A Status: DIS IN

	Date	Time	By	Nurse Type	
Occurred:	10/16/09	1352	AXM MIKULA,ALLISON	RN	
Recorded:	10/16/09	1352	AXM MIKULA,ALLISON	RN	Category: PACU/PhaseII Note

Abnormal? N Confidential? N

Addendum: 10/16/09 at 1440 by AXM MIKULA,ALLISON RN

10/16/09 1440 MIKULA,ALLISON
1415- REPORT GIVEN SUPPLEMENTAL MORPHINE GIVEN AS CHARTED FOR PAIN CONTROL.
1430- TO ROOM, FRIEND TO BEDSIDE

Addendum: 10/16/09 at 1416 by AXM MIKULA,ALLISON RN

10/16/09 1416 MIKULA,ALLISON
REPORT CALLED TO RON RN ON 2ND FLOOR

Addendum: 10/16/09 at 1413 by AXM MIKULA,ALLISON RN

10/16/09 1413 MIKULA,ALLISON
- PT RESTING, USING PCA- TAKING SIPS OF WATER. WHEN AWAKES FROM SOUND SLEEP STATES PAIN 5/10- MEDICATED AS CHARTED.

Original Note: 10/16/09 at 1352 by AXM MIKULA,ALLISON RN

1310- PT ADMITTED TO PACU VIA STRETCHER.ALL PACU MONITORS PLACED PER PROTOCOL.SEE ADMISSION ASSESSMENT FOR COMPLETE SYSTEMS REVIEW.SIDERAILS UP FOR SAFETY.WARM BLANKETS/DEVICES IN PLACE FOR COMFORT.PT ID CHECKED BY PT NAME AND DATE OF BIRTH. BLOCK INTACT TO RT LEG/ CANNOT MOVE LEG OR FEEL ME TOUCHING HER BUT STATES PAIN THEN FALLS BACK TO SLEEP.
1320- VOIDED ON BEDPAN
1350- PCA STARTED W/ INSTRUCTION

Note Type	Description
No Type	NONE

RUN DATE: 04/30/10 Providence Hospital PCI **LIVE** for ROUNDTKA PAGE 1
RUN TIME: 1055 List Patient Notes
RUN USER: ROUNDTKA

Patient: MORRETT,ALISON R
Account #: E00113393441 Unit #: Z000107343

Age/Sex: 28 F Attending: Holmes,S Wendell Jr.
Location: E.MS2 Admitted: 10/16/09 at 1340
Room/Bed: E.2208-A Status: DIS IN

	Date	Time	By	Nurse Type	
Occurred:	10/16/09	0817	SSM MATTOX,SUSAN S	RN	Category
Recorded:	10/16/09	0817	SSM MATTOX,SUSAN S	RN	Pre Op Notes

Abnormal? N Confidential? N

Addendum: 10/16/09 at 1258 by SSM MATTOX,SUSAN S RN

10/16/09 1258 MATTOX,SUSAN S
0725- PT FRIENDS BROUGHT TO BEDSIDE. TIME OUT PERFORMED WITH PT AND DR GONDI. CARDIAC AND SPO2 MONITORS PLACED. 2L O2 STARTED VIA NC. PT GIVEN PRE-OP MEDS.

0730- PT REMAINS AWAKE AND ALERT. STATES SHE DOES NOT FEEL THE SEDATION FROM THE MEDICATION. DR GONDI ORDERED MORE SEDATION. DR GONDI ASSISTED IN PLACING NAROPIN BLOCK TO RT LE. PT AWAKE BUT DENIES ANY DISCOMFORT.

0745- PT MORE ALERT AND RESTLESS. DR GONDI ORDERED MORE SEDATION. PT GIVEN MEDS. FRIENDS AT BEDSIDE.

0750- PT GIVEN REST OF MEDS. ORDERED AND IS RESTING QUIETLY.

Addendum: 10/16/09 at 0859 by SSM MATTOX,SUSAN S RN

10/16/09 0859 MATTOX,SUSAN S
0720- #20G IV PLACED IN RT WRIST. PT TOLERATED WELL.

Original Note: 10/16/09 at 0817 by SSM MATTOX,SUSAN S RN

0710- PATIENT RECEIVED AMBULATORY TO OP AREA. NAME, DATE OF BIRTH, AND NPO STATUS VERIFIED. CORRECT ID BAND IN PLACE. PATIENT ORIENTED TO UNIT,STAFF AND PREOPERATIVE EVENTS AND PROCEDURES. PATIENT ESCORTED TO ROOM AND INSTRUCTED TO CHANGE INTO SURGICAL GOWN. BELONGINGS BAGGED AND PLACED IN LABELED LOCKER. ASSESSED PATIENT APPROPRIATELY ADDRESSED FOR PROCEDURE. PT IDENTIFIES CORRECT SITE / PROCEDURE. HISTORY AND ALLERGIES REVIEWED CONSENT REVIEWED, SIGNED AND WITNESSED. MEDICATIONS REVIEWED AND HOME MED LIST UPDATED.

Note Type	Description
No Type	NONE

RUN DATE: 04/30/10
RUN TIME: 1050
RUN USER: ROUNDTKA

Providence Hospital PCI **LIVE** for ROUNDTKA
List Patient Notes

PAGE 1

Patient: MORRETT,ALISON R
Account #: E00113393441
Unit #: Z000107343

Age/Sex: 28 F
Location: E.MS2
Room/Bed: E.2208-A

Attending: Holmes,S Wendell Jr.
Admitted: 10/16/09 at 1340
Status: DIS IN

	Date	Time	By	Nurse Type	Category
Occurred:	10/16/09	1600	RES SHUFORD,RONALD E	RN	NURSE
Recorded:	10/16/09	1600	RES SHUFORD,RONALD E	RN	

Abnormal? N Confidential? N

NO CHANGES OR DISTRESS NOTED. SAT 100% ON CONT. PULSE OX.

Note Type	Description
No Type	NONE

	Date	Time	By	Nurse Type	Category
Occurred:	10/16/09	1704	RES SHUFORD,RONALD E	RN	NURSE
Recorded:	10/16/09	1704	RES SHUFORD,RONALD E	RN	

Abnormal? N Confidential? N

EATING FROSTY IN ROOM

Note Type	Description
No Type	NONE

	Date	Time	By	Nurse Type	Category
Occurred:	10/16/09	1832	RES SHUFORD,RONALD E	RN	NURSE
Recorded:	10/16/09	1833	RES SHUFORD,RONALD E	RN	

Abnormal? N Confidential? N

NO CHANGES OR DISTRESS NOTED. DENIES ANY NEEDS. REPORTS COMFORT. TOES WARM

Note Type	Description
No Type	NONE

	Date	Time	By	Nurse Type	Category
Occurred:	10/16/09	2000	CAC CASSIDY,CHRISTA A	RN	NURSE
Recorded:	10/17/09	0732	CAC CASSIDY,CHRISTA A	RN	

Abnormal? N Confidential? N

PT TAUGHT ON PCA USE AND THAT SHE COULD PUSH FOR PAIN MED Q6MINS AND THAT IF SHE DID NOT PUSH FOR PAIN MED THAT SHE WAS NOT RECEIVING ANY-PT VERBALIZED UNDERSTANDING.

Note Type	Description
No Type	NONE

RUN DATE: 04/30/10 Providence Hospital PCI **LIVE** for ROUNDTKA PAGE 2
RUN TIME: 1050 List Patient Notes
RUN USER: ROUNDTKA

Patient: MORRETT,ALISON R
Account #: E00113393441 Unit #: Z000107343

	Date	Time	By	Nurse Type	Category
Occurred:	10/17/09	0623	CAC CASSIDY,CHRISTA A	RN	NURSE
Recorded:	10/17/09	0656	CAC CASSIDY,CHRISTA A	RN	

Abnormal? N Confidential? N

MORPHINE PCA D/C'D PER ORDERS AND DEMEROAL 50MG PO GIVEN AT THIS TIME INSTEAD OF PERCOCET DUE TO PT STATING THAT SHE HAS HAD PERCOCET AND IT DOES NOT WORK FOR HER THEREFORE SHE DOES NOT WANT PERCOCET AND ASKED FOR A DIFFERENT MED. PT STATES REALLY THE ONLY MED THAT WORKS FOR HER IS DILAUDID AND SHE STATES "i DON'T NOT KNOW WHY I HAVE SUCH A HIGH TOELRANCE TO PAIN MEDS AS I DON'T TAKE LOTS OF MEDS.

Note Type	Description
No Type	NONE

	Date	Time	By	Nurse Type	Category
Occurred:	10/17/09	0638	CAC CASSIDY,CHRISTA A	RN	NURSE
Recorded:	10/17/09	0639	CAC CASSIDY,CHRISTA A	RN	

Abnormal? N Confidential? N

PT RESTING W/O SS OF ACUTE DISTRESS. DENIES NEEDS, CONCERNS AND COMPLICATIONS. WILL REPORT TO ONCOMING SHIFT.

Note Type	Description
No Type	NONE

	Date	Time	By	Nurse Type	Category
Occurred:	10/17/09	0724	CAC CASSIDY,CHRISTA A	RN	NURSE
Recorded:	10/17/09	0728	CAC CASSIDY,CHRISTA A	RN	

Abnormal? N Confidential? N

AT 0100 PT COMPLAINING OF PAIN BEING INCREASED RATING IT AS A 7 ON ASSESSMENT OF PCA MORPHINE NOTED PT HAD ONLY RECEIVED 18MG SINCE THE 8PM THEREFORE ENCOURAGED PT AGAIN TO USE PCA AND THAT SHE COULD PUSH FOR PAIN MED Q6MIN, PT VERBALIZED UNDERSTANDING.
0320 PT STATED PAIN AT RATE OF 10 AND NOTED PT HAD RECEIVED TOTAL OF 16MG SINCE 0100 AT THIS TIME I GAVE THE PT MORPHINE2MG PER MD ORDERS.

Note Type	Description
No Type	NONE

RUN DATE: 04/30/10 Providence Hospital PCI **LIVE** for ROUNDTKA PAGE 3
RUN TIME: 1050 List Patient Notes
RUN USER: ROUNDTKA

Patient: MORRETT,ALISON R
Account #: E00113393441 Unit #: Z000107343

	Date	Time	By	Nurse Type	Category
Occurred:	10/17/09	0728	CAC CASSIDY,CHRISTA A	RN	NURSE
Recorded:	10/17/09	0730	CAC CASSIDY,CHRISTA A	RN	

Abnormal? N Confidential? N

AT 0515 NOTED PT HAD RECEIVED TOTAL OF 10MG MORPHINE PER PCA AND PT REQUESTING ADDITIONAL DOSE OF PAIN MED THEREFORE MORPHINE BOLUS OF 2MG IV GIVEN AT THIS TIME.

Note Type	Description
No Type	NONE

	Date	Time	By	Nurse Type	Category
Occurred:	10/17/09	0735	CAC CASSIDY,CHRISTA A	RN	NURSE
Recorded:	10/17/09	0735	CAC CASSIDY,CHRISTA A	RN	

Abnormal? N Confidential? N

REPORT GIVEN TO R. SHUFORD, RN AND DARREL SMALL, RN ORIENTEE.

Note Type	Description
No Type	NONE



The Moore Orthopaedic Clinic , P.A.

Founded 1928 - Austin T. Moore, M.D.

The Moore Hip Prosthesis

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Fax: (803) 227-8036

HISTORY AND PHYSICAL

MEDICAL HISTORY

PATIENT NAME: Alison Morrett

AGE 27 REFERRING PHYSICIAN: S.Wendell Holmes,Jr.,M.D.

CHIEF COMPLAINT Right knee injury

PRESENT She tripped and fell in the dark down a hill when she was going to get a patient on 05/11/2009 at work. She was seen at occupational health and then referred to Dr. Barry Oliver. Dr. Oliver evaluated her. An MRI was obtained which showed an anterior cruciate ligament tear. Also there is a small anterior horn lateral meniscus tear. There was a bone contusion in the lateral compartment and a grade II MCL sprain. I reviewed those films personally as well today

PAST MEDICAL HISTORY Unremarkable. Family history is positive for high blood pressure
Other Hospitalizations: arthroscopy, lung surgery, breast augmentation
ALLERGIES: (Drug, Other) None

ALCOHOL Social TOBACCO Denies DRUGS:

PRESENT MEDICATIONS: Birth Control

MORRETT,ALISON R
A# E00113393441 U#Z000107343
10/16/09 F 27 [redacted]
Holmes,S Wendell Jr.

PHYSICAL EXAMINATION

Temp._____ Pulse _____ Resp._____ Blood Pressure

GENERAL APPEARANCE:	
SKIN:	Within normal limits
HEENT:	Within normal limits
NECK (Thyroid):	Negative
LUNGS:	Within normal limits
HEART:	Within normal limits
ABDOMEN:	Negative

No Changes ✓

Date/Time 10/16/09

Signature

EXTREMITIES : The left and right knees were examined and compared. The left knee has a negative Lachman, negative posterior drawer. No varus or valgus laxity. Negative posterolateral laxity. She has full range of motion. The right knee is examined. There is a well-healed anterior longitudinal scar and two scope portals. The knee range of motion is 0 to about 115-120 degrees for me. I did not push it beyond that point secondary to some pain. I can palpate no endpoint on Lachman and she has a 2-3+ posterior drawer. There is no varus or valgus laxity that I can appreciate. McMurray's creates a clunk inside the knee.

RADIOGRAPHS: Plain films are reviewed which show changes consistent with a previous ACL reconstruction. There is a metal screw on the femoral side and a radiolucent screw in the tibial side. The graft is relatively vertical. The femoral interference screw is almost perpendicular to the long axis of the femur seen on the lateral view. What I can see of the bone plugs, they are still in appropriate position in the tibia and the femur adjacent to the interference screws.

IMPRESSION:

1. INCOMPETENT RIGHT PCL
2. LAX ANTERIOR CRUCIATE LIGAMENT GRAFT

PLAN: Right knee arthroscopy with posterior cruciate ligament reconstruction with Achilles allograft and possible anterior cruciate ligament reconstruction with bone patella bone allograft

DISCHARGE CARE: Follow up Physical Therapy at Health Touch Imm 10-19-09 @ 10:00 am
Follow up appointment with Dr. Holmes 10-26-09 @ 2:00 pm Lexington

SIGNATURE DATE 10/16/09

MORRETT,ALISON R
A# E00113393441 U#2000107343
10/16/09 F 27 [redacted]
Holmes,S Wendell Jr.

PROVIDENCE HOSPITALS
A Ministry of the Sisters of Charity Health System

Critical Health Systems
PRE-ANESTHESIA EVALUATION

DATE: 10-16-09 Proposed Operation Bilat Lith assoc i achilles

Age 27 NPO ___ T 98 P 85 BP 114/70 Ht 5'5" Wt 130 BMI: 22 O2 Sat 100 %

Allergies NKA

NO	YES	PERTINENT HISTORY AND PHYSICAL FINDINGS
☑	☐	CARDIOVASCULAR (MI, Angina, CHF, Valvular, Hypertension, Arrhythmia) Cardiologist: Y / N Exercise Tolerance?
☑	☐	PULMONARY DISEASE (Asthma, COPD, Cigarettes) OSA CPAP: Y / N
☑	☐	CNS, NEUROMUSCULAR (CVA, Seizures, Mental Status)
☑	☐	RENAL DISEASE (Renal Failure)
☑	☐	HEPATIC DISEASE (Hepatitis, Cirrhosis)
☑	☐	GASTROINTESTINAL (Hiatal Hernia, Peptic Ulcer Disease, GERD)
☑	☐	ENDOCRINE (DM, Thyroid)
☑	☐	GYNECOLOGICAL (LMP, Pregnant, HCG ___)
☑	☐	HEMATOLOGICAL (Anemia, Sickle Cell Disease or Trait, Bleeding Disorder)
☑	☐	ORAL CAVITY (Loose Teeth, Dentures, Difficult Airway)
☑	☐	PREVIOUS PROBLEMS WITH ANESTHESIA (Malignant Hyperthermia, PONV)
☐	☑	CURRENT MEDICATIONS (* indicates taken day of surgery) Ibu
☐	☑	PAIN SCALE ASSESSMENT (Circle Level): 0 1 2 (3) 4 5 6 7 8 9 10
☐	☐	OTHER
☐	☑	RISKS, BENEFITS, AND ALTERNATIVES DISCUSSED WITH PATIENT; AND/OR FAMILY.

PERTINENT LAB: Hgb / Hct — BUN EKG — B S CXR

ASA PHYSICAL STATUS: CLASS: (1) 2 3 4 5 E

PATIENT CONSENT TO PLAN OF Bilat Lith assoc i achilles NA JLH

_____ M.D.

Original: 06/07/07 Revised: 07/06/07, 01/16/09, 6/16/09

Moore Orthopaedics
104 Saluda Pointe Drive
Lexington, South Carolina 29072
Error! Unknown document property name. Phone / Error! Unknown document property name. Fax

10/26/2009 ALISON MORRETT 248140 Lexington Office

CHIEF COMPLAINT: STATUS POST RIGHT KNEE ACL AND PCL RECONSTRUCTIONS

HISTORY: Alison returns today for her first postoperative visit. She underwent the above procedure on 10/16/09. We reconstructed her ACL using bone-patella tendon-bone allograft and used an Achilles tendon allograft to reconstruct the PCL. She presents today in her brace locked in full extension. She is utilizing two crutches. She has begun formal physical therapy with Matt at our Irmo facility. Overall, she is doing well, but feels like this surgery was much more difficult than the first ACL reconstruction.

PHYSICAL EXAMINATION: The right lower extremity was examined. She is neurovascularly intact distally. The right calf is supple and nontender. She has some anterior ecchymosis on the knee. All of her surgical incisions are healing well with no signs of infection or dehiscence. We removed her nylon sutures today and applied Steri-Strips. She has a small area of numbness on the lateral aspect of the knee which is not surprising. She has a large effusion. Her range of motion is 0-45 degrees in the office today. Quad tone is diminished.

RADIOGRAPHS: Two view radiographs of the right knee were obtained today. They show postoperative changes consistent with ACL and PCL reconstruction. There is also retained hardware in the midline of the distal femur. There are three interference screws as well as a distal tibial screw and washer. These are all stable. The tunnels are well aligned.

IMPRESSION: STATUS POST RIGHT ACL, PCL RECONSTRUCTION

PLAN: Continue physical therapy, brace, and crutches per the protocol. We went over intraoperative photographs and I described the procedure in detail today. I warned her that we were going to be battling stiffness throughout this whole process and we will work hard on her range of motion. I will see her back in four weeks for a recheck.

Greg Mangione, P.A.

CC List:

GM:ats35
DD: 10/26/2009 DT: 10/27/2009 14:40:55

1522

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Musculoskeletal Medicine & Electrodiagnostics

REPORT OF MEDICAL EXAMINATION

ALISON MORRETT
Employee's Name

ALIGN NETWORKS - CONVERSION DEPARTMENT
Employer/Carrier

GREGORY MANGIONE, PA
Physician/Provider

XXX-XX-[redacted]
Social Security Number

10/26/2009
Date of Office Visit

Signature of Physician

RETURN TO WORK STATUS:

Regular Duties ____
Light Duties ____
Remain Out of Work 12

Date to Return: ____
Date to Return: ____
Duration: ____

PHYSICAL LIMITATIONS:

None
____ No Walking or climbing
____ No standing
____ No prolonged standing
____ No sitting
____ No bending or stooping
____ No twisting or stretching
____ No change from previous status

____ Pushing and pulling limit ____ lbs.
____ Lifting and carrying limit ____ lbs.
____ Sedentary duties only
____ No kneeling, squatting, crawling
____ No work involving ____ arm/hand
____ No overhead work
____ No work at heights
____ Other: ____

FOLLOW UP:

____ Days
4 Weeks
____ Months
____ PRN
____ Discharged with permanent limitations above
____ Next Appointment: 11-23-09 @ 3:00pm

Copy of office note to follow.

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(803) 227-8177 Phone / (803) 227-8036 Fax

11/23/2009 ALISON MORRETT 248140 Lexington Office

HISTORY: She follows up postop after ACL-PCL surgery on 10/16/09. Overall, she is making satisfactory progress.

PHYSICAL EXAMINATION: Examination shows she has good stability on Lachman's and posterior Drawer's. Her brace needs adjustment.

RADIOGRAPHS: Radiographs show no change in position of the hardware and no widening of bone tunnels.

PLAN: Follow-up one month. Continue therapy.

S. Wendell Holmes, Jr. M.D.

CC List:

SWH:ats11
DD: 12/31/2009 DT: 01/04/2010 08:39:49

13978

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Musculoskeletal Medicine & Electrodiagnostics

REPORT OF MEDICAL EXAMINATION

ALISON MORRETT
Employee's Name

XXX-[redacted]
Social Security Number

ALIGN NETWORKS - CONVERSION DEPARTMENT
Employer/Carrier

11/23/2009
Date of Office Visit

S. WENDELL HOLMES JR
Physician/Provider

Signature of Physician

RETURN TO WORK STATUS:

Regular Duties ____
Light Duties ____
Remain Out of Work ✓

Date to Return: ____
Date to Return: ____
Duration: ____

PHYSICAL LIMITATIONS:

____ None
____ No Walking or climbing
____ No standing
____ No prolonged standing
____ No sitting
____ No bending or stooping
____ No twisting or stretching
____ No change from previous status

____ Pushing and pulling limit ____ lbs.
____ Lifting and carrying limit ____ lbs.
____ Sedentary duties only
____ No kneeling, squatting, crawling
____ No work involving ____ arm/hand
____ No overhead work
____ No work at heights
____ Other: ____

FOLLOW UP:

____ Days
____ Weeks
____ Months
____ PRN
____ Discharged with permanent limitations above
____ Next Appointment: 12-29-09 @ 2:50pm

Copy of office note to follow.

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104 Saluda Pointe Drive
Lexington, South Carolina 29072
(803) 227-8177 Phone / (803) 227-8036 Fax

12/29/2009 ALISON MORRETT 248140 Lexington Office

HISTORY: She follows up for her right knee. She is making slow progress with her ACL/PCL reconstruction.

She also has another problem, in that she is having radial ankle pain. She does not recall an injury. She and I both noted that she was extensively bruised down the medial side of her leg and ankle immediately postoperative surgical.

PHYSICAL EXAMINATION: Examination of the knee reveals good endpoint on Lachman's with trace excursion with a 1+ or less posterior Drawer's. No significant varus or valgus laxity is present.

She is tender over the posterior tibial tendon. She has pain when loading the posterior tibial tendon and inversion. The ankle is stable to varus and valgus and anterior and posterior stress.

RADIOGRAPHS: Radiographs of the ankle are negative.

Radiographs of the knee show no bone tunnel widening. All hardware remains in good position.

IMPRESSION:

1. SATISFACTORY PROGRESS AFTER ACL/PCL RECONSTRUCTION
2. RIGHT POSTERIOR TIBIAL TENDINITIS (SECONDARY TO KNEE SURGERY)

PLAN: I think she just developed tendinitis of the ankle posterior tibial tendon secondary to the peritendinous bleeding that tracked down from the knee and the gait postoperatively. I think this will resolve with anti-inflammatory medicines and rehab program.

The knee is making adequate progress. We will continue therapy and follow-up in six weeks.

S. Wendell Holmes, Jr. M.D.

CC List:

SWH:ats11
DD: 12/29/2009 DT: 12/29/2009 19:43:24

13409

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JANINE MOSELEY, PA-C - A225045
PHILLIP O. BURA, PA-C -- 1056085

NAME Alison Morrett

ADDRESS _____ DATE 1/13/10

Rt Knee ACL/PCL Reconstruct.
Needs Custom ACL/PCL Defiance
Brace

REFILL _____ TIMES

DISPENSE AS WRITTEN

SUBSTITUTION PERMITTED

Moore Orthopaedics
104 Saluda Pointe Drive
Lexington, South Carolina 29072
(803) 227-8177 Phone / (803) 227-8036 Fax

02/08/2010 ALISON MORRETT 248140 Lexington Office

HISTORY: Alison follows-up after right ACL-PCL reconstruction. She still continues to have catching and locking in the knee especially with open chain extension. This does not seem to be going away and is problematic for her. Her gait on level ground is smooth. When she locks her right knee into hyperextension, it is painful.

PHYSICAL EXAMINATION: On exam, she has a solid endpoint on Lachman with trace excursion from neutral. She has a 1+ posterior drawer. No significant valgus laxity or varus laxity. She does come into extension recurvatum type position, but this is symmetrical on the contralateral knee. I tried to determine if there is any different side to side and if any is subtle.

RADIOGRAPHS: Plain films show no change in position of the bone plugs or hardware. There is no lysis of bone tunnels.

IMPRESSION: PERSISTENT CATCHING RIGHT KNEE STATUS POST ACL-PCL RECONSTRUCTION

PLAN: I talked to her about options. We can continue to rehab this but it does not seem to be going away. It almost four months postop, and at this point, I would consider and recommend lysis of adhesions to see if we can get rid of the catching in the extensor mechanism. I think her ligamentous reconstructions are holding up. We can examine her under anesthesia and visualize the ligaments as well. I talked to her in detail about that. We will go ahead and schedule that at a convenient time.

S. Wendell Holmes, Jr. M.D.

CC List:

SWH:ats35
DD: 02/09/2010 DT: 02/10/2010 11:53:22

21101

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Musculoskeletal Medicine & Electrodiagnostics

REPORT OF MEDICAL EXAMINATION

ALISON MORRETT
Employee's Name

XXX-[redacted]
Social Security Number

ALIGN NETWORKS - CONVERSION DEPARTMENT
Employer/Carrier

02/08/2010
Date of Office Visit

S. WENDELL HOLMES JR
Physician/Provider

Signature of Physician

RETURN TO WORK STATUS:

Regular Duties _____ Date to Return: _____
Light Duties _____ Date to Return:
Remain Out of Work _____ Duration: _____

PHYSICAL LIMITATIONS:

____ None
____ No Walking or climbing
____ No standing
____ No prolonged standing
____ No sitting
____ No bending or stooping
____ No twisting or stretching
__X__ No change from previous status

____ Pushing and pulling limit _____ lbs.
____ Lifting and carrying limit _____ lbs.
____ Sedentary duties only
____ No kneeling, squatting, crawling
____ No work involving _____ arm/hand
____ No overhead work
____ No work at heights
____ Other: _____

FOLLOW UP:

____ Days
____ Weeks
____ Discharged with permanent limitations above
____ Next Appointment: _____

____ Months
____ PRN

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Department of Medicine
Lexington
104 Saluda Pointe Drive
LEXINGTON, SC 29072-7295
(803) 227-8000

248140-29

Patient #: 248140
Name (Sex) Age: ALISON MORRETT (F) 27 YR
Provider: S. WENDELL HOLMES JR

GUARANTOR NAME AND ADDRESS
ALISON MORRETT
[redacted] SP

Date/Time: 02/08/2010 03:40 PM
[redacted]
Ins: ALIGN NETWORKS - CONVERSION DEPARTMENT

Dept: Lexington
DOB: [redacted] Auth:

APPT TYPE: Re-Check
NOTES/REASON:
- 12/29/2009 twilson27: 6 wk fu rt knee pat enc klw
- 02/08/2010 twilson27: pt wants to see SW/Dr Holmes

Chart Record #: 248140
Location Suffix:
Global: F 01/18/10
Referring Provider:

5044631

NEW OFFICE VISIT/PROCEDURE

FEE	MOD	CPT	
			Minimal (Nurse)
		99201	Problem Focused
		99202	Expanded Problem Focused
		99203	Detailed Problem Focused
		99204	Comprehensive
		99205	Extensive Comprehensive
		99456	IME
		99361	WC Case Manager
		99025	Initial Office Manager Orders
			Post Op/Fx Care

Px / Surgery or WKC / ADV / Evals / Rpts

CONSULTATIONS

99241	Problem Focused
99242	Expanded Problem Focused
99243	Detailed Problem Focused
99244	Comprehensive
99245	Complex

ESTABLISHED

CPT	MOD	FEE
99211		
99212		
99213		
99214		
99215		
99022		
99024		

ARTHROCENTESIS (ASPR / INJ)

	CPT	L	R	MOD	FEE
Injection: Therapeutic, Carpal Tunnel	20526				
Injection: Tendon Sheath, Ligament, Ganglion Cyst	20550				
Tendon Origin / Insertion	20551				
Single or Multiple Trigger Points, 1 or 2 Muscle Groups	20552				
Single or Multiple Trigger Points, 3+ Muscle Groups	20553				
Sm. Jt., Bursa or Gang. (Finger or Toes)	20600				
Int. Jt., Bursa or Gang. (AC, Wrist, Elbow, Ankle, Clav.)	20605				
Maj. Jt., Bursa or Gang. (Shoulder, Hip, Knee, Subacr.)	20610				

RADIOLOGY

	CPT	L	R	MOD	FEE
Scoliosis 1V	72069				
Entire Spine Survey	72010				
C. Spine 2V	72040				
C. Spine 4-5V	72050				
T. Spine 2V	72070				
L. Spine 2 V	72100				
L. Spine 4-5V	72110				
Pelvis, AP V	72170				
Clavicle	73000				
Shoulder-Min. 2V	73030				
Humerus 2+ V	73060				
Elbow 2V	73070				
Elbow 3V	73080				
Forearm	73090				
Wrist 2V	73100				
Wrist Min. 3V	73110				
Hand 2V	73120				
Hand Min. 3V	73130				
Finger/Thumb Min2V	73140				
Hip Min. 2V	73510				
Hip Bil.	73520				
Femur 2V	73550				
Knee 1V w/ Fib	73560				
shall					
Knee 2V	73560				
Knee 3V	73562				
Knee 4+3V	73564				
Tib/Fib 2V	73590				
Ankle 2V	73600				
Ankle Min. 3V	73610				
Foot 2V	73620				
Foot Min. 3V	73630				
Heel	73650				
Toes	73660				
Bone Age Study	77072				
Orthoroentgenogram w/ ruler	[illegible]				

CASTS / SPLINTS

	CPT	L	R	MOD	FEE
S.A. Cast	29075				
L.A. Cast	29085				
S.A. Splint	29125				
L.A. Splint	29105				
S.L. Cast	29405				
L.L. Cast	29345				
L.L. Cast Amb.	29355				
S.L. Cast Amb.	29425				
L. Splint	29515				
L. Splint	29505				
Cylinder	29365				
P.T.B. Cast	29345				
Thumb Spica	29065				
Unlisted Cast	29799				

INJECTABLES

	CC	MOD	FEE
Botox	J0585		
Celestone	J0702		
Depo Medrol 40	J1030		
Depo Medrol 80	J1040		
Kenalog 10	J3301		
Kenalog 40	J3301		
Hyalgan or Supartz	J7321		
Synvisc	J7325		
Euflexxa	J7323		

Supplies / Misc

Cast Shoe	L3260		
Plastic Bandage	A6434		
Sling	A4565		
Plaster (9570)	A4580		
Synthetic (9570)	A4590		
Sterile Tray	A4550		
Surgical Tray	A4550		

SUPPLIES	HCPCS	FEE

DIAGNOSIS:
Date of Accident: / /

Previous Diagnoses:
Diagnosis 1: 72872
Diagnosis 2:

Your Next Appointment is with:

- ☐ Dr. Burnworth
- ☐ Dr. Locke
- ☐ Dr. Prasnal
- ☐ Dr. Chillag
- ☐ Dr. McFadden
- ☐ Dr. Van Dam
- ☐ Dr. Falmly
- ☐ Dr. Noojin
- ☐ Jankie Moseley
- ☐ Dr. Fulton
- ☐ Dr. O'Malley
- ☐ Farah Schlakaght
- ☐ Dr. Holmes
- ☐ Dr. Smith
- ☐ Greg Mangione

Return Appointment:
___ Days ___ Mos. ☐ Call
___ Wks ___ Yrs ☐ PRN
☐ Discharged

Disabled: From / / to / /

Return To:
☐ School ☐ Work Light Duty ☐ Work Full Duty
DATE: / /

Physician's signature:

PCL/ACL - Rt
DOS - 10/16/09
Post 2 wks - her lung collapsed again - missed PT
Crepe sounds crunchy + pain never goes away.
Knee slams back when she stands up -
Medical Arthroscopic lysis of Adhesions

Chillag
Dr Barnes
910-6913

Moore Orthopaedic Clinic Outpatient Surgery Center
104 Saluda Pointe Drive, Suite 200
Lexington, South Carolina 29072
(803) 227-8177 Phone / (803) 227-8036 Fax

03/26/2010 ALISON MORRETT 248140 Lexington ASC

PREOPERATIVE DIAGNOSIS:
1. POSTOPERATIVE ADHESIONS RIGHT KNEE
2. STATUS POST ACL/PCL RECONSTRUCTION

POSTOPERATIVE DIAGNOSIS:
1. ADHESIONS RIGHT KNEE, ANTERIOR
2. 1+ LAXITY ANTERIOR CRUCIATE LIGAMENT
3. 1+ LAXITY POSTERIOR CRUCIATE LIGAMENT
4. 1+ LAXITY POSTEROLATERAL CORNER

PROCEDURE:
1. ARTHROSCOPIC LYSIS OF ADHESIONS RIGHT KNEE
2. EXAMINATION UNDER ANESTHESIA

SURGEON: Silas Wendell Holmes Jr., M.D.

ASSISTANT: Gregory S. Mangione, PA-C

ANESTHESIA: General plus regional.

FLUIDS: Crystalloid.

ESTIMATED BLOOD LOSS: Minimal.

TOURNIQUET TIME: None.

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DRAINS: None.

DISPOSITION: PACU, then home.

DESCRIPTION OF PROCEDURE IN DETAIL: After informed consent was obtained, the patient was brought to the operating room. General anesthesia was induced. Examination under anesthesia: she came to equal hyperextension right versus the left, equal flexion right versus the left. She had 1+ laxity of the ACL with a solid endpoint, 1-2+ laxity of the PCL with a solid endpoint, 1+ laxity to varus stress at 20 degrees with a solid endpoint. She had increased posterolateral rotation right versus left, increased posterolateral rotation and a 1+ reverse pivot shift.

Anterolateral and anteromedial arthroscopic portals were then made. The ACL and PCL were then inspected. There was a little bit of fraying of the lateral border of the ACL, but the bulk of the ligament was intact and solidly attached proximally and distally, developed good tension at 20 degrees, and confirmed the 1+ laxity in translation above what I felt to be the neutral point. The PCL had 1-2+ laxity as well with a solid endpoint, and it developed good tension to probing.

Continued

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PROCEDURE (CONT): The medial compartment was normal with normal meniscus and normal joint surface. The lateral compartment was normal with normal meniscus and normal joint surface. The patellofemoral joint was visualized. There was a patellar-sided cyclops type lesion with essentially a ball of scar tissue attached to the fat pad just distal to the distal pole of the patella.

S. Wendell Holmes, Jr. M.D.

CC List:

SWH:ats34
DD: 03/26/2010 DT: 03/27/2010 09:22:41

29932

This document was electronically authenticated by S. Wendell Holmes, Jr. M.D. on 03/29/2010 11:21:46.

MORRETT, ALISON MRN:248140
DOB: 02/21/1982 AGE:28 F
DOS: 03/26/2010
DR:HOLMES,S. WENDELL

MOORE
Orthopaedics

Post Operative Progress Note

Surgeon: ☐ David B. Fulton, MD ☐ Frank K. Noojin, MD ☐ Earl McFadden, MD
p-S. Wendell Holmes Jr., MD ☐ Mark Locke, MD ☐ Bradley P. Prasnal, MD
☐ Kim J. Chillag, MD ☐ Bret Smith, DO ☐ Other:_____
Assistant: ☐ Gregory S. Manglone, PA-C ☐Other:_____

SEE DICTATED OPERATIVE NOTE FOR PROCEDURE IN DETAIL

Pre-operative diagnosis: ☑ Right ☐ Left ☐ Shoulder ☐ Arm ☐ Hand ☐ Hip ☐ Knee ☐ Foot ☐ Ankle

_____

_____

Post-operative Diagnosis: 718.46

1. Adhesion (R) knee
2. 1+ Laxity ACL 844.9
3. 1+ Laxity PCL
4. 1+ laxity post-lat corner
5. _____

Procedure:

1. Lysis of adhesions
2. ~~EUA~~ EUA
3. _____
4. _____
5. _____

EBL: ☐ None ☐ Scant ☐ Small ☐ Moderate ☐ Large ☐ Other:_____
Specimens:_____
Complications:_____

_____

Discharge Orders:
Condition: ☐ Stable ☐ Transfer to:_____

Activity: ☐ Right ☐ Left ☐ Extremity in sling ☐ Immobilizer ☐ Hinge brace
☐ Shoulder #1 ☐ Shoulder #2 ☐ Shoulder #3 ☐ ACL Instructions ☐ Knee Exercise Sheet (Noojin only)
☐ NWB ☑ WBAT ☐ Heel weight bearing ☐ Toe Touch Weight Bearing ☑ Crutches ☐ Ice/Elevate
☐ Remove dressing in 2 days ☐ Keep cast/splint dry until F/U appt ☐ Cast Shoe
Other:_____ D/landed

Diet: ☑ Advance as tolerated ☐ Other:_____

Medicines: ☐ Percocet ☐ Lortab ☐ Vicodin ☐ Tylox ☐ Demerol ☐ Oxycontin
☐ Tylenol with codeine ☑ Phenergan ☐ Zofran ☐ Keflex ☐ ECASA ☐ Lovenox
☐ Other:_____

Follow-Up: Office:_____ ☐ Lexington ☐ Richland
PT: ☐ HT ☐ Lexington ☐ Irmo ☐ Richland ☐ Plex
☐ Other:_____ See H&P Check PT appt time

Disposition: ☐ Release from PACU to home when criteria met

Dictated

_____
Signature/Date

Moore Orthopaedics
14 Medical Park, Suite 200
Columbia, South Carolina 29203
(803) 227-8177 Phone / (803) 227-8036 Fax

04/01/2010 ALISON MORRETT 248140 Richland Office

HISTORY: Alison Morrett follows up for her right knee arthroscopy. We did a lysis of adhesions and examination under anesthesia. Her knee is a complex knee. She has had an ACL and PCL reconstruction. She has mild laxity of the posterolateral corner. Her biggest complaint, both pre and postop, is the sensation of hyperextension when she gets her knee down.

PHYSICAL EXAMINATION: On exam today, she has nice range of motion. Portals are healing well. Her hyperextension recurvatum test is equal right versus left. She has no increased varus laxity on the right versus the left. In the prone position at 30 and 90 degrees, her external rotation of her tibia is equal. She has a 1+ Lachman's and 1+ posterior Drawer's.

IMPRESSION:

1. SATISFACTORY PROGRESS AFTER ARTHROSCOPY WITH 1+ LAXITY OF THE ACL, PCL AND POSTEROLATERAL CORNER

PLAN: We will continue to try a rehabilitation process to make her comfortable with the laxity that she has. I cannot really imagine undergoing another reconstruction procedure for this at this point. I have tried to give her tips about how to work with the posterolateral instability and work on strengthening maneuvers to try to compensate for the laxity. I think even though that is her issue, the posterolateral instability is not really measurable right versus left from a clinical exam standpoint, so I am hopeful that this will just be a rehabilitation process and will resolve with that.

S. Wendell Holmes, Jr. M.D.

CC List:

SWH:ats11
DD: 04/01/2010 DT: 04/05/2010 10:29:48

31398

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David B. Fulton, M.D.
Hand, Upper Extremity Surgery & General Orthopaedics
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General Orthopaedics
Mark D. Locke, M.D., FAAP
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Bradley P. Presnal, M.D.
Total Joint Replacement, Arthroscopy & General Orthopaedics
W. Alaric Van Dam, M.D.
Musculoskeletal Medicine & Electrodiagnostics

REPORT OF MEDICAL EXAMINATION

ALISON MORRETT
Employee's Name

[redacted]
Social Security Number

ALIGN NETWORKS - CONVERSION DEPARTMENT
Employer/Carrier

04/01/2010
Date of Office Visit

S. WENDELL HOLMES JR
Physician/Provider

Signature of Physician

RETURN TO WORK STATUS:

Regular Duties _____ Date to Return: _____
Light Duties _____ Date to Return: _____
Remain Out of Work. ✓ Duration: _____

PHYSICAL LIMITATIONS:

____ None
____ No Walking or climbing
____ No standing
____ No prolonged standing
____ No sitting
____ No bending or stooping
____ No twisting or stretching
____ No change from previous status

____ Pushing and pulling limit _____ lbs.
____ Lifting and carrying limit _____ lbs.
____ Sedentary duties only
____ No kneeling, squatting, crawling
____ No work involving _____ arm/hand
____ No overhead work
____ No work at heights
____ Other: _____

FOLLOW UP:

____ Days
____ Weeks
____ Discharged with permanent limitations above
____ Next Appointment: 5-4-10 @ 2:30pm

1 Months
____ PRN

Copy of office note to follow.

14 Medical Park • Suite 200 • Columbia, South Carolina 29203 • (803) 227-8000
7033 St. Andrews Road • Suite 104 • Columbia, South Carolina 29212 • (803) 227-8003
4721A Sunset Blvd • Lexington, South Carolina 29072 • (803) 227-8007

MOORE
— Orthopaedics —

Total Joint Replacement
KIM I. CHILLAG, M.D.
BRADLEY P. PRESNAL, M.D.

Hand & Upper Extremity Surgery
EARL B. MCFADDEN, JR., M.D.
DAVID B. FULTON, M.D.

Sports Medicine and Arthroscopy
S. WENDELL HOLMES, JR., M.D.
FRANK K. NOOJIN, M.D.

Pediatric Orthopaedics
MARK D. LOCKE, M.D.

Spine Surgery
WILLIAM T. FELMLY, M.D.

Electrodiagnostics and Spine Care
W. ALARIC VAN DAM, M.D.

Office Orthopaedics
WILLIAM H. KIRKLEY, M.D.

Youth Sports Medicine
Pediatrics and Sports Medicine
JOHN P. BATSON, M.D., FAAP

CERTIFICATE
FOR RETURN TO SCHOOL OR WORK

PATIENT: Morrett, Alison

DATE

NO ☐ YES ☐ LIGHT DUTY ☐ _____

NO ☐ YES ☐ REGULAR DUTY ☐ _____

NO ☐ YES ☐ RETURN TO SCHOOL ☐ _____

RESTRICTIONS/REMARKS: pt had an appt in our office today

_____

_____ DATE 04/01/10
DOCTOR'S SIGNATURE

THE MOORE ORTHOPAEDIC CLINIC, P.A.
SUITE 200 • 14 MEDICAL PARK
COLUMBIA, SOUTH CAROLINA 29203
TELEPHONE 227-8000

14 Medical Park, Suite 200
Columbia, SC 29203
T: 803 227 8000

7033 St. Andrews Road, Suite 104
Columbia, SC 29212
T: 803 227 8003

4721A Sunset Boulevard
Lexington, SC 29072
T: 803 227 8000

Date: 4/2/2010
Name: ALISON MORRETT
Shared ID#: 248140

Nurse Case Manager Information:

The Directions Group, Inc.
Medical and Vocational Case Management

Judy Warczglowa , RN, BSN, CCM
Rehabilitation Nurse Consultant
(Midland of SC)

PO BOX 1108 MT. Pleasant, SC 29465
Phone # 843-849-0400
1-800-242-8856
Fax: 1-843-849-9991

Email address:
JudyWarczyglowa@The DirectionGroup.com

moorednfe.com

MOORE
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Primary Care Sports Medicine
Craig M. Burnworth, M.D.

Hip and Knee Replacement
Kim J. Chillag, M.D.

Spine Surgery
William T. Felmly, M.D.

Hand, Upper Extremity Surgery
David B. Fulton, M.D.

Sports Medicine and Arthroscopy
Cartilage Repair
S. Wendell Holmes, Jr., M.D.

Children's Orthopaedics
Mark D. Locke, M.D.

Shoulder Surgery, Hand & Microsurgery
Earl B. McFadden, Jr., M.D.

Sports Medicine, Arthroscopy
Shoulder and Knee Surgery
Frank K. Noojin, M.D.

Sports Medicine, Arthroscopy
Shoulder and Knee Surgery
Ann M. O'Malley, M.D.

Hip and Knee Replacement
Bradley P. Presnal, M.D.

Musculoskeletal Medicine and
Electrodiagnostics
W. Alaric Van Dam, M.D.

04/02/2010

Re: ALISON MORRETT

To Whom It May Concern:

I would like to request the replacement of the nurse case manager for Alison Morrett. She behaves inappropriately in the exam room by interrupting me and interfering with the doctor/patient relationship and I think she made both me and the patient uncomfortable. I would appreciate you making a change as soon as possible. Thank you very much.

Sincerely,

S. Wendell Holmes, Jr. M.D.
SWH:ats35
31423
This document was electronically authenticated by S. Wendell Holmes, Jr. M.D. on 04/05/2010 09:40:32.

14 Medical Park, Suite 200
Columbia, SC 29203
T: 803 227 8000

4721 Sunset Boulevard, Suite A
Lexington, SC 29072
T: 803 227 8007

104 Saluda Pointe Drive
Lexington, SC 29072
T: 803 227 8000

Moore Orthopaedics
104 Saluda Pointe Drive
Lexington, South Carolina 29072
(803) 227-8177 Phone / (803) 227-8036 Fax

05/04/2010 **ALISON MORRETT 248140** **Lexington Office**

HISTORY: Alison Morrett follows-up for her right knee. She is still frustrated. Brian Wiley is working with her. I discussed this at length with him.

PHYSICAL EXAMINATION: She has a 1+ Lachman and 1+ posterior drawer. No varus or valgus laxity. When she walks, she likes to fall into hyperextension recurvatum, but it is about equivalent to the contralateral side.

IMPRESSION: SATISFACTORY PROGRESS AFTER KNEE ARTHROSCOPY

PLAN: Aggressive closed chained strengthening. We readjusted her ACL brace to go to a 20 degree flexion stop to avoid allowing her to fall into hyperextension during normal gait. I will see her back in six weeks. She will continue aggressive strengthening. We are going to also add a J brace for some of her rehab exercises, as the lateral release that was performed during the first surgery has helped create some patella instability as well. I think that will probably improve with aggressive quad strengthening.

S. Wendell Holmes, Jr. M.D.

CC List:

SWH:ats35
DD: 05/04/2010 DT: 05/06/2010 08:49:01
37604

This document was electronically authenticated by S. Wendell Holmes, Jr. M.D. on 05/07/2010 10:50:55.

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Lexington, South Carolina 29072
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06/14/2010 ALISON MORRETT 248140 Lexington Office

HISTORY: Alison Morrett follows up.

PHYSICAL EXAMINATION: Examination under anesthesia revealed mild laxity of ACL, PCL and posterolateral corner. She falls in extension recurvatum and weight bearing.

RADIOGRAPHS: Standing mechanical axis film today shows 13 degrees mechanical varus on the right versus 8 degrees mechanical varus on the normal left side.

PLAN: Our plan with Alison is to obtain a second opinion with Dr. Noojin. At this point, she is not doing well.

At this point, I think she is probably going to require some sort of mechanical correction of the posterolateral instability, which would probably involve a medial open wedge osteotomy plus or minus a posterolateral corner reconstruction. I talked to her at length about this. I am going to ask Dr. Noojin to see her and then see her back as soon as that is done.

S. Wendell Holmes, Jr. M.D.

CC List:

.SWH:ats11
DD: 06/14/2010 DT: 06/15/2010 07:34:31

44893

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Total Joint Replacement, Arthroscopy & General Orthopaedics
W. Alario Van Dam, M.D.
Musculoskeletal Medicine & Electrodiagnostics

REPORT OF MEDICAL EXAMINATION

ALISON MORRETT
Employee's Name

XXX-[redacted]
Social Security Number

COMPANION PROPERTY AND CASUALTY GROUP
Employer/Carrier

06/14/2010
Date of Office Visit

S. WENDELL HOLMES JR
Physician/Provider

Signature of Physician

RETURN TO WORK STATUS:

Regular Duties _____
Light Duties _____
Remain Out of Work _____

Date to Return: _____
Date to Return: _____
Duration: _____

PHYSICAL LIMITATIONS:

___ None
___ No Walking or climbing
___ No standing
___ No prolonged standing
___ No sitting
___ No bending or stooping
__✓__ No twisting or stretching
___ No change from previous status

___ Pushing and pulling limit _____ lbs.
___ Lifting and carrying limit _____ lbs.
___ Sedentary duties only
___ No kneeling, squatting, crawling
___ No work involving _____ arm/hand
___ No overhead work
___ No work at heights
___ Other: _____

FOLLOW UP:

___ Days
___ Weeks
___ Months
___ PRN
___ Discharged with permanent limitations above
__✓__ Next Appointment: W/ WOOJIN

Copy of office note to follow.

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7033 St. Andrews Road • Suite 104 • Columbia, South Carolina 29212 • (803) 227-8003
4721A Sunset Blvd • Lexington, South Carolina 29072 • (803) 227-8007

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Columbia, South Carolina 29203
(803) 227-8174 Phone / (803) 227-8221 Fax

06/23/2010 ALISON MORRETT 248140 Richland Office

CHIEF COMPLAINT: RIGHT KNEE INSTABILITY

HISTORY: Alison is a 28-year-old female, who is seen at the kind request of Dr. Holmes for a second opinion regarding her right knee. She has a history that begins back some months ago where she had an ACL injury that was reconstructed by Dr. Oliver. There was an injury to the PCL as well. This resulted in a revision surgery, which was an ACL, PCL reconstruction performed back in October of 2009. Since then, she has had a varus thrust and some instability, a posterior lateral thrust with gait. This has not corrected with therapy and time. She really can't do much activity. She can't do her job as an EMT and is significantly disabled by this instability.

REVIEW OF SYSTEMS: The patient's past medical history form is reviewed with the patient, signed and included in the chart.

PHYSICAL EXAMINATION: Physical exam shows she has well healed surgical scars in the anterior aspect of her knee. She has a 1+ posterior drawer. She has stable Lachman. She has no effusion in the knee. Her patella is very hypermobile laterally compared to the left knee. She has a varus thrust with gait where this is a posterior lateral thrust; there is a posterior lateral instability every step she takes. She is neurologically intact. Her legs have palpable pulses in the feet. Skin is otherwise intact. The dial test is positive at 90 and 30 degrees of flexion of the knee. Her pivot shift test is 1+ and her reverse pivot shift is 1 to 2+ as well. When I check her knees at 30 degrees of extension, however, there is no significant laxity in the lateral collateral ligament. There is some, but I don't think this is probably enough to warrant reconstruction.

RADIOGRAPHS: X-rays are reviewed, which show multiple screws in place. Review of her x-rays shows she does varus alignment; this increases with thrust on the leg.

IMPRESSION:

1. STATUS POST ACL PCL TEAR RIGHT KNEE WITH RECONSTRUCTION
2. POSTERIOR LATERAL INSTABILITY RIGHT KNEE
3. NEUTRAL ALIGNMENT RIGHT LEG

PLAN: I would recommend surgery for her. I think she has maximized the rehabilitation on this knee and she is not going to have a knee she can use without further surgical intervention. So, I would agree with Dr. Holmes that something needs to be done. She also has a patella problem and a posterior lateral instability problem. I would recommend an opening wedge high tibial osteotomy on the medial side of the knee. This will probably have to be performed through a separate incision unfortunately.

Continued

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06/23/2010 ALISON MORRETT 248140 Richland Office

PLAN: (continued) I would remove the tibial interference screw in the tibial post, osteotomy about the level of where the interference screw is. I would then do the high tibial osteotomy with about a 10 degree correction or more depending on what the hip to ankle films show. I would also perform a medial patellofemoral ligament reconstruction. This could be done with either allograft tissue or you could incorporate the incision that she has already for one of the incisions potentially or a VMO procedure potentially to stabilize the kneecap. I don't think I would do a lateral procedure because this is probably not going to be necessary. This would be a lot of surgery in one setting and there is a good chance that the realignment osteotomy will take care and correct the instability problem entirely. She knows this is a big surgery with an overnight stay and complications, but I think this would be in order. She will see Dr. Holmes at the next available opportunity.

Frank K. Noojin, III, M.D.

CC List: S. Wendell Holmes, Jr. M.D.

FKN:ats28
DD: 06/23/2010 DT: 06/25/2010 06:17:33

46740

This document was electronically authenticated by Frank K. Noojin, III, M.D. on 06/28/2010 16:43:45.

The Sports Medicine Center
The Moore Orthopaedic Clinic
14 Medical Park Suite 200
Columbia, SC 29203

The Moore Orthopaedic Clinic

July 1, 2010

Align Networks

☐ Attn: HELEN SMITH

Fax# 803-870-8947

RE: Alison Morrett

ID# 5044634

Dr. S. Wendell Holmes is requesting authorization for the following :

1. Right knee HTO (CPT Code 27705) at Providence Hospital Northeast on 7-23-2010 - Will require 2 days inpatient stay
2. Postoperative physical therapy at Health Touch Lexington to begin 7-28-2010 2 X per week X 10 weeks

Office notes are attached for your review. Please contact me at your earliest convenience with your decision in reference to this patients care.

Sincerely,

Teri Zigila, Care Team Manager

S. Wendell Holmes, Jr., M.D.

(803) 227-8160

Fax# (803) 227-8036

Teri.zigila@mooreclinic.com

CC: Mindy Knight, RN Fax# 775-314-9086

HP

MOORE CLINIC

HISTORY AND PHYSICAL

MORRETT,ALISON R
A# E00113899645 U#Z000107343
07/23/10 F 28 [redacted]

PATIENT NAME: Alison Morrett
AGE: 28
CHIEF COMPLAINT: Right knee pain

PRESENT ILLNESS: Alison has a history that begins back some months ago where she had an ACL injury that was reconstructed by Dr. Oliver. There was an injury to the PCL as well. This resulted in a revision surgery, which was an ACL, PCL reconstruction performed back in October of 2009. Since then, she has had a varus thrust and some instability, a posterior lateral thrust with gait. This has not corrected with therapy and time. She really can't do much activity. She can't do her job as an EMT and is significantly disabled by this instability.

PAST MEDICAL HISTORY: Unremarkable. Family history is positive for high blood pressure
OTHER HOSPITALIZATIONS: Arthroscopy, lung surgery, breast augmentation

ALLERGIES: None

ALCOHOL: Social TOBACCO: Denies

PRESENT MEDICATIONS: Birth control

PHYSICAL EXAMINATION:

Temp:_____ Pulse:_____ Resp:_____ BP:_____
GENERAL APPEARANCE:
SKIN: Within normal limits
HEENT: within normal limits
ECK (thyroid) within normal limits
LUNGS: within normal limits
HEART: within normal limits
ABDOMEN: within normal limits

EXTREMITIES: Physical exam shows she has well healed surgical scars in the anterior aspect of her knee. She has a 1+ posterior drawer. She has stable Lachman. She has no effusion in the knee. Her patella is very hypermobile laterally compared to the left knee. She has a varus thrust with gait where this is a posterior lateral thrust; there is a posterior lateral instability every step she takes. She is neurologically intact. Her legs have palpable pulses in the feet. Skin is otherwise intact. The dial test is positive at 90 and 30 degrees of flexion of the knee. Her pivot shift test is 1+ and her reverse pivot shift is 1 to 2+ as well. When I check her knees at 30 degrees of extension, however, there is no significant laxity in the lateral collateral ligament. There is some, but I don't think this is probably enough to warrant reconstruction.

RADIOGRAPHS: Standing mechanical axis film today shows 13 degrees mechanical varus on the right versus 8 degrees mechanical varus on the normal left side.

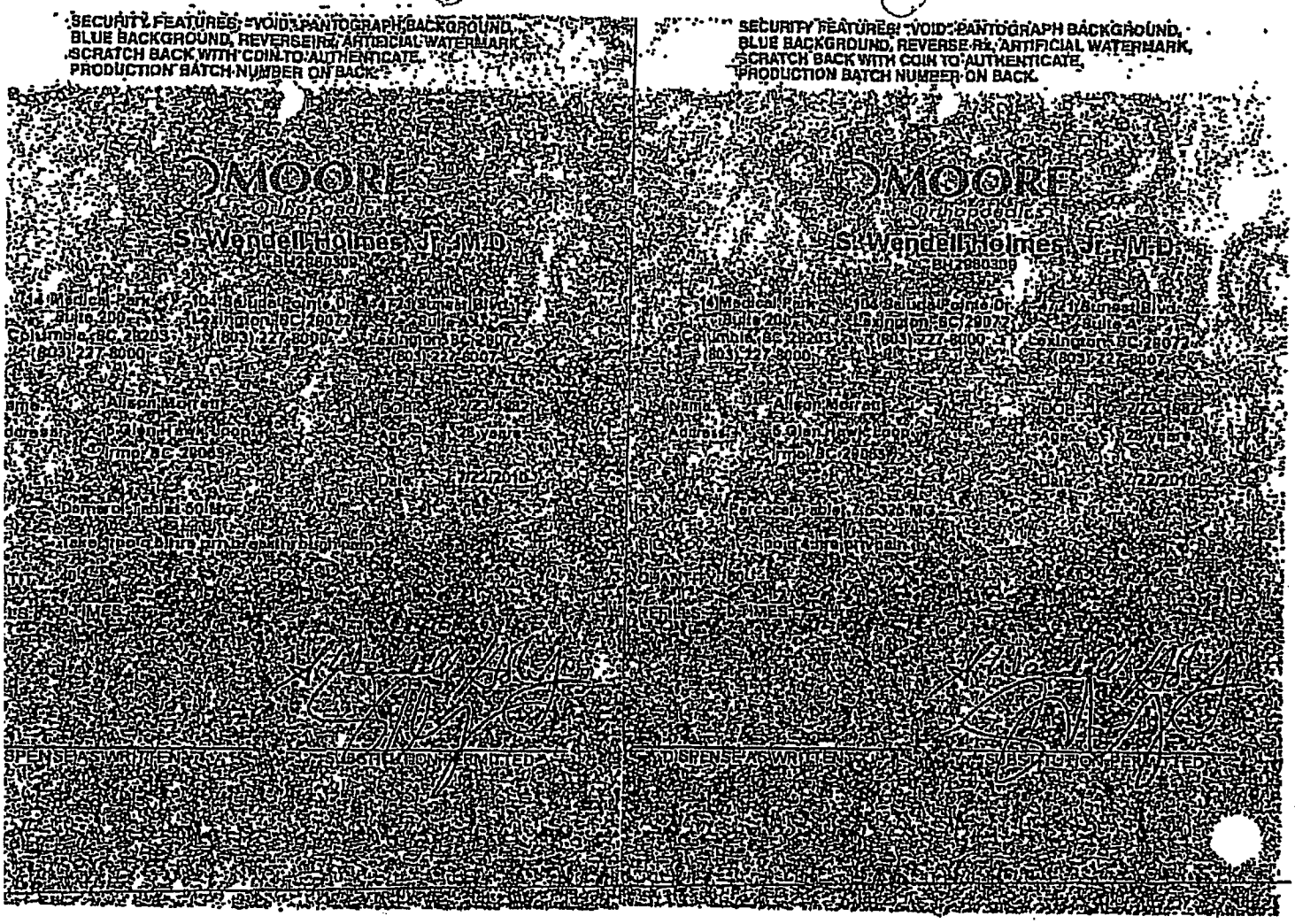
IMPRESSION:
1. STATUS POST ACL PCL TEAR RIGHT KNEE WITH RECONSTRUCTION
2. POSTERIOR LATERAL INSTABILITY RIGHT KNEE
3. NEUTRAL ALIGNMENT RIGHT LEG

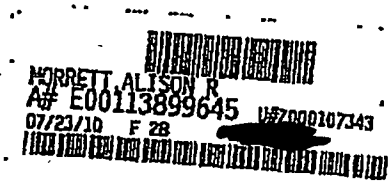
No Changes &_____
Date/Time_____
Signature

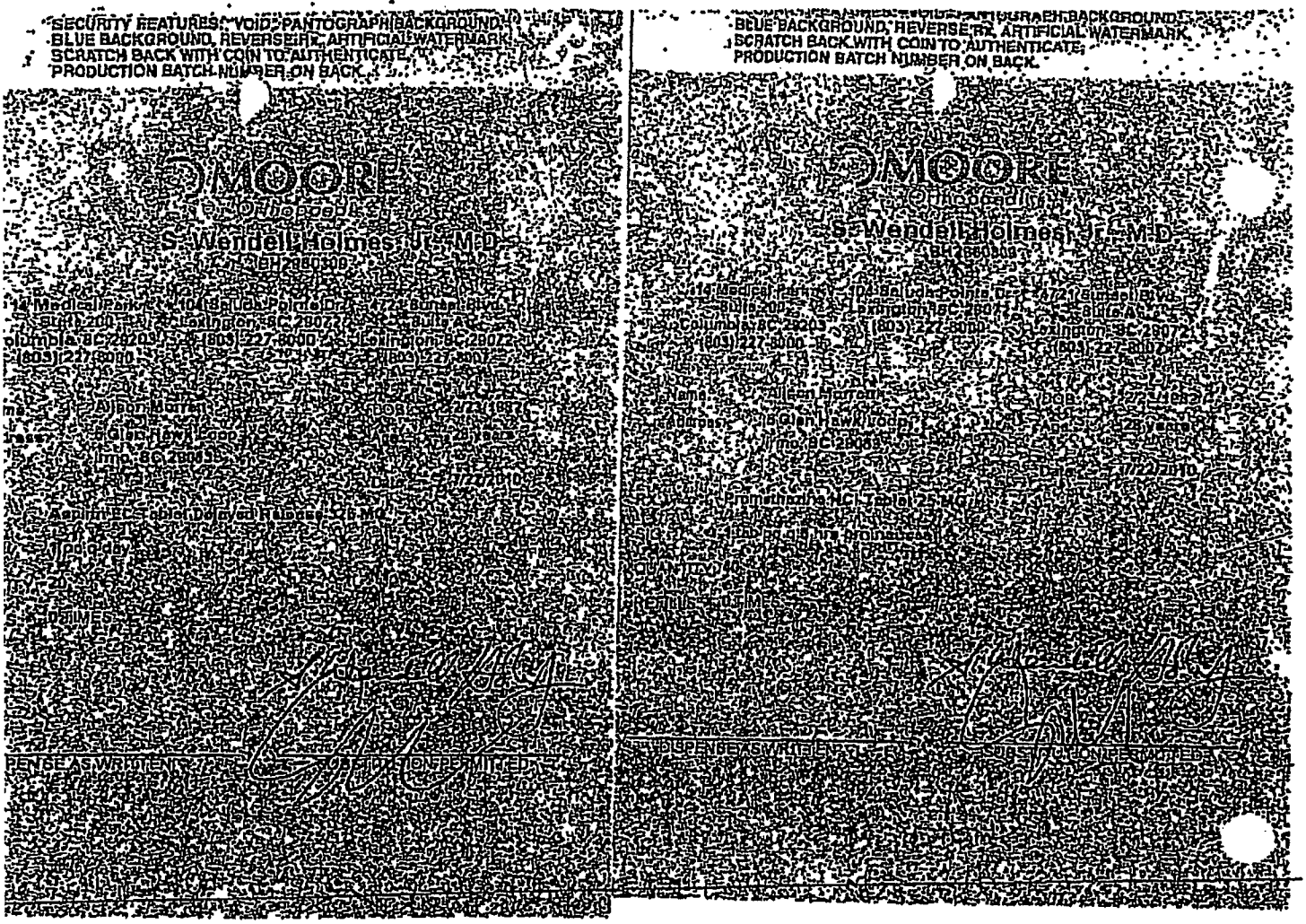
PLAN: Right knee High tibial osteotomy

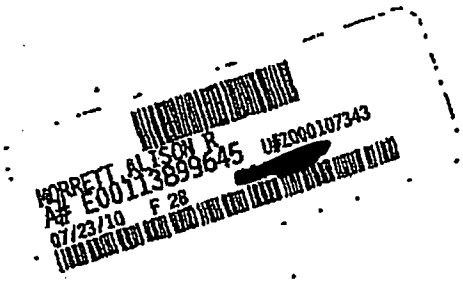
Post op physical therapy at Health Touch Physical Therapy Lexington 7-28-2010 @ 12:00 pm
Post op follow up with Dr Holmes/Greg Mangione PA-C 7-29-2010 @ 10:00 am Richland

Wendell Holmes, Jr. M.D.


SECURITY FEATURES: VOID: PANTOGRAPH BACKGROUND, BLUE BACKGROUND, REVERSE IR, ARTIFICIAL WATERMARK, SCRATCH BACK WITH COIN TO AUTHENTICATE, PRODUCTION BATCH NUMBER ON BACK.
MOORE
S. Wendell Holmes, Jr., M.D.
SECURITY FEATURES: VOID: PANTOGRAPH BACKGROUND, BLUE BACKGROUND, REVERSE IR, ARTIFICIAL WATERMARK, SCRATCH BACK WITH COIN TO AUTHENTICATE, PRODUCTION BATCH NUMBER ON BACK.
MOORE
S. Wendell Holmes, Jr., M.D.


HORRETT,ALISON R
A# E00113899645
07/23/10 F 28


SECURITY FEATURES: VOID: PANTOGRAPH BACKGROUND, BLUE BACKGROUND, REVERSE: RX, ARTIFICIAL WATERMARK, SCRATCH BACK WITH COIN TO AUTHENTICATE, PRODUCTION BATCH NUMBER ON BACK.
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SECURITY FEATURES: VOID: PANTOGRAPH BACKGROUND, BLUE BACKGROUND, REVERSE: RX, ARTIFICIAL WATERMARK, SCRATCH BACK WITH COIN TO AUTHENTICATE, PRODUCTION BATCH NUMBER ON BACK.
MOORE
S. Wendell Holmes, Jr., M.D.


WORRETT, ALLISON R
A# E00113899645
07/23/10
F 28
U#Z0001107343

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—Orthopaedics—

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Lexington, SC 29072
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Lexin SC 29072
(8 27-8007

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MARK D. LOCKE, MD, FAAP - BL5027938
WILLIAM E. PELMUL, MD - BF3064998
DAVID B. FULTON, MD - BF5806700
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W BRET SMITH, DO - FS0280379
W ALARIC VAN DAM, MD - BV6188216
JACQUELYN P. VAN DAM, MD - BP3163734
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JANINE MOSELEY, PA-C - A115085
PHILLIP D. BURR, PA-C - 1066085
GREGORY S. MANGIONE, PA-C - L184085

BLUE BACKGROUND WITH WATERMARK

THERMOCHROMIC INK & SECURITY FEATURES LISTED ON BACK

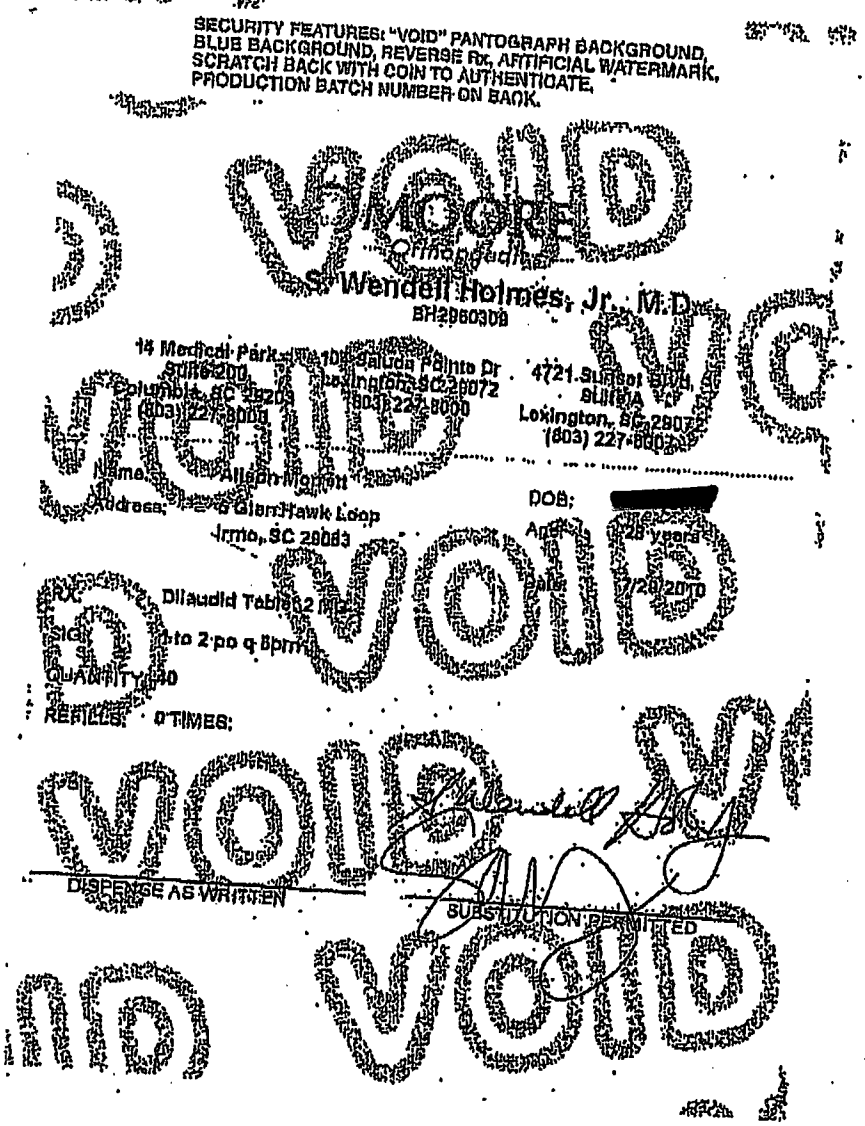
NAME Alison morrett

ADDRESS _____ DATE 7/23/2010

Bone Stim -
Rt Knee HTO

REFILL: _____ TIMES

DISPENSE AS WRITTEN SUBSTITUTION PERMITTED



SECURITY FEATURES: "VOID" PANTOGRAPH BACKGROUND, BLUE BACKGROUND, REVERSE Rx, ARTIFICIAL WATERMARK, SCRATCH BACK WITH COIN TO AUTHENTICATE, PRODUCTION BATCH NUMBER ON BACK.

VOID

S. Wendell Holmes, Jr., M.D.

BH2960308

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Columbia, SC 29203
(803) 227-8000

10 Saluda Pointe Dr
Irmo, SC 29072
(803) 227-8000

4721 Sunset Blvd, Suite A
Lexington, SC 29072
(803) 227-8000

Name: Allison Morton

Address: 6 Glen Hawk Loop
Irmo, SC 29063

DOB: [redacted]

Age: 28 years

Date: 7/20/2010

Rx: Dilaudid Tab 8 mg

Sig: 1 to 2 po q 8pm

QUANTITY: 40

REFILLS: 0 TIMES:

DISPENSE AS WRITTEN

SUBSTITUTION PERMITTED

Name: Morrett, Alison
Acct#: 248140
Date: 1/18/2011 Age: 28 Years

248140-23

MOORE
Sports Rehab

PROGRESS NOTES

DATE	PATIENT NAME	PATIENT ACCT #	PHYSICIAN
1/18/2011	Morrett, Alison	248140	Dr. Holmes

DIAGNOSIS	DOS	TREATMENTS ATTENDED	TREATMENTS MISSED
(R) HTO	7/23/10		

SUBJECTIVE: (R) Knee continues to shift c activities.

OBJECTIVE: 0°–133° ROM c good quad tone.

ASSESSMENT / GOALS: Tolerating ex's overall but pt cont. to c/o having medial shift of tibia.

PLAN: CONTINUE 2 x/week for 6 weeks Please Advise!

THERAPIST SIGNATURE: Mary L. Berry, PTA Date: 1/18/11

COMPLETED BY PHYSICIAN:

PLEASE SIGN AND RETURN ORIGINAL COPY

_____ I have no revisions to this Plan of Care.
_____ Revise Plan of Care as follows: Cont Video of gait

PHYSICIAN SIGNATURE: _____ DATE: 1/18/11

Moore Orthopaedics
14 Medical Park, Suite 200
Columbia, South Carolina 29203
(803) 227-8177 Phone / (803) 227-8036 Fax

07/29/2010 ALISON MORRETT 248140 **Richland Office**

HISTORY: Alison follows up for her right high tibial osteotomy.

PHYSICAL EXAMINATION: At this point, she looks good. From a clinical standpoint, she is swollen and bruised as expected. She is neurovascularly intact.

RADIOGRAPHS: Show good position of all the screws and hardware. She had an intraoperative crack in the lateral tibial plateau that is nondisplaced and remains nondisplaced on today's films.

IMPRESSION: SATISFACTORY PROGRESS AFTER ACO

PLAN: I refilled her Dilaudid. I encouraged her to take Tylenol in addition to the Dilaudid to control pain, elevate and ice, and continue therapy.

I also would like the therapist to use e-stim tor pain and swelling control.

S. Wendell Holmes, Jr. M.D.

CC List:

SWH:ats34
DD: 07/29/2010 DT: 08/02/2010 09:03:02
53298
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Bradley P. Presnal, M.D.
Total Joint Replacement, Arthroscopy &
General Orthopaedics
W. Alaric Van Dam, M.D.
Musculoskeletal Medicine
& Electrodiagnostics

REPORT OF MEDICAL EXAMINATION

ALISON MORRETT
Employee's Name

XXX-XX[redacted]
Social Security Number

ALIGN NETWORKS - CONVERSION DEPARTMENT
Employer/Carrier

07/29/2010
Date of Office Visit

S. WENDELL HOLMES, JR., MD
Physician/Provider

Signature of Physician

RETURN TO WORK STATUS:

Regular Duties ____
Light Duties ____
Remain Out of Work ✓

Date to Return: ____
Date to Return: ____
Duration: ____

PHYSICAL LIMITATIONS:

____ None
____ No Walking or climbing
____ No standing
____ No prolonged standing
____ No sitting
____ No bending or stooping
____ No twisting or stretching
____ No change from previous status

____ Pushing and pulling limit ____ lbs.
____ Lifting and carrying limit ____ lbs.
____ Sedentary duties only
____ No kneeling, squatting, crawling
____ No work involving ____ arm/hand
____ No overhead work
____ No work at heights
____ Other: ____

FOLLOW UP:

____ Days
____ Weeks
____ Months
____ PRN
____ Discharged with permanent limitations above
✓ Next Appointment: 8-19-10 @ 3:40pm

Copy of office note to follow.

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4721A Sunset Blvd • Lexington, South Carolina 29072 • (803) 227-8007

South Carolina Department of Motor Vehicles

Disabled Placard and License Plate Application

RG-007A
(Est. 01/10)

Section 1 – Check type of transaction

☐ Original ☐ Renewal ☐ Replacement – Prior Plate/Placard No. _____ ☐ Add Disabled Parking Authorized ($1.00)

DISABLED LICENSE PLATE

☐ Passenger Vehicle ($20.00) ☐ Motorcycle ($10.00) ☐ Disabled Veteran (No fee – Permanent Pla

DISABLED PLACARD - $1.00 Limit 1 per applicant. Applicant must have a SCDL, BP or ID photo on file with SCDMV.

☐ Temporary (impairment must be at least 4 months not to exceed 1 year) ☐ Permanent (valid for 4 years)

Placard Registration Certificate must remain in the vehicle when the placard is being used.

☐ DECAL (For display on Purple Heart plates only)

Mail completed application along with a check or money order payable to the South Carolina Department of Motor Vehicles (NO CASH ACCEPTED) to SC Department of Motor Vehicles, PO Box 1498, Blythewood, SC 29016-0019

Warning: A person who duplicates, forges, or sells a disabled placard or a person who falsifies information on an application form for a disabled placard or plate is guilty of a misdemeanor and, upon conviction, must be imprisoned for 30 days and fined not less than $500 and not more than $1,000.

** Indicates optional information

Section 2 – Disabled Person's Information – Required for Placard or Plate

Last Name: _____ First Name: _____ Middle Name: _____

Street Address: _____

Mailing Address (if different): _____

All correspondence will be mailed to the address of the applicant.

City: _____ State: _____ Zip Code: _____

(Area Code) Telephone Number:** _____ Disabled Person's SC Driver License, BP, or ID Number: _____

Email Address:** _____

I certify that this information is true and correct.

Signature of Disabled Person | Printed Name of Disabled Person | Date

Section 3 – Vehicle Information – Required for Plate Only

Vehicle Identification Number: _____ Make: _____ Year: _____ Current Vehicle Plate Number _____

Owners Information

Last Name _____ First Name _____ Middle Name _____

Street Address: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____ Email:** _____

(Area Code) Telephone Number:** _____ SC Driver's License, BP or ID _____

YES, I wish to donate $5.00, more or less, to Donate Life SC. Amount of donation $ _____.00

INSURANCE CERTIFICATION

Under penalties of perjury, I declare this vehicle is insured with _____ (Insurance Company) and I will maintain liability insurance throughout the registration period.

Signature of Vehicle Owner | Printed Name of Vehicle Owner | Date

Section 4 – Physician's Statement

This portion of the application must be completed by a licensed physician and must indicate the disability and length of disability.

Effective January 1, 2010 applicants must be certified disabled by a licensed physician and must attach a legible prescription order with an original signature from th same physician.

This is to certify that ALISON MORETT [redacted] has the following condition

Name of Applicant and Date

☑ an inability to ordinarily walk one hundred feet nonstop without aggravating an existing medical condition, including the increase of pain;

☐ an inability to ordinarily walk without the use of, or assistance from a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistive device;

☐ a restriction by lung disease to the extent that the person's forced expiratory volume for one second when measured by spirometry is less than one liter, or the interstit oxyg tension is less than sixty mm/hg on room air at rest;

☐ requires use of portable oxygen;

☐ a cardiac condition to the extent that the person's functional limitations are classified in severity as Class III or Class IV according to standards established by the American Heart Association. If the person's status improves to a higher level, for example as a result of bypass surgery or transplantation, he no longer meets this criteria;

☑ a substantial limitation in the ability to walk due to an arthritic, neurological, or orthopedic condition, for example, coordi... problems and muscle spasticity due to condit that include Parkinson's disease, cerebral palsy, or multiple sclerosis; or

☐ blindness.

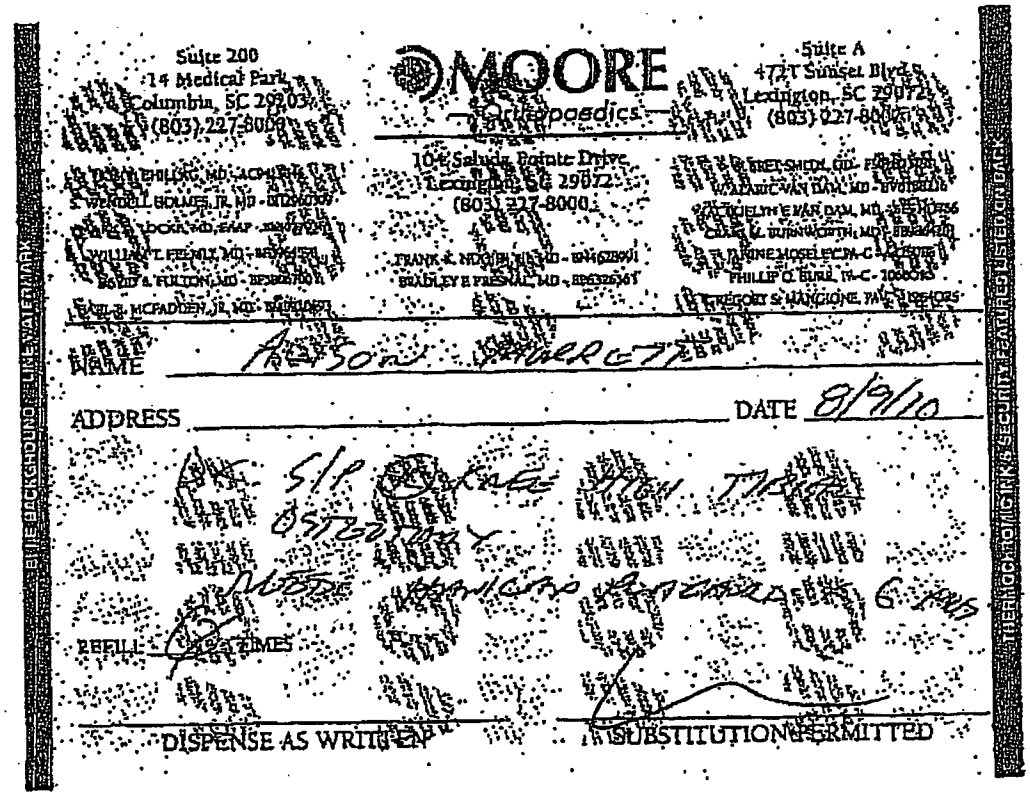
This disability is: ☐ Permanent ☑ Temporary – length of time 6 mos (impairment must be at least for 4 months not to exceed 1 year) Physician Office Phone Number: (843) 402-8[illegible]

I certify that I am a licensed Physician.

Roger S. Mansbach MD — 8/9/10

Print Name of Physician | Signature of Physician | Date | Professional License No. SC[illegible]

[redacted]



MOORE
Orthopaedics

Suite 200
14 Medical Park
Columbia, SC 29203
(803) 227-8000

104 Saluda Pointe Drive
Lexington, SC 29072
(803) 227-8000

Suite A
4771 Sunset Blvd.
Lexington, SC 29072
(803) 227-8000

NAME Robinson, Margaret

ADDRESS _____ DATE 8/9/10

Rx: S/P Osteotomy

REFILL _____ TIMES

DISPENSE AS WRITTEN

SUBSTITUTION PERMITTED

BLUE BACKGROUND LINE WATERMARK

THERMOCHROMATIC INK SECURITY FEATURE LISTED ON BACK

Moore Orthopaedics
14 Medical Park, Suite 200
Columbia, South Carolina 29203
(803) 227-8177 Phone / (803) 227-8036 Fax

08/19/2010 **ALISON MORRETT 248140** **Richland Office**

HISTORY: She follows up for her right knee status post osteotomy. Overall, she is doing well.

PHYSICAL EXAMINATION: She is neurovascularly intact, and the wound is healed.

RADIOGRAPHS: There is no change in the position of the hardware, no lysis around the osteotomy site. The graft is still very dense.

PLAN: So at this point, we are doing very well status post HTO. We will go to 50% partial weight bearing. We will add the bike. We will make the brace 0-30 degree locks on brace. Follow up in four weeks with **repeat radiographs.**

S. Wendell Holmes, Jr. M.D.

CC List:

SWH:ats34
DD: 08/19/2010 DT: 08/22/2010 09:34:34
56855
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healthtouch

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Tel: (803) 227-8000

Irmo
1 Wellness Blvd Suite 204
Irmo, SC 29063
Tel: (803)227-8004
Fax: (803)781-7338

Northeast Columbia
741 Fashion Drive
Columbia, SC 29229
Tel: (803)227-8005
Fax: (803)419-1568

Lexington
104 Saluda Point Drive
Lexington, SC 29072
Youth Physical Therapy
2nd Floor
Tel: (803)227-8003
Fax: (803)227-8203
Adult Physical Therapy
Suite F
Tel: (803)227-8008
Fax: (803)227-8038

Name: Alison Morreth Date: 8-19-10

Diagnoses: HTO Rt. knee

Appointment Date: _____ Time: _____

Physical Therapy: To be seen 2 times per week for 6 weeks.

Protocol:

KNEE

- ACL pre-op___
- ACL autograft___
- ACL allograft___
- ACL HS___
- ACL deficient___
- PCL PTG___
- MCL___
- ACL&PCL recon___
- Lateral ret release___
- Cartilage___
- Meniscus repair___
- Patella Protection___
- Meniscotomy___
- Fulkerson___

SHOULDER

- Impingement acute___
- Impingement subacute___
- Impingement strength___
- Impingement advanced___
- Rot Cuff repair type I___
- Rot Cuff repair 2___
- Rot Cuff repair 3___
- Bankart repair___
- SLAP repair___
- Open Capsulolabral recon___
- Fulkerson___
- Anterior Capsular shift___
- Posterior Capsular shift___
- Thermal assist capsulorraphy___
- Anterior shoulder instability___
- AC joint stabilization___
- Total shoulder arthroplasty___
- Bristow procedure___

ELBOW

- Ulnar nerve trans___
- UCL sprain___
- UCL recon___
- Elbow arthrolysis___

ANKLE

- Ankle Sprain I___
- Ankle Sprain II___
- Ankle Sprain III___

SPINE

- Lumbar Stabilization___
- SI___
- Spondylolysis___

MODALITIES

- _____Cold
- _____Heat
- _____Ultrasound
- _____Phonophores
- _____E-stim
- _____Iontophores
- _____TENS
- _____Edema Control
- _____PCE

Other: OK to start bike, 50% PWB

Special Considerations: 0-30° knee locks

Weight Bearing Status: NWB:____ PWB:____ WBAT:____

ROM: PROM:____ AAROM:____ AROM:____ LIMITS:____

_____ _____

Doctor Signature(Dispense as written) Doctor Signature(Substitution permitted

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Total Knee Replacement
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& General Orthopaedics
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Total Joint Replacement, Arthroscopy &
General Orthopaedics
W. Alaric Van Dam, M.D.
Musculoskeletal Medicine
& Electromyography

REPORT OF MEDICAL EXAMINATION

Alison Morrett
Employee's Name

Social Security Number

Align Networks
Employer/Carrier

8/19/10
Date of Office Visit

S. WENDELL HOLMES JR
Physician/Provider

Signature of Physician

RETURN TO WORK STATUS:

Regular Duties ____
Light Duties ____
Remain Out of Work ___/___

Date to Return: ____
Date to Return: ____
Duration: ____

PHYSICAL LIMITATIONS:

____ None
____ No Walking or climbing
____ No standing
____ No prolonged standing
____ No sitting
____ No bending or stooping
____ No twisting or stretching
____ No change from previous status

____ Pushing and pulling limit ____ lbs.
____ Lifting and carrying limit ____ lbs.
____ Sedentary duties only
____ No kneeling, squatting, crawling
____ No work involving ____ arm/hand
____ No overhead work
____ No work at heights
____ Other: ____

FOLLOW UP:

____ Days
____ Weeks
____ Months
____ PRN
____ Discharged with permanent limitations above
____ Next Appointment: ____

Copy of office note to follow.

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09/13/2010 **ALISON MORRETT 248140** **Lexington Office**

HISTORY: Alison follows-up for her right knee. She is status post osteotomy. She states she is getting better but her complaints are a little lateral pain just distal to the joint line. Something feels funny occasionally in the tracking of the patella.

PHYSICAL EXAMINATION: On exam she has nearly full range of motion. Her hyperextension on the right is less than the left. Dowel test is equal right vs. left. She has a trace to 1+ Lachman with a solid endpoint. She has 1+ posterior drawer. Varus laxity is equal right vs. left to my exam. She does have hypermobility of both patellae. Her quad is still week.

RADIOGRAPHS: Radiographs show no change in position of hardware or bone graft. There are no new lucencies at the osteotomy sites so I think this is trying to incorporate.

IMPRESSION: HEALING HTO

PLAN: Weight bearing as tolerated in her brace. I set the locks at 0-60 degrees. Follow-up with me in one month for **repeat radiographs.** She may drive. She is still out of work as an EMT.

S. Wendell Holmes, Jr. M.D.

CC List:

SWH:ats35
DD: 09/13/2010 DT: 09/15/2010 10:29:40
61422

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104 Saluda Pointe Drive
Lexington, South Carolina 29072
Phone / Fax

10/11/2010 ALISON MORRETT 248140 **Lexington Office**

CHIEF COMPLAINT: STATUS-POST RIGHT KNEE HIGH TIBIAL OSTEOTOMY

HISTORY: Alison follows up for her right knee. It has been a month since Dr. Holmes last saw her. She continues to have problems with instability in her right knee. She is also complaining again of lateral pain and "grabbing". She has a nice progress note from Brian at physical therapy. She has some feelings of instability in her right knee with anterior translation. She is wearing a long leg hinged knee brace with range of motion from 0 to 60 degrees. She is fairly stable in the brace but when doing physical therapy out of the brace she has some feelings of instability.

PHYSICAL EXAMINATION: The right knee was examined by both myself and Dr. Holmes today. She has a 1+ Lachman but seems to have a nice, solid endpoint. She also has some translation in the posterior drawer but again, the PCL is intact. She is very tender over the lateral tibial plateau in the IT band. I could elicit some palpable clicking with flexion/extension of the knee. Her range of motion is 0 to 130 degrees. She has some lateral tracking of her patella. Her quad tone is fair to poor on the right as compared to the left.

RADIOGRAPHS: Plain film radiographs of the right knee were obtained today and compared with the previous x-rays. On the sunrise view it appears that she has two screws in the tibial osteotomy that are proud a small amount. I think this may be irritating the lateral aspect of her knee. Her osteotomy site seems stable but is certainly not healed yet.

IMPRESSION: STATUS-POST RIGHT KNEE HIGH TIBIAL OSTEOTOMY

PLAN: At this point, we would recommend patience and perseverance. We will continue with formal physical therapy. We will work on quad strengthening and return to doing some electrical stimulation and also some pain settings for the lateral aspect of the knee. We will discontinue the shuttle for a month since that seems to irritate her knee. We will continue with the bone stimulator as well to promote healing of the right knee. We will also continue with her brace from 0 to 60 degrees. I will see her back in six weeks for x-rays and examination.

Continued

Continued

Moore Orthopaedics
104 Saluda Pointe Drive
Lexington, South Carolina 29072
Phone / Fax

10/11/2010 **ALISON MORRETT 248140** **Lexington Office**

Greg Mangione, PA-C, MPAS Physician Assistant to Dr. S. Wendell Holmes, Jr.

CC List:

GM:ats47
DD: 10/11/2010 DT: 10/12/2010 07:54:33
67279

This document was electronically authenticated by Greg Mangione, PA-C, MPAS Physician Assistant to Dr. S. Wendell Holmes, Jr. on 10/13/2010 09:37:18.

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104 Saluda Pointe Drive
Lexington, South Carolina 29072
(803) 227-8177 Phone / (803) 227-8036 Fax

11/22/2010 ALISON MORRETT 248140 Lexington Office

HISTORY: Alison follows up for her right knee. She is status post right high tibial osteotomy. She states the ankle is sore, and she still feels unstable without the brace.

PHYSICAL EXAMINATION: When she walks, she has better stability than preop. She does not fall into hyperextension recurvatum.

RADIOGRAPHS: Are consistent with no change in the position of the hardware, probably very early callus formation is present at the osteotomy site.

IMPRESSION: STATUS POST RIGHT TIBIAL OSTEOTOMY AND PCL RECONSTRUCTION

PLAN: Overall, I think she is improving. We are going to place her in an ACL/PCL brace with a 10 degree flexion stop to avoid any hyperextension. I will see her back in January.

S. Wendell Holmes, Jr. M.D.

CC List:

SWH:ats34
DD: 12/15/2010 DT: 12/16/2010 09:55:23
81781
This document was electronically authenticated by S. Wendell Holmes, Jr. M.D. on 12/17/2010 08:13:18.

MOORE CLINIC - # 5

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please send payments to:
MOORE CLINIC
P.O. BOX 9592
BELFAST, ME 04915-9592
(803) 227-8150

Department of service.
Lexington
104 Saluda Pointe Drive
LEXINGTON, SC 29072-7295

(1)

248140-29

Patient #: 248140

Name [Sex] Age: ALISON MORRETT [F] 28 YR

Provider: S. WENDELL HOLMES, JR., MD

GUARANTOR NAME AND ADDRESS
ALISON MORRETT
[redacted]

Date/Time: 11/22/2010 08:10 AM [redacted]

Dept: Lexington

DOB: [redacted] Auth:

Ins: COMPANION PROPERTY AND CASUALTY GROUP

APPT TYPE | RE-CHECK | NOTES/REASON
• 10/11/2010 jhawfield: 6 wk fu rt knee per enc jah

Chart Record # 248140 | Location Suffix | Global 10/23/2010 | Referring Provider

NEW FEE	MOD	CPT	OFFICE VISIT/PROCEDURE	ESTABLISHED CPT	MOD	FEE
			Minimal (Nurse)	99211		
		99201	Problem Focused	99212		
		99202	Expanded Problem Focused	99213		
		99203	Detailed Problem Focused	99214		
		99204	Comprehensive	99215		
		99205	Extensive Comprehensive			
		99456	IME			
		99498	WC Case Manager			
		99025	Initial Office Manager			
			Orders	99022		
			Post Op/Fx Care	99024		

Fx / Surgery or
WKC / Atty / Evals / Rpts

CONSULTATIONS

99241	Problem Focused
99242	Expanded Problem Focused
99243	Detailed Problem Focused
99244	Comprehensive
99245	Complex

ARTHROCENTESIS (ASPR / INJ)

	L	R	CPT
Injection: Therapeutic, Carpal Tunnel			20526
Injection: Tendon Sheath, Ligament, Ganglion Cyst			20550
Tendon Origin / Insertion			20551
Single or Multiple Trigger Points, 1 or 2 Muscle Groups			20552
Single or Multiple Trigger Points, 3+ Muscle Groups			20553
Sm. Jt., Bursa or Gang. (Finger or Toes)			20600
Int. Jt., Bursa or Gang. (AC, Wrist, Elbow, Ankle, Olec.)			20605
Maj. Jt., Bursa or Gang. (Shoulder, Hip, Knee, Subac.)			20610

INJECTABLES

	CC	MOD	FEE
Botox	J0585		
Celestone	J0702		
Depo Medrol 40	J1030		
Depo Medrol 80	J1040		
Kenalog 10	J3301		
Kenalog 40	J3301		
Hyalgan or Supartz	J7321		
Synvisc	J7325		
Euflexxa	J7323		

Supplies / Misc

Cast Shoe	L3260		
Elastic Bandage	A6434		
Sling	A4565		
Plaster (99070)	A4580		
Synthetic (99070)	A4590		
Sterile Tray	A4550		
Surgical Tray	A4550		

SUPPLIES	HCPCS	FEE

RADIOLOGY

	CPT	L	R	MOD	FEE
Scoliosis 1V	72069				
Entire Spine Survey	72010				
C. Spine 2V	72040				
C. Spine 4-5V	72050				
T. Spine 2V	72070				
L. Spine 2 V	72100				
L. Spine 4-5V	72110				
Pelvis, AP V	72170				
Clavicle	73000				
Shoulder-Min. 2V	73030				
Humerus 2+ V	73060				
Elbow 2V	73070				
Elbow 3V	73080				
Forearm	73090				
Wrist 2V	73100				
Wrist Min. 3V	73110				
Hand 2V	73120				
Hand Min. 3V	73130				
Finger/Thumb Min2V	73140				

	CPT	L	R	MOD	FEE
Hip Min. 2V	73510				
Hip Bil.	73520				
Femur 2V	73550				
Knee 1V w/ fib shaft	73560				
Knee 2V	73560				
Knee 3V	73562				
Knee 4-5V	73564				
Tib/Fib 2V	73590				
Ankle 2V	73600				
Ankle Min. 3V	73610				
Foot 2V	73620				
Foot Min. 3V	73630				
Heel	73650				
Toes	73660				
Bone Age Study	77072				
Orthoroentgen w/ ruler	77073				

CASTS / SPLINTS

S.A. Cast	29075	S.L. Splint	29515
L.A. Cast	29085	L.L. Splint	29505
S.A. Splint	29125	Cylinder	29355
L.A. Splint	29105	P.T.B. Cast	29345
S.L. Cast	29405	Thumb Spica	29085
L.L. Cast	29345	Unlisted Cast	29799
L.L. Cast Amb.	29365		
S.L. Cast Amb.	29425		

6 WK f/up Rt. Knee
S/p Rt. Knee high-tibial osteotomy - (7/28/10)
Ankle is sore - feels unstable without the brace
ACL/PCL BRACE
Hyperextension
Defiance CI = 10° stop

DIAGNOSIS: *Date of Accident:* ___/___/___

Previous Diagnoses:

Diagnosis 1: 8449
Diagnosis 2:
Diagnosis 3:
Diagnosis 4:

frame below

Your Next Appointment is with:

☐ Dr. Burnworth ☐ Dr. Locke ☐ Dr. Pfennel
☐ Dr. Chillag ☐ Dr. Hydorn ☐ Dr. Van Dam
☐ Dr. Fatmy ☐ Dr. Noojin ☐ Dr. Clavel
☐ Dr. Felton ☐ Dr. McFadden ☐ Dr. Scott
☐ Dr. Holmes ☐ Dr. Smith ☐ Greg Mangione

Return Appointment:

___ Days ___ Mos. ☐ Call
___ Wks ___ Yrs ☐ PRN
Jan ☐ Discharged

Disabled: From ___/___/___ to ___/___/___

Return To:

☐ School ☐ Work Light Duty ☐ Work Full Duty

DATE: ___/___/___

Physician's signature:

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John P. Batson, M.D., FAAP
Youth Sports Medicine Specialist & Board Certified General Pediatrics & Sports Medicine
Kim J. Chilling, M.D.
Total Hip & Total Knee Replacement
William T. Felmly, M.D.
Spine Surgery
Daryl D. Fulton, M.D.
Hand, Upper Extremity Surgery & General Orthopaedics
S. Wendell Holmes, Jr., M.D.
Sports Medicine, Arthroscopy & General Orthopaedics
William H. Kirkley, M.D.
General Orthopaedics
Mark D. Locke, M.D., FAAP
Pediatric Orthopaedics
Earl B. McFadden, Jr., M.D.
Hand & Upper Extremity Surgery
Frank K. Noojin, III, M.D.
Sports Medicine, Arthroscopy & General Orthopaedics
Bradley P. Presnal, M.D.
Total Joint Replacement, Arthroscopy & General Orthopaedics
W. Alnie Van Dam, M.D.
Musculoskeletal Medicine & Electrodiagnostics

REPORT OF MEDICAL EXAMINATION

ALISON MORRETT
Employee's Name

XXX-XX[redacted]
Social Security Number

COMPANION PROPERTY AND CASUALTY GROUP
Employer/Carrier

11/22/2010
Date of Office Visit

S. WENDELL HOLMES, JR., MD
Physician/Provider

Signature of Physician

RETURN TO WORK STATUS:

Regular Duties _____ Date to Return: _____
Light Duties _____ Date to Return: _____
Remain Out of Work _____ Duration: _____

PHYSICAL LIMITATIONS:

None
____ No Walking or climbing
____ No standing
____ No prolonged standing
____ No sitting
____ No bending or stooping
____ No twisting or stretching
✓ No change from previous status

____ Pushing and pulling limit _____ lbs.
____ Lifting and carrying limit _____ lbs.
____ Sedentary duties only
____ No kneeling, squatting, crawling
____ No work involving _____ arm/hand
____ No overhead work
____ No work at heights
____ Other: _____

FOLLOW UP:

____ Days
____ Weeks
____ Discharged with permanent limitations above
____ Next Appointment: _____

2 ____ Months
____ PRN

Copy of office note to follow.

14 Medical Park • Suite 200 • Columbia, South Carolina 29203 • (803) 227-8000
7033 St. Andrews Road • Suite 104 • Columbia, South Carolina 29212 • (803) 227-8003
4721A Sunset Blvd • Lexington, South Carolina 29072 • (803) 227-8007

SECURITY FEATURES: "VOID" PANTOGRAPH BACKGROUND, BLUE BACKGROUND, REVERSE Rx, ARTIFICIAL WATERMARK, SCRATCH BACK WITH COIN TO AUTHENTICATE, PRODUCTION BATCH NUMBER ON BACK.

MOORE
Orthopaedics

S. Wendell Holmes, Jr., M.D.
BH2880309

14 Medical Park
Suite 200
Columbia, SC 29203
(803) 227-8000

104 Saluda Pointe Dr
Lexington, SC 29072
(803) 227-8000

4721 Sunset Blvd.
Suite A
Lexington, SC 29072
(803) 227-8007

Name: Allison Morrett
Address: [redacted]P

DOB: [redacted]
Age: 28 years
Date: 11/22/2010

℞: Feldene Capsule 20 MG
SIG: Take 1 capsule po daily with food
QUANTITY: 30
REFILLS: 3 TIMES:

S. Wendell Holmes

DISPENSE AS WRITTEN

SUBSTITUTION PERMITTED

Moore Orthopaedics
104 Saluda Pointe Drive
Lexington, South Carolina 29072
(803) 227-8177 Phone / (803) 227-8036 Fax

01/18/2011

ALISON MORRETT 248140

Lexington Office

HISTORY: Alison follows up for her right knee. Her last surgery was 07/28/10. Allison continues to have problems with the knee. She states it is about the same as before. During therapy, she thinks something moved during certain exercise.

PHYSICAL EXAMINATION: On exam, I watched her gait. Her gait is much better than it was prior to her osteotomy in that her varus stress is much reduced, although it is certainly not perfect. She has 1+ laxity of the ACL, 1+ laxity of the PCL. Varus laxity is about equal to physical exam. Dial test is about equal right versus left, so I cannot on physical exam document definite posterolateral rotation or varus laxity.

RADIOGRAPHS: I obtained mechanical axis films, and on her mechanical axis films, the weight bearing axis of her right lower extremity goes directly through the center of the knee, so this would be a mechanical axis of 0 degrees. On the contralateral knee, measuring superior femoral head center of the ankle to the center of the tibia spines, puts her in a varus position of 9.1 degrees. So, her mechanical axis is essentially nine degrees better on her osteotomized side than on her normal side. So, her normal position is varus recurvatum type of a normal position. This, of course, has been aggravated by the ACL and PCL instability problems on the right knee.

IMPRESSION: PERSISTENT SYMPTOMS RIGHT KNEE STATUS POST OSTEOTOMY, ACL AND PCL RECONSTRUCTION

PLAN: This is a complex problem and both Alison and I are frustrated that we have not been able to get this better. The summation of her history is that she had an on-the-job ACL tear, then during her first surgery by an outside surgeon, had iatrogenic injury to the PCL, then had a revision ACL and PCL reconstruction. That did not solve the varus recurvatum instability problem which we performed an osteotomy to correct her mechanical axis, and that still has not fully corrected her posterolateral instability issue. The next question in my mind is whether a posterolateral reconstruction of some sort would benefit her. I think she is irritated by the long screws that were required to stabilize the crack in the lateral tibial plateau during her osteotomy, and those can come out at some point, but if we are planning any future surgery, I would do that all at the same time. I do not think it is time to remove her osteotomy hardware yet. I am going to ask that we seek a second opinion for this, and that is in the works at the present time.

S. Wendell Holmes, Jr. M.D.

CC List:

SWH:ats34
DD: 03/31/2011 DT: 04/01/2011 14:39:19
103223

Moore Orthopaedics
104 Saluda Pointe Drive
Lexington, South Carolina 29072
(803) 227-8177 Phone / (803) 227-8036 Fax

01/18/2011 **ALISON MORRETT 248140** **Lexington Office**

This document was electronically authenticated by S. Wendell Holmes, Jr. M.D. on 04/01/2011 16:19:13.

South Carolina Department of Motor Vehicles

Disabled Placard and License Plate Application

RG-007A
(Est. 01/10)

Section 1 – Check type of transaction

☐ Original ☐ Renewal ☐ Replacement – Prior Plate/Placard No. _____ ☐ Add Disabled Parking Authorized ($1.00)

DISABLED LICENSE PLATE

☐ Passenger Vehicle ($20.00) ☐ Motorcycle ($10.00) ☐ Disabled Veteran (No fee – Permanent Plate)

DISABLED PLACARD - $1.00 Limit 1 per applicant. Applicant must have a SCDL, BP or ID photo on file with SCDMV.

☐ Temporary (Impairment must be at least 4 months not to exceed 1 year) ☐ Permanent (valid for 4 years)

Placard Registration Certificate must remain in the vehicle when the placard is being used.

☐ DECAL (For display on Purple Heart plates only)

Mail completed application along with a check or money order payable to the South Carolina Department of Motor Vehicles (NO CASH ACCEPTED) to **SC Department of Motor Vehicles, PO Box 1498, Blythewood, SC 29016-0019**

Warning: A person who duplicates, forges, or sells a disabled placard or a person who falsifies information on an application form for a disabled placard or plate is guilty of a misdemeanor and, upon conviction, must be imprisoned for 30 days and fined not less than $500 and not more than $1,000.

** Indicates optional information

Section 2 – Disabled Person's Information – Required for Placard or Plate

Last Name: _____ First Name: _____ Middle Name: _____

Street Address: _____

Mailing Address (if different): _____

All correspondence will be mailed to the address of the applicant.

City: _____ State: _____ Zip Code: _____

(Area Code) Telephone Number:** _____ Disabled Person's SC Drivers License, BP, or ID Number: _____

Email Address:** _____

I certify that this information is true and correct.

Signature of Disabled Person | Printed Name of Disabled Person | Date

Section 3 – Vehicle Information – Required for Plate Only

Vehicle Identification Number: _____ Make: _____ Year: _____ Current Vehicle Plate Number _____

Owners Information

Last Name _____ First Name _____ Middle Name _____

Street Address: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____ Email:** _____

(Area Code) Telephone Number:** _____ SC Driver's License, BP or ID _____

YES, I wish to donate $5.00, more or less, to Donate Life SC. Amount of donation $ _____.00

INSURANCE CERTIFICATION

Under penalties of perjury, I declare this vehicle is insured with _____ (Insurance Company) and I will maintain liability insurance throughout the registration period.

Signature of Vehicle Owner | Printed Name of Vehicle Owner | Date

Section 4 – Physician's Statement

This portion of the application must be completed by a licensed physician and must indicate the disability and length of disability.

Effective January 1, 2010 applicants must be certified disabled by a licensed physician and must attach a legible prescription order with an original signature from the same physician.

This is to certify that Alison morrett (Name of Applicant and Date of Birth (Please Print)) has the following condition(s):

☑ an inability to ordinarily walk one hundred feet nonstop without aggravating an existing medical condition including the increase of pain;

☐ an inability to ordinarily walk without the use of, or assistance from a brace, cane, crutch, another person prosthetic device, wheelchair, or other assistive device;

☐ a restriction by lung disease to the extent that the person's forced expiratory volume for one second when measured by spirometry is less than one liter, or the arterial oxygen tension is less than sixty mm/hg on room air at rest;

☐ requires use of portable oxygen;

☐ a cardiac condition to the extent that the person's functional limitations are classified in severity as Class III or Class IV according to standards established by the American Heart Association. If the person's status improves to a higher level, for example as a result of bypass surgery or transplantation, he no longer meets this criteria;

☐ a substantial limitation in the ability to walk due to an arthritic, neurological, or orthopedic condition, for example, coordination problems and muscle spasticity due to conditions that include Parkinson's disease, cerebral palsy, or multiple sclerosis; or

☐ blindness.

This disability is: ☐ Permanent ☑ Temporary – length of time 6 months. (Impairment must be at least for 4 months not to exceed 1 year) Physician Office Phone Number: 803-227-8170

I certify that I am a licensed Physician.

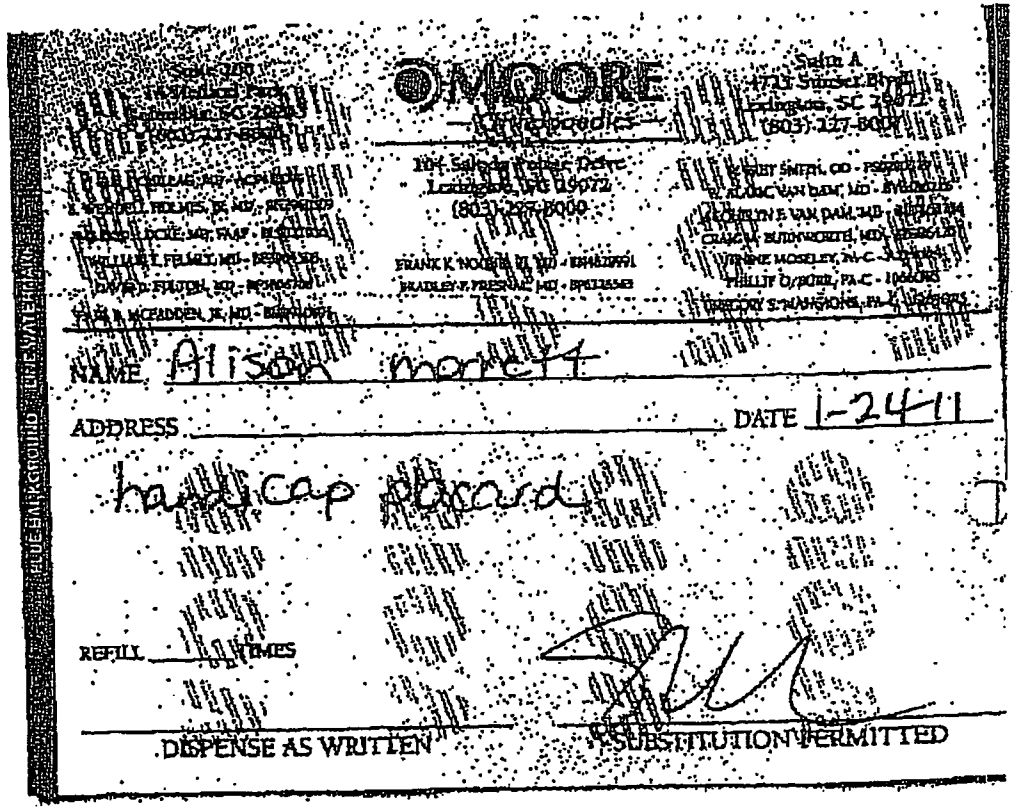
Surendell Holmes. | [signature] | 1-24-11 | SC11E109

Print Name of Physician | Signature of Physician | Date | Professional License No.

DMV USE ONLY

Amount _____

Plate/Id No. _____ Special Instructions _____



MOORE
Orthopedics

Suite A
1721 Sunset Blvd.
Lexington, SC 29072
(803) 227-8000

NAME Alison Morrell

ADDRESS _____ DATE 1-24-11

handicap placard

REFILL 1 TIMES

DISPENSE AS WRITTEN

SUBSTITUTION PERMITTED

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FOUNDED 1928

John P. Batson, M.D., FAAP
Youth Sports Medicine Specialist &
Board Certified General Pediatrics
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Total Knee Replacement
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Spine Surgery
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& General Orthopaedics
William R. Kirkley, M.D.
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& General Orthopaedics
Bradley P. Presnal, M.D.
Total Joint Replacement, Arthroscopy &
General Orthopaedics
W. Alaric Van Dam, M.D.
Musculoskeletal Medicine
& Electrodiagnostics

REPORT OF MEDICAL EXAMINATION

Alison Mooreff
Employee's Name

Social Security Number

Companion Property & Casualty
Employer/Carrier

1/18/11
Date of Office Visit

S. WENDELL HOLMES JR
Physician/Provider

Signature of Physician

RETURN TO WORK STATUS:

Regular Duties	____	Date to Return: ____
Light Duties	✓	Date to Return:
Remain Out of Work	____	Duration: ____

PHYSICAL LIMITATIONS:

- ____ None
- ____ No Walking or climbing
- ____ No standing
- ____ No prolonged standing
- ____ No sitting
- ____ No bending or stooping
- ____ No twisting or stretching
- ✓ No change from previous status

- ____ Pushing and pulling limit ____ lbs.
- ____ Lifting and carrying limit ____ lbs.
- ____ Sedentary duties only
- ____ No kneeling, squatting, crawling
- ____ No work involving ____ arm/hand
- ____ No overhead work
- ____ No work at heights
- ____ Other: ____

FOLLOW UP:

- ____ Days
- ____ Weeks
- ____ Discharged with permanent limitations above
- ✓ Next Appointment: Call

- ____ Months
- ____ PRN

Copy of office note to follow.

14 Medical Park • Suite 200 • Columbia, South Carolina 29203 • (803) 227-8000
7033 St. Andrews Road • Suite 104 • Columbia, South Carolina 29212 • (803) 227-8003
4721A Sunset Blvd • Lexington, South Carolina 29072 • (803) 227-8007

Moore Orthopaedics
104 Saluda Pointe Drive
Lexington, South Carolina 29072
8032278177 Phone / 18032278036 Fax

05/11/2011 ALISON MORRETT 248140 **Lexington Office**

HISTORY: Alison is a 29-year-old female who is here for evaluation of her right knee. She states that she slipped in the shower two days ago, on 05/09/2011. She thinks that her knee is now swollen on the outside portion of her knee. She has had multiple previous surgeries on that knee and is just concerned that maybe she had injured her knee once again.

PHYSICAL EXAMINATION: On exam today, she is a very pleasant female. She is alert and oriented x3 and in no acute distress. She is neurovascularly intact. Her calf is soft and nontender. She has good range of motion from 0-125 degrees of flexion. She has good strength, 5/5, on flexion/extension. She has no laxity on varus or valgus stress test. She has some mild pain to the lateral portion of her knee over the lateral collateral ligament. She has some mild medial joint line pain. She states is something that she always has.

RADIOGRAPHS: X-rays taken today show hardware that is intact from previous surgeries. She has had two ACL surgeries as well as hardware that is consistent with her previous high tibial osteotomy. There is no acute fractures or bony abnormalities.

IMPRESSION: RIGHT KNEE STRAIN

PLAN: I have instructed her to rest, ice, elevate and use NSAIDs as needed. She can followup with us on an as-needed basis. The last time she saw Dr. Holmes on 01/18/2011, he had referred her to a specialist in North Carolina for a second opinion. She is in the process of setting up an appointment to see someone in North Carolina. All of her questions were answered here in the office today.

Adam Baier, PA-C, MPAS Physician Assistant to Dr. Wendell Holmes M.D.

CC List:

AB:ats65
DD: 05/11/2011 DT: 05/16/2011 08:38:16
112512

This document was electronically authenticated by Adam Baier, PA-C, MPAS Physician Assistant to Dr. Wendell Holmes M.D. on 05/16/2011 15:49:39.

OrthoCarolina

Patient: ALISON MORRETT [redacted]

Age/DOB: [redacted]
MRN: 10217613
Home: [redacted]
Work: [redacted]

Provider: Dana Piasecki M.D.
Document Type: Work Comp Note

Enc Date: 07/21/2011

Location: RAND1
Dictated Date: 07/23/2011
Accession #: arch5220110726151917

INCOMPLETE DICTATION JOB #1498186

CHIEF COMPLAINT:
Right knee pain and instability.

HISTORY OF PRESENT ILLNESS:
This is an initial Independant Medical Evaluation visit for this 29-year-old female who presents for evaluation of her right knee. Alison is an otherwise healthy and previously quite active EMT, now in nursing school who unfortunately suffered a fall injury while on the job in May 2009. She apparently fell down a hill, twisted her knee and tore her ACL back then and subsequently underwent an ACL reconstruction with BTB autograft in May 2009. This apparently was complicated by an iatrogenic PCL injury recognized in the ensuing several months and in October of that year she underwent a revision ACL reconstruction combined with a PCL reconstruction. Both of these reconstructions were performed with allograft and her postoperative recovery from this was without any dramatic complication, though she did develop some crepitus and apparently some stiffness and mild instability related complaints that were treated with a third surgery in March 2010 including an arthroscopy, debridement and lysis of adhesions with manipulation under anesthesia. She unfortunately continued to complain of instability-like symptoms thereafter and her primary treating physician, Dr. Holmes in Columbia, South Carolina recommended a high tibial osteotomy given a sense of some varus and posterolateral corner instability and presumptively some varus malalignment as well. This was performed in July 2010 and while she recovered from the osteotomy without a significant complication, has unfortunately had persistent subjective instability, particularly during the stance phase of gait. She notes some mild pain anteromedially and feels that her knee collapses into valgus during mid stance. She denies substantive swelling or mechanical symptoms but is quite limited by this and as a result has changed careers from an EMT and is now in nursing school.

PAST MEDICAL, SURGICAL HISTORY, MEDICATIONS, ALLERGIES, SOCIAL AND FAMILY HISTORY: As per the medical history form which is reviewed today, negative responses confirmed as negative.

PHYSICAL EXAMINATION:
On exam today Alison is pleasant, cooperative and in no acute distress. She is alert and oriented and healthy appearing. Evaluation of her right lower extremity demonstrates well-healed surgical incisions consistent with her surgical history including ACL and PCL reconstructions. She demonstrates some quad atrophy relative to the opposite side but can actively extend the knee against resistance. She demonstrates mild patellofemoral crepitus which is asymptomatic. Motion is full and symmetric to the opposite side though she does demonstrate a 2A Lachman with a 1-2+ pivot shift exam as well as a grade 2 posterior drawer. She also demonstrates substantial opening on varus stress at 30 degrees with what I would grade as a grade 3 exam. She has some grade 2 opening in full extension and has a clear increase in external rotation at 90 degrees and even to a greater extent at 30 degrees during dial testing.

Watching Alison during gait today demonstrates during stance phase a combined varus thrust during initial stance combined with a rotatory valgus instability at terminal stance consistent with her ligamentous stability exam.

IMAGING STUDIES:
Four views of the right knee obtained today in the office demonstrates notable hardware associated with her prior ligament reconstructions as well as her high tibial osteotomy. She appears to have a non-Arthrex plate in place. She demonstrates relative preservation of her joint space medially and laterally. Long leg alignment films are not obtained today in the office given mechanical issue with the x-ray tablet.

IMPRESSION:
Twenty-nine-year-old female with a complex presentation involving right knee pain and instability which appears chiefly consistent with residual posterolateral corner instability and possibly failed ACL and PCL reconstructions status post revision ACL, index PCL reconstructions and apparently neutralizing high tibial osteotomy.

PLAN:
I discussed with Alison that this multifactorial presentation

Dana Piasecki, M.D.

cc: Lisbeth Carpenter, Adjustor
Mindy Knight, Case Manager

Electronically verified by:Dana Piasecki M.D. Aug 12 2011 12:11PM Eastern Standard Time

Electronically signed by:Dana Piasecki M.D. Aug 12 2011 4:11PM EST

AMENDMENTS:
1. Addendum:

I discuss with Alison that her multifactorial presentation is quite complex and involves possible failure of her ACL and PCL reconstructions with a probable preexisting posterolateral corner deficiency that has not been well-responsive to a high tibial osteotomy. We discussed the correction of this issue will likely require a staged approach and my initial recommendation would be to obtain improved imaging with both single and double leg stance PCA views to assess her static and dynamic alignment of the right lower extremity to determine to what degree she did in fact achieve neutralization with respect to her osteotomy. Her lateral view today in the office of the right knee also suggests some slightly increased posterior slope to of roughly 15-16 degrees and I would like also to obtain an additional lateral view of the other knee to determine to what degree this would potentially require revision as well. Depending on her imaging with respect to the adequacy of her osteotomy, the next step in my mind would involve a careful examine under anesthesia followed by a diagnostic arthroscopy with staging evaluation of her chondral surfaces, menisci and ligamentous structures. Depending on the status of her ACL, PCL, she could potentially require a graft debridement, hardware removal and bone grafting of her prior tunnels. Depending on the need for revision osteotomy, this could be performed in the same sitting after removal of her old plate and potentially corrective osteotomy with respect to her slope and/or degree of varus, valgus correction as well. This lateral option would require an iliac crest autograft and following recovery from this index procedure, depending on consolidation of any bone grafting, uncomplicated healing of any revision osteotomy, restoration of motion and whatever persistent ligamentous instability remained, she likely would be indicated for a 2nd stage definitive revision ligament reconstruction including a posterolateral corner. Alison is agreeable with this. I have expressed a willingness to treat her in the future should she elect to do so. As noted, the next would involve in my opinion additional imaging following which we could develop a definitive plan for the 1st stage procedure should she elect to move in that direction. I think that the care she has received to date has been appropriate and I have suggested she consult with her treating surgeon once again regarding options from his standpoint. I do believe she is now at max medical improvement with respect to her nonsurgical treatment following her most recent procedure but that she would benefit substantially from additional surgical intervention.

Dana Piasecki, M.D.

Patient: ALISON MORRETT [redacted]

Age/DOB: [redacted]
MRN: 10217613
Home:
Work: [redacted]

Provider: Dana Piasecki M.D.
Document Type: Work Comp Note

Enc Date: 08/11/2011

Location: RAND1
Dictated Date: 08/13/2011
Accession #: arch5220110816083406

HISTORY OF PRESENT ILLNESS:
Alison obtained x-rays today including single as well as double stance long leg alignment views and a lateral view of the left knee. I saw her after completion of these x-rays with respect to their findings.

IMAGING STUDIES:
Review of her x-rays demonstrates consistent alignment with a single as well as double leg stance views suggesting in the coronal plane that her alignment following her high tibial osteotomy was appropriately corrected such that her weightbearing line now falls to the lateral spine. This would suggest, of course, that she has had adequate correction of her varus malalignment. It is significant, I believe; however, when comparing her lateral left knee view to the right knee lateral view that I believe there has been a substantial increase in posterior slope of her joint space. She demonstrates a roughly 8-9 degree posterior slope on the uninvolved left knee versus a roughly 17 degree posterior slope on the right knee which may well explain her increased anterior instability and some of the subluxation she was experiencing at this point with gait in the setting of her multiligamentous deficiency, particularly with respect to the posterolateral corner.

IMPRESSION:
Complex right knee presentation involving at this point probable bony as well as ligamentous contributions to instability with an overall posterolateral corner instability with possible failed ACL/PCL reconstructions and corrected varus, valgus alignment but with what would appear to be a probable pathologic increase in posterior tibial slope.

PLAN:

I have had a long discussion today with Alison regarding treatment options moving forward as a result of these imaging findings. As noted at her last office evaluation towards the end of July, we discussed an operative approach which would involve a careful exam under anesthesia followed by an arthroscopy with debridement and possible hardware removal and bone grafting for prior ACL and PCL tunnels depending on the findings. A staging evaluation of her chondral and meniscal structures would also be performed. Based on her x-rays currently, I would also anticipate a revision corrective high tibial osteotomy to correct her tibial slope back to 8-9 degrees. This would, of course, from a logistical standpoint would involve a creation of an osteotomy distal to her prior osteotomy but performing an isolated opening of the wedge posteriorly. I would anticipate attempting not to alter her overall coronal plane alignment but feel that if there is no opening anteriorly, we could correct her posterior slope along with an iliac crest autograft. This would require, of course, that the plate be placed quite posteriorly, though I suspect would not be substantially difficult. Following healing from this procedure depending on the status of her ACL and PCL, she could be indicated for a subsequent staged posterolateral corner reconstruction if necessary, plus or minus revision ACL and PCL reconstructions. We discussed today risks and benefits of the above approach including bleeding, nerve damage, infection, the requisite in-patient stay for 1-2 days given the osteotomy as well as a 6 week course of nonweightbearing and the need for iliac crest autograft. Alison is agreeable with this and would like to proceed. We will, therefore, move ahead with scheduling at her convenience of a right knee exam under anesthesia followed by a diagnostic arthroscopy with debridement and possible ACL as well as PCL tunnel bone grafting in concert with hardware removal, particularly with respect to her interference screws and her tibial plate using her anteromedial incision. Bone grafting and debridement of her ACL, PCL grafts would, of course, depend on the findings during the arthroscopy and the EUA. The above would be followed by revision high tibial osteotomy with correction of her posterior tibial slope along with iliac crest autograft.

Dana Piasecki, M.D.

cc: Lisbeth Carpenter, Adjustor
Mindy Knight, Case Manager

Electronically signed by:Dana Piasecki M.D. Aug 16 2011 4:33PM EST

OrthoCarolina

Patient: ALISON MORRETT [redacted]

Age/DOB: [redacted]
MRN: 10217613
Home:
Work: [redacted]

Provider: Dana Piasecki M.D.
Document Type: Work Comp Note

Enc Date: 08/11/2011

Location: RAND1
Dictated Date: 08/13/2011
Accession #: arch5220110816083406

HISTORY OF PRESENT ILLNESS:
Alison obtained x-rays today including single as well as double stance long leg alignment views and a lateral view of the left knee. I saw her after completion of these x-rays with respect to their findings.

IMAGING STUDIES:
Review of her x-rays demonstrates consistent alignment with a single as well as double leg stance views suggesting in the coronal plane that her alignment following her high tibial osteotomy was appropriately corrected such that her weightbearing line now falls to the lateral spine. This would suggest, of course, that she has had adequate correction of her varus malalignment. It is significant, I believe; however, when comparing her lateral left knee view to the right knee lateral view that I believe there has been a substantial increase in posterior slope of her joint space. She demonstrates a roughly 8-9 degree posterior slope on the uninvolved left knee versus a roughly 17 degree posterior slope on the right knee which may well explain her increased anterior instability and some of the subluxation she was experiencing at this point with gait in the setting of her multiligamentous deficiency, particularly with respect to the posterolateral corner.

IMPRESSION:
Complex right knee presentation involving at this point probable bony as well as ligamentous contributions to instability with an overall posterolateral corner instability with possible failed ACL/PCL reconstructions and corrected varus, valgus alignment but with what would appear to be a probable pathologic increase in posterior tibial slope.

PLAN:

I have had a long discussion today with Alison regarding treatment options moving forward as a result of these imaging findings. As noted at her last office evaluation towards the end of July, we discussed an operative approach which would involve a careful exam under anesthesia followed by an arthroscopy with debridement and possible hardware removal and bone grafting for prior ACL and PCL tunnels depending on the findings. A staging evaluation of her chondral and meniscal structures would also be performed. Based on her x-rays currently, I would also anticipate a revision corrective high tibial osteotomy to correct her tibial slope back to 8-9 degrees. This would, of course, from a logistical standpoint would involve a creation of an osteotomy distal to her prior osteotomy but performing an isolated opening of the wedge posteriorly. I would anticipate attempting not to alter her overall coronal plane alignment but feel that if there is no opening anteriorly, we could correct her posterior slope along with an iliac crest autograft. This would require, of course, that the plate be placed quite posteriorly, though I suspect would not be substantially difficult. Following healing from this procedure depending on the status of her ACL and PCL, she could be indicated for a subsequent staged posterolateral corner reconstruction if necessary, plus or minus revision ACL and PCL reconstructions. We discussed today risks and benefits of the above approach including bleeding, nerve damage, infection, the requisite in-patient stay for 1-2 days given the osteotomy as well as a 6 week course of nonweightbearing and the need for iliac crest autograft. Alison is agreeable with this and would like to proceed. We will, therefore, move ahead with scheduling at her convenience of a right knee exam under anesthesia followed by a diagnostic arthroscopy with debridement and possible ACL as well as PCL tunnel bone grafting in concert with hardware removal, particularly with respect to her interference screws and her tibial plate using her anteromedial incision. Bone grafting and debridement of her ACL, PCL grafts would, of course, depend on the findings during the arthroscopy and the EUA. The above would be followed by revision high tibial osteotomy with correction of her posterior tibial slope along with iliac crest autograft.

Dana Piasecki, M.D.

cc: Lisbeth Carpenter, Adjustor
Mindy Knight, Case Manager

Electronically signed by:Dana Piasecki M.D. Aug 16 2011 4:33PM EST

7/27 - adjuster called wait for Dr. orders

'11 · 5 · 14 · 40860

SURGERY SCHEDULING FORM

w/ comp

PATIENT

Adjuster request surgery

Ref - w/c 8/4 - pending

CHART NUMBER: 1021613	FINANCIAL CLASS:		
LAST: Monroe	FIRST: Alison	MI:	
HOME PHONE:	DOB: [redacted]	M/F	
WORK PHONE:	AGE: 40	S.S.#	
P/O PHONE:	WEIGHT:	HEIGHT:	
DATE PT. SEEN: 7/21/11	OFFICE PT. SEEN:		
ALLERGIES:			
DISABILITIES:			
DIAGNOSIS:			

Pt. I need to see her new employer to schedule surgery 8/11

(R) knee torn ACL/PCL/HTO

X-RAY

SENT WITH PATIENT ☐	SENT FROM OFFICE ☐	ON ADMISSION ☐	NONE NEEDED ☐
FILMS NEEDED (SPECIFY):		DATE TAKEN:	

SURGERY

HOSPITAL: Mercy		ROOM NUMBER:	
SURGEON: Piasecki		MD / NON MD ASSIST: PA ok	
ADMIT DATE:		ADMIT MD:	
SURGERY DATE / TIME:		IN-P / OUT-P / OUT-P ADMIT / OBS	
PRE-OP NIGHT MEDICAL NECESSITY:			
ANESTH TYPE: GEN: LOCAL: w / Coverage		BLOCK	DURATION 2hrs 4hrs

Cpt Codes

21457
20680
29999 (unlisted for tunnel bone grafting)

PROCEDURE:

(R) knee arthroscopy, ROH, tunnel bone grafting

Rev HTO / ICBG Autograft

BLOOD; AUTOL:	RED CROSS	DIRECTED
CELL SAVER / STAND BY	ANSPAUGH	C ARM
ANDREW'S FRAME	BUTT BOARD	HOT ICE
PRE OP CLEARANCE / MD Amyth ok	PRE OP DATE	
CPM MACHINE:		

ORDERS: DST. Beat / Narrow wide Blade OSC Saw

(1) Normal implantation HTO

(2) OBX + cancellous allograft chips (30cc) (60cc)

(3) redux screwdriver set

(4) synthetic tape tourniquet

POSTOP P.T. NEEDED: Arthrex HTO set

PRE OP TEACHING PACKET GIVEN: ☐ YES ☐ NO ☐ N/A

SURGERY OFFICE

ADM OFFICE:	P.A. LETTER:	
LETTER ☐ VERBAL ☐ DATE:		
RED CROSS:		
IRON GIVEN	DATE PATIENT CALLED:	
INS. CHKD.: w/comp — pending	DATE SURGERY WANTED: MOVE UP IF POSSIBLE:	

WHITE COPY: SURGERY OFFICE YELLOW COPY: PT. CHART PINK COPY: RADIOLOGY OC-204 .10/07

* Preliminary Report *

#10217613

Result Type:	Operative/Procedure Reports
Result Date:	02 September 2011 0:00 EDT
Result Status:	Transcribed
Result Title:	Operative Note
Performed By:	PIASECKI , DANA PETER MD on 03 September 2011 11:15 EDT
Encounter Info:	1123600140, CMC-M, OPP - Outpatient Procedure Patient, 9/2/2011 - 9/4/2011

* Preliminary Report *

Operative Note (Unverified)

MORRETT, ALISON 5702675

DATE OF SURGERY: 09/02/2011.

PREOPERATIVE DIAGNOSES:
1. Right knee failed ACL/PCL reconstructions.
2. Failed high tibial osteotomy.

POSTOPERATIVE DIAGNOSES:
1. Right knee failed ACL/PCL reconstructions.
2. Failed high tibial osteotomy.
3. Notable posterolateral corner laxity.

PROCEDURE:
1. Right knee arthroscopy, debridement.
2. Revision high tibial osteotomy.
3. Iliac crest autograft.
4. Removal of hardware, deep implant.

SURGEON: Piasecki.

ASSISTANT: Hylton, PA-C.

ANESTHESIA: General endotracheal.

INTRAVENOUS FLUIDS: 1.5 liters crystalloid.

IMPLANTS: One 5 degree Arthrex proximal tibial locking plate, one 4.5 fully threaded cortical lag screw with associated washer.

CULTURES: None.

DRAINS: One Hemovac.

SPECIMENS: None.

DISPOSITION: Stable to recovery room.

INDICATIONS: This is a 29-year-old female who presented for initial referral for a second opinion regarding a complex history involving her right knee. Alison suffered an ACL injury initially that was complicated unfortunately by iatrogenic PCL injury during the time of her index ACL reconstruction which was performed with BTB autograft. She subsequently underwent a revision ACL reconstruction along with a PCL reconstruction which was associated with progressive instability and yet some arthrofibrosis that was addressed with an arthroscopy, debridement, and lysis of adhesions, which failed to address her subsequent instability that was approached with a high tibial osteotomy, which failed to address her stability complaints as well. Her overall presentation in the office suggested appropriate coronal plane realignment after the osteotomy, but with a significant increase in posterior slope and with probable failed ACL/PCL reconstructions and with notable as of yet unaddressed posterolateral corner laxity. A discussion was had with Alison regarding the complexity of her presentation and the need for a likely staged approach, and after discussing the risks and benefits of the above, she agreed to proceed with an exam under anesthesia, diagnostic arthroscopy, probable removal of hardware and revision high tibial osteotomy, in anticipation of subsequent later revision multiligamentous knee reconstruction.

FINDINGS: At the time of surgery in the operating room, the patient demonstrated full range of motion with well-healed incisions. She demonstrated a clear 2B Lachman with a grade 2-3+ pivot shift exam, a grade 3 posterior drawer, and grade 3 opening on varus stress testing at 30 of flexion, with a grade 1 exam at full extension. She demonstrated a clearly positive dial test at 90 and 30 degrees of flexion with increased play on external rotation spin testing. She also demonstrated grade 1-2 valgus stress exam at 30 of flexion. Subsequent diagnostic arthroscopy demonstrated intact chondral surfaces involving her patellofemoral articulation, medial and lateral femorotibial articulations with intact and normal appearing medial and lateral menisci. Her ACL and PCL reconstructions were intact and appeared reasonably well placed, though with substantial laxity. She had a clearly positive posterolateral drive-through as well. Subsequent open exposure of her osteotomy demonstrated an intact osteotomy with prominent hardware. As noted on preoperative x-rays, she demonstrated an increased posterior slope of the tibia on the lateral view.

Her subsequent approach operatively was addressed towards diagnostic arthroscopy with debridement followed by removal of hardware revision high tibial osteotomy and iliac crest autograft.

DESCRIPTION OF PROCEDURE: Following signing of the correct surgical site and informed consent, the patient was taken to operating room where an uncomplicated general anesthetic was administered in the supine position, and uncomplicated femoral nerve block performed in the holding area. After subsequent prepping and draping in the normal sterile fashion and exam under anesthesia with the findings as noted in the operative findings section, a standard diagnostic arthroscopy was performed using a standard anterolateral and anteromedial portal, with the findings as noted in the operative findings section.

Removal of hardware, deep implant: After completion of the above, the patient's prior anteromedial tibial incision was utilized, with sharp dissection through the skin and underlying subcutaneous tissues facilitating subsequent removal of the patient's prior Arthrex proximal tibial locking plate with the appropriate screwdriver and an elevator.

Iliac crest autograft: After completion of the above, a roughly 3 cm oblique longitudinal incision was taken over the anteromedial aspect of the prominent iliac crest starting 2 cm posterior to the palpable ASIS extending posteriorly. Sharp dissection through skin and underlying subcutaneous tissues facilitated subsequent division of the investing fascia and exposure of the iliac wing. A TTS narrow blade oscillating saw was used to create a cortical window which was later replaced over top of the iliac wing with curets used to remove roughly 10 cc of autograft cancellous bone. After completion of the above, the wound was copiously irrigated, Gelfoam inserted into the bony defect and the cortical window replaced with running 0 Vicryl suture closure of the investing fascia, buried 2-0 Monocryls and running 3-0 Monocryl suture closure of the deep dermis and skin respectively.

Revision high tibial osteotomy: After completion of the above, a revision osteotomy was performed using a 3 mm guidewire and the appropriate cutting jig used to place oblique guidewires roughly 6 mm below the inferior aspect of the prior osteotomy site. A wide blade oscillating saw was then utilized to initiate the cut both medially and posteriorly with appropriate blunt retractors placed and a narrow blade oscillating saw used to take the cut anteriorly above the tibial tubercle. Once the posterior cortex had been freed up and this cut was deemed appropriately mobile, given preoperative templating of a roughly 8-9 degree increase in posterior slope with essentially symmetric widening of the prior osteotomy with a 10 degree plate, it was felt that adequate recreation of normal posterior slope would be accomplished with closing down anteriorly of the osteotomy by 5 mm and with relative maintenance of the posterior height. The revision osteotomy was approached after the above cut had been performed by removing 5 mm of bone from the inferior aspect of the proximal tibial fragment with a freehand cut using a narrow blade oscillating saw. This facilitated subsequent insertion along the posterior most aspect of the osteotomy of a 5 degree plate, and with the knee in hyperextension, the anterior aspect of the osteotomy was closed down. In this position, a lateral view was obtained confirming normalization of the tibial slope in the sagittal plane and in the coronal view, the weightbearing line passed through the center of the intercondylar notch. In this position, a subsequent 5 degree sloped Arthrex proximal tibial locking plate was inserted, fixed in place with two distal 4.5 and two proximal 6.5 screws and a 4.5 fully threaded cortical screw with washer was used to lag compress the anterior aspect of the osteotomy to maintain the tibial slope achieved. Iliac crest autograft was then inserted into the osteotomy, with final alignment films both in the coronal and sagittal planes confirming appropriate hardware position and overall correction of the alignment, following which hemostasis was achieved with the tourniquet let down with a total tourniquet time of 120 minutes. A Hemovac drain was then placed deep to the subcutaneous plane and closure performed of the deep subcutaneous plane with 0 Vicryl sutures, buried 2-0 Monocryls and a running 3-0 Monocryl stitch used for the skin with interrupted 3-0 nylon sutures then used for the arthroscopic portals and a sterile, lightly compressive dressing applied, the knee placed in a hinged knee brace locked in extension, and the patient transferred to supine recumbency on a hospital bed and from there to the recovery room without difficulty or complication.

All sponge, needle and instrument counts were correct. I was present during all critical portions of the procedure. There were no complications.

Postop rehab protocol will be as per the femoral OATS and HTO protocol. The plan moving forward will be to achieve adequate healing of the osteotomy and at 4-1/2 to 6 months postoperatively to proceed with ACL/PCL reconstruction likely using a BTB allograft for the ACL with possibly an enlarged plug to achieve slight anteriorization of the minimally posteriorized tibial tunnel, along with a formal posterolateral corner reconstruction likely using a fibular as well as tibial based reconstruction construct.

D: 09/03/2011 11:15AM DANA PETER PIASECKI, MD
T: 09/04/2011 11:25AM trs
Job # 5613171/Conf # 4736606
cc:

Completed Action List:
* Perform by PIASECKI , DANA PETER MD on 03 September 2011 11:15 EDT
* Transcribe by ESCRIPTION , TRANSCRIPTIONIST on 04 September 2011 11:25 EDT

OrthoCarolina

Patient: ALISON MORRETT [redacted]

Age/DOB: [redacted]
MRN: 10217613
Home:
Work: [redacted]

Provider: Dana Piasecki M.D.
Document Type: Operative Note

Enc Date: 09/02/2011

Location: HOSP
Dictated Date: 09/02/2011
Accession #: worea20110926151801

Details of the operative procedure are noted in the dictated operative report.

Dana Piasecki, M.D.

Electronically signed by:Dana Piasecki M.D. Sep 26 2011 3:38PM EST

OrthoCarolina

Patient: ALISON MORRETT [redacted]/2

Age/DOB: [redacted]
MRN: 10217613
Home:
Work: [redacted]

Provider: Andy Hylton P.A.
Document Type: Work Comp Note

Enc Date: 09/20/2011

Location: RAND1
Dictated Date: 09/21/2011
Accession #: arch3920110922115432

CHIEF COMPLAINT:
Right knee postop visit.

HISTORY OF PRESENT ILLNESS:
Alison presents today for her first postop visit status post a right knee arthroscopy, revision of high tibial osteotomy with iliac crest autograft and removal of hardware deep implant. Alison mentions that things initially were going smoothly postoperative; however, she notes that 3 days ago she had some increased redness in the distal aspect of her incision as well as some episodes of night sweats and chills. She was subsequently recommended to be seen by a medical provider here in Charlotte whereby she was diagnosed with an infection and was given some Keflex. She continues to take the Keflex on a consistent basis. She knows that since she started the antibiotics she has felt a lot better and the area of redness around the distal aspect of her incision is decreased in circumference. She continues to be compliant with the brace as well as physical therapy; however, she does mention that pain has been somewhat challenging since therapy.

PHYSICAL EXAM:
On examination today, Alison is pleasant, cooperative in no acute distress. She is alert and oriented. Evaluation of her right knee demonstrates well-healed surgical incisions. There is a slight erythematous area around the distal third of her incision. This does not appear infected today. Gentle range of motion in the office today is notable for a full extension with 90 degrees of flexion.

RADIOGRAPHS:
Two views of her right knee were ordered, reviewed and interpreted in the office today. They demonstrate stable placement of hardware.

IMPRESSION:
Alison is a 29-year-old female who is just under 3 weeks status post her right knee arthroscopy, revision of HTO, iliac crest autograft as well as removal of the hardware due to the implant.

PLAN:
I discuss with Alison in the office today that things look stable, at this point; however, she looked like she was taken an antibiotic. I would like her to come back in in 1 week's time just to make sure the knee looks nice and clear and free of infection. Alison is agreeable with this and so she will follow up with us in 1 week. In the interim, we took out her sutures and replaced them with Steri-Strips. She was also given a prescription for a different medication, Nucynta, due to the pain not being effectively managed with oxycodone.

Patient seen and evaluated by Andy Hylton, P.C.-A.
Supervising Physician: Dana Piasecki, M.D.

Patient: ALISON MORRETT
MRN: 10217613

Encounter: Sep 20 2011 10:45AM

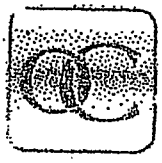
Andy Hylton, P.A.

cc: Lisbeth Carpenter, Adjuster
Mindy Knight, Case Manager

Electronically verified by:MedTran OrthoCarolina Sep 23 2011 10:24AM Eastern Standard Time

Electronically signed by:Andy Hylton P.A. Sep 26 2011 11:07AM EST

PHYSICAL THERAPY PROTOCOL
Femoral Condyle/Tibial Plateau OATS



Dana P. Piasecki, MD
The Sports Medicine Center
OrthoCarolina

Patient Name: Miss Monet **Date of Surgery:** 5/2/11

Procedure: (Right)/Left Knee Femoral Condyle / Tibial Plateau OATS

Associated Procedure(s) (*circled if applicable*):

- **ACI biopsy**
- **Partial Meniscectomy / Debridement**
- **Realignment osteotomy: DFO / (HTO)**

/ **Evaluate and Treat – no open chain or isokinetic exercises**

/ **Provide patient with home exercise program**

/ **Phase I (0-8 wks):** ***Period of protection.***

- **Non-weight bearing with crutches.** A brace is not required.
- **ROM**
  - CPM: 6-8 hrs/day, 1 cycle/minute, starting with a ROM that is comfortable for the patient. Advance motion 10 degrees each day as tolerated. If CPM is not available at any point during this time, patients are to perform 1500 active-assisted cycles of the knee per day (seated at the edge of a table, with the knee over the edge).
  - Gentle passive, active-assisted and active non-weightbearing (heel slides) ROM as tolerated. Gentle patellar mobilization only, to avoid irritating donor sites. **Goal: full ROM by week 6.**
- **Strengthening:** quad sets, co-contractions, isometric quad/hamstring strengthening, all non weight-bearing.

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__ **Phase II (8-12 wks):** ***Transition phase.***

- **Gradual return to full weight bearing.** Continue crutch use, but increase weightbearing gradually (roughly 30% each week). Full weight-bearing without crutches by the end of this phase.
- **ROM:** D/C CPM and progress to full active and passive ROM.
- **Strengthening:** Continue prior exercises, advancing to closed-chain strengthening once full weight-bearing.

__ **Phase III (3-6 months):** ***Begin more sport-focused conditioning.***

- **ROM:** Continue active and active-assisted ROM.
- **Strengthening:** Progress closed-chain strengthening without limits. Begin treadmill walking at a slow pace and progress to balance/proprioception.
- Light plyometrics and jogging can be initiated once full quad/hams strength achieved, followed by sport-specific drills.
- High-impact activities (jumping, contact sports) are allowed after 4-5 months if full ROM and strength achieved, and no pain with sport-specific rehab.

__ **Other:**

__ Modalities __ Electrical Stimulation __ Ultrasound
__ Heat before/after __ Ice before/after exercise
__ May participate in aquatherapy after week three, begin aqua-running week 6

Frequency: 2-3 **x/week x** 6 **weeks**

By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary. This patient __ would __ would not benefit from social services.

_____ **Date:** 9/2/11

Dana P. Piasecki, MD

OrthoCarolina

Patient: ALISON MORRETT [redacted]11

Age/DOB: [redacted]
MRN: 10217613
Home:
Work: [redacted]

Provider: Dana Piasecki M.D.
Document Type: Work Comp Note

Enc Date: 09/29/2011

Location: RAND1
Dictated Date: 09/30/2011
Accession #: arch5220111001084855

CHIEF COMPLAINT:
Right knee HTO follow-up.

HISTORY OF PRESENT ILLNESS:
Alison presents today for interval follow-up visit for her right knee. As noted in the chart, she is 3 weeks status post her right knee arthroscopy, revision of high tibial osteotomy with iliac crest autograft and removal of deep implant. When she saw us at her routine postoperative visit she noted that she was put on Keflex a few days prior to that due to potential infection in the distal aspect of her incision. Alison presents today noting that she completed her course of antibiotic. She notes that she does continue to have the issues with night sweats but she no longer had any type of fever. The redness has gone away from the incision site and she has had no interval issues or problems. She does mention that her range of motion continues to progress appropriately.

PHYSICAL EXAMINATION:
On examination today is pleasant, cooperative and in no acute distress. She is alert and oriented. Evaluation of her right knee continues to demonstrate well-healed surgical incisions with no signs of infection, erythema or drainage. The prior erythematous area is no longer present. Range of motion is notable for full extension with 110 degrees of flexion.

IMPRESSION:
Alison is a 29-year-old female who is 3 weeks status post right knee arthroscopy with revision HTO with iliac crest autograft as well as removal of the hardware deep implant.

PLAN:
I discussed with Alison in the office today that I am happy the way things look at present, particularly in light of the fact there are no signs of infection. We would like her to continue physical therapy and she was given a refill on her Nucynta. At this point we would like her to follow-up with us in 4 weeks time at which point we anticipate progressing her therapy.

Patient seen and evaluated by Dana Piasecki, M.D.
Dictated by Andy Hylton, PA-C acting as a scribe for Dana Piasecki, M.D.

Dana Piasecki, M.D.

cc: Lisbeth Carpenter, Worker's Compensation - Adjustor
Mindy Knight, Worker's Compensation - Case Manager

Electronically signed by:Dana Piasecki M.D. Oct 4 2011 7:44AM EST

CARBON COPY Printed By: Dana Piasecki 1 of 1 10/4/11 11:45:00 AM

Sports Medicine Center - OrthoCarolina
1915 Randolph Road, Charlotte, NC 28207
704-323-2000

Dana Piasecki M.D.
NC2008-00994
DEA #PP0284252 NPI:1760609838

Name ALISON MORRELL [redacted] 10217613

Address 500 CAROLINA [redacted] LEXINGTON SC 29072 DOB [redacted]

Rx Oxycodone 30MG Oral Tablet #40

Quantity: 40 tablet

take 1-2 tablets po q 4-6 prn pain

Product Selection Permitted

Security Feature List
1. [ ] borderand spelled out dollars
2. microprint signature line visible at 5x or >
3. This list of security features

Dispense as Written
VERIFY PATIENT ID

Written: 9/29/2011 Refills Authorized **0** Times Rx: 67078095 C-II

Orthocarolina

Work Status

Date of exam 9/20/11 **Is the injury work-related?** Yes ☑ No ☐

Patient name [illegible] **Chart number** 10217613

Doctor [illegible]

Diagnosis s/p [illegible] Right ☑ Left ☐ Bilateral ☐

✓ Should not return to work until re-evaluated (see return appointment date below).

____ Return to work **WITHOUT** restrictions on _____ (date).

____ Return to work **WITH** the following restrictions* on _____ (date).

Return to work no greater than ____ hours per day beginning on _____.

☐ No lifting greater than ____ pounds.

Right ☐ Left ☐ Both ☐

☐ No prolonged bending, stooping, squatting, kneeling, or twisting.

☐ No pushing or pulling greater than ____ pounds.

Right ☐ Left ☐ Both ☐

☐ No prolonged reaching overhead or extreme positions of the neck.

☐ No lifting over ____ pounds above shoulder level, ____ pounds waist to shoulder, ____ pounds floor to waist.

☐ No work involving use of hand / arm *(circle one)*

Right ☐ Left ☐ Both ☐

Repetitive ☐ Strong grip ☐ At all ☐

☐ No working on or driving power moving equipment.

☐ Sit down work only.

☐ No standing/walking over ____ minutes/hour.

☐ No ladder/stair-climbing.

☐ Avoid significant exposure to extremes of temperature. ____ Hot ____ Cold ____ Both

Is patient being prescribed medications that may be hazardous in a work environment? ☐ Yes ☐ No

Additional modified duty restrictions/comments: _____

✓ Patient to continue physical/occupational therapy.

____ Patient released from physical/occupational therapy.

✓ Return appointment with doctor on 3 [illegible] (appointment date). (rtsd 11 @ 12:45pm)

Physician signature [signature] **Date** 9/20/11

***Unless otherwise specified, restrictions are in effect until return appointment.**

Estimated date of MMI TBD

For Worker's Comp inquiries only, call (704)347-5490 or fax (704)347-5445

TOP COPY: Patient's Chart **MIDDLE COPY: Worker's Comp Copy** **LAST COPY: Patient Copy**

OC-171 Rev. 4/17/2006

OrthoCarolina

Work Status

Date of exam 9/29/11

Patient name Allison Murphy

Doctor Pisecki

Diagnosis s/p (R) knee hto

Is the injury work-related? Yes ☑ No ☐

Chart number 10217613

Right ☑ Left ☐ Bilateral ☐

✓ Should not return to work until re-evaluated (see return appointment date below).

____ Return to work **WITHOUT** restrictions on _____ (date).

____ Return to work **WITH** the following restrictions* on _____ (date).

Return to work no greater than ____ hours per day beginning on _____.

☐ No lifting greater than ____ pounds.

Right ☐ Left ☐ Both ☐

☐ No prolonged bending, stooping, squatting, kneeling, or twisting.

☐ No pushing or pulling greater than ____ pounds.

Right ☐ Left ☐ Both ☐

☐ No prolonged reaching overhead or extreme positions of the neck.

☐ No lifting over ____ pounds above shoulder level, ____ pounds waist to shoulder, ____ pounds floor to waist.

☐ No work involving use of hand / arm (*circle one*)

Right ☐ Left ☐ Both ☐

Repetitive ☐ Strong grip ☐ At all ☐

☐ No working on or driving power moving equipment.

☐ Sit down work only.

☐ No standing/walking over ____ minutes/hour.

☐ No ladder/stair-climbing.

☐ Avoid significant exposure to extremes of temperature. ____ Hot ____ Cold ____ Both

Is patient being prescribed medications that may be hazardous in a work environment?

☐ Yes ☐ No

Additional modified duty restrictions/comments: _____

✓ Patient to continue physical/occupational therapy.

____ Patient released from physical/occupational therapy.

✓ Return appointment with doctor on 3 Fridays (appointment date). (10/21/11 @ 12:45pm)

Physician signature [signature] **Date** 9/29/11

***Unless otherwise specified, restrictions are in effect until return appointment.**

Estimated date of MMI TBD

For Worker's Comp inquiries only, call (704)347-5490 or fax (704)347-5446

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OC-171 Rev. 4/17/2006

OrthoCarolina

Patient: ALISON MORRETT [redacted]

Age/DOB: [redacted]
MRN: 10217613
Home:
Work: [redacted]

Provider: Dana Piasecki M.D.
Document Type: Work Comp Note

Enc Date: 10/20/2011

Location: RAND1
Dictated Date: 10/22/2011
Accession #: arch3920111025082950

HISTORY OF PRESENT ILLNESS:
Alison presents now 6 weeks status post right knee arthroscopy, removal of hardware and revision high tibial osteotomy with iliac crest autograft. She reports no new injuries involving her right knee and has been progressing from a motion standpoint. She has been compliant with restrictions, but a long discussion is had today with Alison, her family and the case manager regarding some issues with some self-induced vomiting on a regular basis given concerns over her weight as well as relative depression which appears to be limiting her energy level with respect to doing therapy on her own.

PHYSICAL EXAM:
On exam, Alison is a bit tearful today and demonstrates a limited and somewhat depressed affect. She is otherwise healthy appearing, however. She is grossly neurovascularly intact distally involving her right knee with no signs of infection. She demonstrates motion roughly to 125 to 130 degrees with full extension. She has continued ligamentous laxity relative to her known ligamentous deficiency, but no substantial pain over the osteotomy.

IMAGING:
AP and lateral views of the right knee obtained today in the office demonstrate stable position of her hardware and maintenance of tibial slope.

IMPRESSION:
Six weeks status post right knee revision HTO with removal of hardware with potentially an eating disorder as well as depression postoperatively.

PLAN:

I have discussed with Alison at some length today that these issues are not terribly surprising given her long surgical history and the prolonged rehab and recovery which is necessary from her current staged operative approach. I do believe that her psychological state is work related given the multiple surgeries which have been involved here and I would recommend she see a nutritionist as well as get back on an antidepressant which she has previously been prescribed. She should have follow up for this with a psychiatrist in my opinion. From the standpoint of her knee, I think she is progressing well and I have suggested we gradually allow her to weight bear over the next several weeks. I have given her a prescription for advancement along the femoral OATS protocol with HTO precautions and would like to see her back in another 6 weeks for a recheck with new x-rays at which point if things are healing well we could potentially discuss staged ligament reconstruction probably at the 4-1/2 month mark provided she demonstrates healing on x-rays at that point. She is agreeable to this. A work note is provided today and we will see her back as noted.

Dana Piasecki, M.D.

cc: Lisbeth Carpenter, Adjuster
Mindy Knight, Case Manager

Electronically signed by:Dana Piasecki M.D. Oct 25 2011 9:38AM EST

OrthoCarolina

Work Status

Date of exam 10/20/11 **Is the injury work-related?** Yes ☑ No ☐

Patient name Alison Morrett **Chart number** 10717613

Doctor Piaseckí

Diagnosis S/P (R) Knee HTO Right ☐ Left ☐ Bilateral ☐

✓ Should not return to work until re-evaluated (see return appointment date below).

____ Return to work **WITHOUT** restrictions on _____ (date).

____ Return to work **WITH** the following restrictions* on _____ (date).

Return to work no greater than ____ hours per day beginning on _____.

☐ No lifting greater than ____ pounds.

Right ☐ Left ☐ Both ☐

☐ No prolonged bending, stooping, squatting, kneeling, or twisting.

☐ No pushing or pulling greater than ____ pounds.

Right ☐ Left ☐ Both ☐

☐ No prolonged reaching overhead or extreme positions of the neck.

☐ No lifting over ____ pounds above shoulder level, ____ pounds waist to shoulder, ____ pounds floor to waist.

☐ No work involving use of hand / arm (*circle one*)

Right ☐ Left ☐ Both ☐

Repetitive ☐ Strong grip ☐ At all ☐

☐ No working on or driving power moving equipment.

☐ Sit down work only.

☐ No standing/walking over ____ minutes/hour.

☐ No ladder/stair-climbing.

☐ Avoid significant exposure to extremes of temperature. ____ Hot ____ Cold ____ Both

Is patient being prescribed medications that may be hazardous in a work environment?

☐ Yes ☐ No

Additional modified duty restrictions/comments: _____

✓

____ Patient to continue physical/occupational therapy.

____ Patient released from physical/occupational therapy.

✓ Return appointment with doctor on 6 wks (appointment date).

Physician signature _____ **Date** 10/20/11

***Unless otherwise specified, restrictions are in effect until return appointment.**

Estimated date of MMI _____.

For Worker's Comp inquiries only, call (704)347-5490 or fax (704)347-5446

TOP COPY: Patient's Chart **MIDDLE COPY: Worker's Comp Copy** **LAST COPY: Patient Copy**

OC-171 Rev. 4/17/2006

Name: **Morrett, Allson**
Acct#: **248140**
Date: ######## Age: **29 Years**

248140-23

MOORE
Sports Rehab

PROGRESS NOTES

DATE	PATIENT NAME	PATIENT ACCT #	PHYSICIAN
10/19/2011	Morrett, Allson	248140	Piasecki

DIAGNOSIS	DOS	TREATMENTS ATTENDED	TREATMENTS MISSED
S/P (R) Fulkerson's procedure	9-2-11		

SUBJECTIVE:

OBJECTIVE: (R) knee ROM: 0-135°
Quad Tone: Fair - Pt has NMES for home use
GAIT: Still ADWB'ing - Pt has been putting wt on her LE at home. We discuss safety often.

ASSESSMENT / GOALS: Progressing well c ROM + strength. Pt came to appt on 10-19-11 c posterior knee pain to her h.p. Very TTP over medial incision. Pain much higher than usual.

PLAN: CONTINUE 2-3 x/week for 6 weeks

THERAPIST SIGNATURE: [signature] PT **Date:** 10-19-11

COMPLETED BY PHYSICIAN: PLEASE SIGN AND RETURN ORIGINAL COPY

_____ I have no revisions to this Plan of Care.
_____ Revise Plan of Care as follows:

PHYSICIAN SIGNATURE: [signature] **DATE:** 10/25/11

PHYSICAL THERAPY PROTOCOL
Femoral Condyle/Tibial Plateau OATS

10/17/2012

Dana P. Piasecki, MD
The Sports Medicine Center
OrthoCarolina

Patient Name: Nesbitt, Allison Date of Surgery: 6 wks

Procedure: Right/Left Knee Femoral Condyle / Tibial Plateau OATS

Associated Procedure(s) (circled if applicable):

- ACI biopsy
- Partial Meniscectomy / Debridement
- Realignment osteotomy: DFO / HTO

__Evaluate and Treat – no open chain or isokinetic exercises

__Provide patient with home exercise program

__Phase I (0-6 wks): *Period of protection.*

- Non-weight bearing with crutches. A brace is not required.
- ROM
  - CPM: 6-8 hrs/day, 1 cycle/minute, starting with a ROM that is comfortable for the patient. Advance motion 10 degrees each day as tolerated. If CPM is not available at any point during this time, patients are to perform 1500 active-assisted cycles of the knee per day (seated at the edge of a table, with the knee over the edge).
  - Gentle passive, active-assisted and active non-weightbearing (heel slides) ROM as tolerated. Gentle patellar mobilization only, to avoid irritating donor sites. **Goal: full ROM by week 6.**
- **Strengthening:** quad sets, co-contractions, isometric quad/hamstring strengthening, all non weight-bearing.

6 – 14 wk.

Phase II (~~8-12 wks~~): *Transition phase.*

- **Gradual return to full weight bearing.** Continue crutch use, but increase weightbearing gradually (roughly 20% each week). Full weight-bearing without crutches by the end of this phase.
- **ROM:** D/C CPM and progress to full active and passive ROM.
- **Strengthening:** Continue prior exercises, advancing to closed-chain strengthening once full weight-bearing.

__Phase III (3-6 months): *Begin more sport-focused conditioning.*

- **ROM:** Continue active and active-assisted ROM.
- **Strengthening:** Progress closed-chain strengthening without limits. Begin treadmill walking at a slow pace and progress to balance/proprioception.
- Light plyometrics and jogging can be initiated once full quad/hams strength achieved, followed by sport-specific drills.
- High-impact activities (jumping, contact sports) are allowed after 4-5 months if full ROM and strength achieved, and no pain with sport-specific rehab.

Other:

__Modalities
__Heat before/after __Electrical Stimulation __Ultrasound
__~~May participate in aquatherapy after week three, begin aqua-running week 6~~ __~~Ice before/after exercise~~

Frequency: 2-3 x/week x 6 weeks

By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary. This patient __ would __ would not benefit from social services.

Dana P. Piasecki, MD

Date: 10/20/16

Sports Medicine Center - OrthoCarolina
1915 Randolph Road, Charlotte, NC 28207
704-323-2000

Dana Pinsecki M.D.
NC2008-00994
DEA #FP0284252 NPI:1760609838

Name ALISON MOORE TT MRN 10207613

Address 500 [redacted] EXINGTON SC 29072 DOB [redacted]

Norvir 81 MG Oral Tablet **40**

Quantity (forty tablet)

TAKE 1 TABLET EVERY 4-6 HOURS PRN PAIN

COPY

Product Selection Permitted

Identity Feature List
1. ( ) has passed and is a valid government issued photo ID
2. Affix patient signature here (right side of ID or >
3. This Rx has security features

Dispense as Written
VERIFY PATIENT ID

Written: 10/20/2011 Refills Authorized **0** Times Rx: 69323909 C-II

10217613

PHYSICAL THERAPY PROTOCOL
Femoral Condyle/Tibial Plateau OATS



Dana P. Piasecki, MD
The Sports Medicine Center
OrthoCarolina

Patient Name: Alison Morrett Date of Surgery: 9-2-11

Procedure: Right/Left Knee Femoral Condyle / Tibial Plateau OATS

Associated Procedure(s) (*circled if applicable*):

- ACI biopsy
- Partial Meniscectomy / Debridement
- Realignment osteotomy: DFO (HTO)

__ Evaluate and Treat – no open chain or isokinetic exercises

__ Provide patient with home exercise program

__ Phase I (0-8 wks): *Period of protection.*

- Non-weight bearing with crutches. A brace is not required.
- ROM
  - CPM: 6-8 hrs/day, 1 cycle/minute, starting with a ROM that is comfortable for the patient. Advance motion 10 degrees each day as tolerated. If CPM is not available at any point during this time, patients are to perform 1500 active-assisted cycles of the knee per day (seated at the edge of a table, with the knee over the edge).
  - Gentle passive, active-assisted and active non-weightbearing (heel slides) ROM as tolerated. Gentle patellar mobilization only, to avoid irritating donor sites. Goal: full ROM by week 6.
- Strengthening: quad sets, co-contractions, isometric quad/hamstring strengthening, all non weight-bearing.

__ Phase II (8-12 wks): *Transition phase.*

- **Gradual return to full weight bearing.** Continue crutch use, but increase weightbearing gradually (roughly 30% each week). Full weight-bearing without crutches by the end of this phase.
- **ROM:** D/C CPM and progress to full active and passive ROM.
- **Strengthening:** Continue prior exercises, advancing to closed-chain strengthening once full weight-bearing.

__ Phase III (3-6 months): ***Begin more sport-focused conditioning.***

- **ROM:** Continue active and active-assisted ROM.
- **Strengthening:** Progress closed-chain strengthening without limits. Begin treadmill walking at a slow pace and progress to balance/proprioception.
- Light plyometrics and jogging can be initiated once full quad/hams strength achieved, followed by sport-specific drills.
- High-impact activities (jumping, contact sports) are allowed after 4-5 months if full ROM and strength achieved, and no pain with sport-specific rehab.

__ Other:

__ Modalities __ Electrical Stimulation __ Ultrasound
__ Heat before/after __ Ice before/after exercise
__ May participate in aquatherapy after week three, begin aqua-running week 6

Frequency: 2-3 **x/week x** 6 **weeks**

By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary. This patient __ would __ would not benefit from social services.

Date: 11/21/11

Dana P. Piasecki, MD

Name: **Morrett, Alison**
Acct#: **248140**
Date: ######## Age: **29 Years**

248140-23

MOORE
Sports Rehab

PROGRESS NOTES

DATE	PATIENT NAME	PATIENT ACCT #	PHYSICIAN
11/29/2011	Morrett, Alison	248140	Piasecki

DIAGNOSIS	DOS	TREATMENTS ATTENDED	TREATMENTS MISSED
S/P (R) Fulkerson procedure	9-2-11		

SUBJECTIVE: Hurts all the time

OBJECTIVE: Rom 0-135°
Quad Tone Fair + = Using NMES daily at home
Palpation: Very tender to touch along med knee incision
GAIT: WBAT in brace c antalgic
- looks very good over all. Very tender along medial tibia - she is compliant c HEP + works hard in PT.

ASSESSMENT / GOALS:

PLAN: CONTINUE Hold PT x/week for ___ weeks MD to advance

THERAPIST SIGNATURE: [signature] PT Date: 11-29-11

COMPLETED BY PHYSICIAN: PLEASE SIGN AND RETURN ORIGINAL COPY

_____ I have no revisions to this Plan of Care.
_____ Revise Plan of Care as follows:

PHYSICIAN SIGNATURE: [signature] DATE: 12/1/11

MEDICAL QUESTIONNAIRE

Patient: Alison Morrett
Date of Injury May 11, 2009

1. Do you believe to a reasonable degree of medical certainty that Ms. Alison Morrett needs to be followed by a psychiatrist as she has developed depression following her on the job injury of May 11, 2009 and/or aggravated a preexisting psychological condition as stated in your note of October 20, 2011?

   Yes ✓ No ___

2. Are the opinions stated in your note of October 20, 2011, your opinions to a reasonable degree of medical certainty?

   Yes ✓ No ___

3. Do you believe to a reasonable degree of medical certainty that Ms. Alison Morrett requires psychological treatment following her on the job injury as stated in your note of October 20, 2011?

   Yes ✓ No ___

4. Do you believe to a reasonable degree of medical certainty that Ms. Alison Morrett requires nutritional treatment following her on the job injury as stated in your note of October 20, 2011 as the long surgical history, prolonged rehabilitation and pain have aggravated her preexisting eating disorder?

   Yes ✓ No ___

I, Dana Piasecki, M.D., hereby certify that my responses to the above-listed questions represent my opinion, to a reasonable degree of medical certainty, as to each of these points.

Dana Piasecki, M.D.

12/30/11
Date

Patient: ALISON MORRETT [redacted]
[redacted]

Age/DOB: [redacted]
MRN: 10217613
Home:
Work: [redacted]

Provider: Dana Piasecki M.D.
Document Type: ProgNote

Enc Date: 12/01/2011

Location: RAND1
Dictated Date: 12/03/2011
Accession #: arch1220111206054720

HISTORY OF PRESENT ILLNESS:
Alison presents for followup now 3 months status post a right knee arthroscopy, hardware removal, revision high tibial osteotomy with iliac crest autograft awaiting a staged ACL, PCL, posterolateral corner reconstruction. As noted at the last visit, we suggested that she be seen by a psychiatrist to deal with some eating disorder and depression issues and apparently this is now being considered from a Workers' Comp standpoint via her attorney. She reports no new issues from that standpoint today continuing to note relative depression as well as some difficulty maintaining a full caloric intake, but denies any new injuries with respect to her knee and is eager to proceed with definitive surgery so that she can get back to some semblance of a normal life.

PHYSICAL EXAMINATION:
On exam, Alison has a noted blunted affect, is a bit tearful today on discussion of the status of her knee and the requirement for additional surgery. She appears in no acute distress and is alert and oriented. She does appear a bit gaunt though not dramatically malnourished. Evaluation of her right lower extremity demonstrates well healed surgical incision with no signs of infection. She is grossly neurovascularly intact distally including L4 to S1 sensory and motor function with no lymphedema, skin lesions, or rashes. Motion today in the office is full and symmetric to the opposite side. She demonstrates a clear 2B Lachman and a grade 2+ pivot shift exam, grade 3 posterior drawer, and grade 3 varus stress at 0 and 30 degrees as well as a positive external rotation spin with a dial exam demonstrating increased external rotation at both 90 and 30 of flexion but with a greater degree of external rotation seen at 30 degrees of flexion consistent with both a PCL and posterolateral corner deficient knee.

RADIOGRAPHS:
AP and lateral views of the right knee obtained today in the office demonstrate interval healing of her osteotomy with stable position of her hardware. As noted, her tibial slope is corrected now to normal.

IMPRESSION:
A 29-year-old female 3 months status post right knee revision, high tibial osteotomy with hardware removal and bone grafting now awaiting staged multiligamentous knee reconstruction.

PLAN:

I have discussed with Alison that based on the appearance of her x-rays, which appear quite stable, that at this point I would favor consideration for moving forward with multiligamentous knee reconstruction. We discussed and approach here which I would like to move forward with at a minimum 2 months from now to simply give her just a bit more time for osteotomy healing, but which would involve an exam under anesthesia followed by an arthroscopy and most likely removal of hardware with respect to her tibial plate and the medial to lateral screw and washer used to facilitate fixation of her osteotomy followed by definitive revision ACL and PCL reconstructions combined with a probable Larson and popliteal bypass, posterolateral corner reconstruction. We have discussed the inpatient nature of the suture, risks and benefits including bleeding, nerve damage, infection, loss of motion, potential need for additional surgery in the future, issues surrounding motion as well as restricted activities particularly in the early postoperative phase. She is agreeable to this and would like to move forward, and therefore at her convenience and following appropriate Workers' Comp approval, we will plan to move ahead at a minimum 2 months with right knee arthroscopy, removal of hardware with probable bone grafting of her proximal tibia in addition to subsequent revision ACL and revision PCL reconstruction with nonirradiated BTB allograft and Achilles allograft respectively followed by a posterolateral corner reconstruction involving both a Larson based fibular reconstruction as well as a transtibial popliteal bypass and posterolateral capsular imbrication procedure using nonirradiated tibialis anterior and Achilles allograft respectively. Alison is agreeable to this and we will plan to move forward as noted.

Dana Piasecki, M.D.

cc: Lisbeth Carpenter, Adjuster
Mindy Knight, Case Manager

OrthoCarolina

Work Status

Date of exam 12-1-11

Patient name Alison Marrett

Is the injury work-related? Yes ☒ No ☐

Chart number 1027716 13

Doctor Pollock

Diagnosis Sp (12) Vag HT-O Right ☐ Left ☐ Bilateral ☐

☒ Should not return to work until re-evaluated (see return appointment date below).

____ Return to work **WITHOUT** restrictions on _____(date).

____ Return to work **WITH** the following restrictions* on _____(date).

Return to work no greater than ____ hours per day beginning on _____.

☐ No lifting greater than ____ pounds.

Right ☐ Left ☐ Both ☐

☐ No prolonged bending, stooping, squatting, kneeling, or twisting.

☐ No pushing or pulling greater than ____pounds.

Right ☐ Left ☐ Both ☐

☐ No prolonged reaching overhead or extreme positions of the neck.

☐ No lifting over ____pounds above shoulder level, ____pounds waist to shoulder, ____pounds floor to waist.

☐ No work involving use of hand / arm *(circle one)*

Right ☐ Left ☐ Both ☐

Repetitive ☐ Strong grip ☐ At all ☐

☐ No working on or driving power moving equipment.

☐ Sit down work only.

☐ No standing/walking over ____minutes/hour.

☐ No ladder/stair-climbing.

☐ Avoid significant exposure to extremes of temperature. _____Hot _____Cold _____Both

Is patient being prescribed medications that may be hazardous in a work environment? ☐ Yes ☐ No

Additional modified duty restrictions/comments: Sling pending

____ Patient to continue physical/occupational therapy.

____ Patient released from physical/occupational therapy.

____ Return appointment with doctor on 12/15/11 (appointment date).

Physician signature _____ **Date** 12/1/11

***Unless otherwise specified, restrictions are in effect until return appointment.**

Estimated date of MMI _____.

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OrthoCarolina

Work Status

Date of exam 12-1-11
Patient name Alison Morrett
Doctor Piasecki
Diagnosis S/P (R) Knee HTO

Is the injury work-related? Yes ☒ No ☐
Chart number 1021716 13

Right ☐ Left ☐ Bilateral ☐

☒ Should not return to work until re-evaluated (see return appointment date below).

____ Return to work **WITHOUT** restrictions on _____(date).

____ Return to work **WITH** the following restrictions* on _____(date).

Return to work no greater than ____ hours per day beginning on _____.

☐ No lifting greater than ____ pounds.
Right ☐ Left ☐ Both ☐

☐ No prolonged bending, stooping, squatting, kneeling, or twisting.

☐ No pushing or pulling greater than ____pounds.
Right ☐ Left ☐ Both ☐

☐ No prolonged reaching overhead or extreme positions of the neck.

☐ No lifting over ____pounds above shoulder level, ____pounds waist to shoulder, ____pounds floor to waist.

☐ No work involving use of hand / arm *(circle one)*
Right ☐ Left ☐ Both ☐
Repetitive ☐ Strong grip ☐ At all ☐

☐ No working on or driving power moving equipment.

☐ Sit down work only.

☐ No standing/walking over ____minutes/hour.

☐ No ladder/stair-climbing.

☐ Avoid significant exposure to extremes of temperature. _____Hot _____Cold _____Both

Is patient being prescribed medications that may be hazardous in a work environment? ☐ Yes ☐ No

Additional modified duty restrictions/comments: Surg pending

____ Patient to continue physical/occupational therapy.

____ Patient released from physical/occupational therapy.

____ Return appointment with doctor on 1 week after surg. (appointment date).

Physician signature _____ **Date** 12/1/11

***Unless otherwise specified, restrictions are in effect until return appointment.**

Estimated date of MMI _____.

For Worker's Comp inquiries only, call (704)347-5490 or fax (704)347-5446

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Providence Hospitals

Downtown Columbia
14 Medical Park, Suite 200
Columbia, SC 29203
Tel: (803) 227-8009
Fax: (803) 227-8039

Irmo
7325 St Andrews Rd, Suite A
Irmo, SC 29063
Tel: (803) 227-8004
Fax: (803) 781-7338

Lexington
104 Saluda Pointe Dr
Lexington, SC 29072
Adult: Tel: (803) 227-8008
Fax: (803) 996-3180
Youth (803)227-8003
(803)227-8023

Northeast Columbia
741 Fashion Drive
Columbia, SC 29229
Tel: (803) 227-8005
Fax: (803) 419-1568

Name: Alison Morretc Date: 6/29/10

Diagnoses: RT Knee HTO Sx 7/23

Appointment Date: 7/28 Time: _____

Physical Therapy: **To be seen** 2 **times per week for** 8 **weeks.**

Protocol:

KNEE

ACL pre-op___
ACL autograft___
ACL allograft___
ACL HS___
ACL deficient___
PCL PTG___
MCL___
ACL&PCL recon___
Lateral ret release___
Carticel___
Meniscus repair___
Patella Protection___
Menisectomy___
Fulkerson___

SHOULDER

Impingement acute___
Impingement subacute___
Impingement strength___
Impingement advanced___
Rot Cuff repair type 1___
Rot Cuff repair 2___
Rot Cuff repair 3___
Bankart repair___
SLAP repair___
Open Capsulolabral recon___
Fulkerson___
Anterior Capsular shift___
Posterior Capsular shift___
Thermal assist capsulorraphy___
Anterior shoulder instability___
AC joint stabilization___
Total shoulder arthroplasty___
Bristow procedure___

ELBOW

Ulnar nerve trans___
UCL sprain___
UCL recon___
Elbow arthrolysis___

ANKLE

Ankle Sprain I___
Ankle Sprain II___
Ankle Sprain III___

SPINE

Lumbar Stabilization___
SII___
Spondylolysis___

MODALITIES

_____Cold
_____Heat
_____Ultrasound
_____Phonophores
_____E-stim
_____Iontophores
_____TENS
_____Edema Control
_____FCE

Other: _____

Special Considerations: _____

Weight Bearing Status: NWB:____ PWB:____ WBAT:____

ROM: PROM:____ AAROM:____ AROM:____ LIMITS:____

_____ Doctor Signature(Dispense as written)

_____ Doctor Signature(Substitution permitted)

healthtouch

Downtown Columbia
Medical Park 14, Suite 200
Columbia, SC 29203
Tel: (803) 227-8000
Fax: (803) 227-8039

Irmo
1 Wellness Blvd Suite 204
Irmo, SC 29063
Tel: (803)227-8004
Fax: (803)781-7338

Northeast Columbia
741 Fashion Drive
Columbia, SC 29229
Tel: (803)227-8005
Fax: (803)419-1568

Lexington
104 Saluda Point Drive
Lexington, SC 29072
Youth Physical Therapy
2nd Floor
Tel: (803)227-8003
Fax: (803)227-8203
Adult Physical Therapy
Suite F
Tel: (803)227-8008
Fax: (803)227-8038

Name: Alison Morreff Date: 8-19-10

Diagnoses: HTO Rt. Knee

Appointment Date: _____ Time: _____

Physical Therapy: To be seen 2 times per week for 6 weeks.

Protocol:

KNEE

- ACL pre-op___
- ACL autograft___
- ACL allograft___
- ACL HS___
- ACL deficient___
- PCL PTG___
- MCL___
- ACL&PCL recon___
- Lateral ret release___
- Cartilage___
- Meniscus repair___
- Patella Protection___
- Meniscotomy___
- Fulkerson___

SHOULDER

- Impingement acute___
- Impingement subacute___
- Impingement strength___
- Impingement advanced___
- Rot Cuff repair type I___
- Rot Cuff repair 2___
- Rot Cuff repair 3___
- Bankart repair___
- SLAP repair___
- Open Capsulolabral recon___
- Fulkerson___
- Anterior Capsular shift___
- Posterior Capsular shift___
- Thermal assist capsulorraphy___
- Anterior shoulder instability___
- AC joint stabilization___
- Total shoulder arthroplasty___
- Bristow procedure___

ELBOW

- Ulnar nerve trans___
- UCL sprain___
- UCL recon___
- Elbow arthrolysis___

ANKLE

- Ankle Sprain I___
- Ankle Sprain II___
- Ankle Sprain III___

SPINE

- Lumbar Stabilization___
- SIJ___
- Spondylolysis___

MODALITIES

- _____Cold
- _____Heat
- _____Ultrasound
- _____Phonophores
- _____E-stim
- _____Iontophores
- _____TENS
- _____Edema Control
- _____FCE

Other: OK to start bike 50% PWB

Special Considerations: 0-30° knee locks

Weight Bearing Status: NWB:____ PWB:____ WBAT:____

ROM: PROM:____ AAROM:____ AROM:____ LIMITS:____

_____ _____

Doctor Signature(Dispense as written) Doctor Signature(Substitution permitted

HEALTHTOUCH - # 8 Tax ID: 86-1168971 *printed 06/14/2010 08:52 AM*	*please send payments to:* HEALTHTOUCH P.O. BOX 843446 BOSTON, MA 02284-3446 *billing phone: (803) 227-8096*	*department of service:* HT_Lexington 104 Saluda Pointe Drive LEXINGTON, SC 29072-7295 *dept phone: (803) 227-8009*	248140-29

GUARANTOR NAME AND ADDRESS	PATIENT #	PATIENT NAME [SEX]	PROVIDER	DATE/TIME	DEPARTMENT
ALISON MORRETT [redacted]	248140	ALISON MORRETT [F]	MARY PERRY, PTA	06/14/2010 09:00 AM	HT_Lexington

DOB	TELEPHONE	INSURANCE NAME	CERTIFICATE#	AUTH#
[redacted] 28 YR	[redacted]	ALIGN NETWORKS - CONVERSION DEPARTMENT		

APPT TYPE	PT Treatment	NOTES/REASON	• 06/08/2010 ascarborough: PT,AJS

Chart Record #	248140	Location Suffix		Global	06/28/210	Referring Provider	

Body Part:		Side:		Diag. Desc.:		Diagnosis Code:		Contact Person:	TAMMY MERRIHEW

Comments: Holme

Therapy Performed By

- ☐ Pamela Olenchuck
- ☐ Brian Wiley
- ☐ Beth Hinton
- ☐ Jason Vega
- ☒ Mary Perry
- ☐ Kelli Anthony
- ☐ Stephanie Taylor
- ☐ Matt Steurrys
- ☐ Bob Fladung
- ☐
- ☐ John Hutt Jr.
- ☐ Karen Steele
- ☐ Tami Johnson
- ☐ Kat Hubbard
- ☐

(x)	CPT	Units	Procedure	Fee
	97001		PT Evaluation	
	97002		PT Re-evaluation	
X	97110	(4)	Therapeutic Exercises	
	97012		Application of Traction, Mech.	
	97112		Neuromuscular Reeducation	
	97124		Massage	
	97140		Joint Mobilization/Manipulation	
	97530		Therpeutic Activity	
	97032		E-Stim (manual)	
	G0283		E-Stim (Medicare)	
	97033		Iontophoresis	
	97035		Ultrasound	
	97150		Group Therapy (Medicare)	
	97150		Group Therapy (Medicare)	
	97150		Group Therapy (Medicare)	

(x)	CPT	Units	Procedure	Fee
	97545		Work Harding 1st 2 hours	
	97546		Work Harding Ea. Add. Hour	
	97601		Selective Debridement	
	97602		Non-selective Debridement	
	97703		Orthotics Checkout	
	97750		FCE / WCA	
	MISCICEPACK		*Ice Pack – PP $15.00	
	MISCPULLY		*Pully – PP 15.00	
	MISCTHERABLK		Theraband (black)	
	MISCTHERABLUE		Theraband (blue)	
	MISCTHERAGRN		Therband (green)	
	MISCTHERARED		Theraband (red)	
	MISCTHERAYELO		Theraband (yellow)	
	MISCTRAIN		Personal Training	
	MISCIDD		IDD	

Previous Diagnoses:

Diagnosis 1: 8449 Diagnosis 2:
Diagnosis 3: Diagnosis 4:

ACCOUNT INFORMATION

Previous Balance	$0.00
Today's Payments	$0.00
Balance Due	$0.00

HEALTHTOUCH - # 4 Tax ID: 86-1168971 *printed 08/11/2010 07:50 AM*	*please send payments to:* HEALTHTOUCH P.O. BOX 843446 BOSTON, MA 02284-3446 *billing phone: (803) 227-8098*	*department of service:* HT_Lexington 104 Saluda Pointe Drive LEXINGTON, SC 29072-7295 *dept phone: (803) 227-8009*	248140-29

GUARANTOR NAME AND ADDRESS	PATIENT #	PATIENT NAME [SEX]	PROVIDER	DATE/TIME	DEPARTMENT
ALISON MORRETT [redacted]	248140	ALISON MORRETT [F]	BRIAN WILEY, PT	08/11/2010 08:00 AM	HT_Lexington

DOB	TELEPHONE	INSURANCE NAME	CERTIFICATE#	AUTH#
[redacted]	[redacted]	ALIGN NETWORKS - CONVERSION DEPARTMENT		

APPT TYPE	PT Treatment	NOTES/REASON	• 06/01/2010 escarborough: pt,a|s

Chart Record #	248140	Location Suffix		Global	08/26/210	Referring Provider	

Body Part:		Side:		Diag. Desc.:		Diagnosis Code:		Contact Person:	TAMMY MERRIHEW

Comments:

Therapy Performed By

☐	Pamela Olenchuck	☐	Kelli Anthony	☐	John Hutt Jr.
☒	Brian Wiley Holwe	☐	Stephanie Taylor	☐	Karen Steele
☐	Beth Hinton	☐	Matt Steurrys	☐	Tami Johnson
☐	Jason Vega	☐	Bob Fladung	☒	Kat Hubbard
☐	Mary Perry	☐		☐	

(x)	CPT	Units	Procedure	Fee	(x)	CPT	Units	Procedure	Fee
	97001		PT Evaluation			97545		Work Harding 1st 2 hours	
	97002		PT Re-evaluation			97546		Work Harding Ea. Add. Hour	
	97110	4	Therapeutic Exercises			97601		Selective Debridement	
	97012		Application of Traction, Mech.			97602		Non-selective Debridement	
	97112		Neuromuscular Reeducation			97703		Orthotics Checkout	
	97124		Massage			97750		FCE / WCA	
	97140		Joint Mobilization/Manipulation			MISCICEPACK		*Ice Pack -- PP $15.00	
	97530		Therpeutic Activity			MISCPULLY		*Pully -- PP 15.00	
	97032		E-Stim (manual)			MISCTHERABLK		Theraband (black)	
	G0283		E-Stim (Medicare)			MISCTHERABLUE		Theraband (blue)	
	97033		Iontophoresis			MISCTHERAGRN		Therband (green)	
	97035		Ultrasound			MISCTHERARED		Theraband (red)	
	97150		Group Therapy (Medicare)			MISCTHERAYELO		Theraband (yellow)	
	97150		Group Therapy (Medicare)			MISCTRAIN		Personal Training	
	97150		Group Therapy (Medicare)			MISCIDD		IDD	

Previous Diagnoses:

Diagnosis 1: 8449 Diagnosis 2:
Diagnosis 3: Diagnosis 4:

ACCOUNT INFORMATION

Previous Balance	$0.00
Today's Payments	$0.00
Balance Due	$0.00

HEALTHTOUCH - #	please send payments to:	department of service:	
38 Tax ID: 86-1168971 printed 06/08/2010 03:02 PM	HEALTHTOUCH P.O. BOX 843446 BOSTON, MA 02284-3446 billing phone: (803) 227-8096	HT_Lexington 104 Saluda Pointe Drive LEXINGTON, SC 29072-7285 dept phone: (803) 227-8009	248140-29

GUARANTOR NAME AND ADDRESS	PATIENT #	PATIENT NAME [SEX]	PROVIDER	DATE/TIME	DEPARTMENT
ALISON MORRETT [redacted]	248140	ALISON MORRETT [F]	BRIAN WILEY, PT	06/08/2010 03:30 PM	HT_Lexington

DOB	TELEPHONE	INSURANCE NAME	CERTIFICATE#	AUTH#
[redacted]	[redacted]	IGN NETWORKS - CONVERSION DEPARTMENT		

APPT TYPE	PT Treatment	NOTES/REASON	• 06/01/2010 ascarborough: pt,ajs

Chart Record #	248140	Location Suffix		Global	06/26/210	Referring Provider	

Body Part:		Side:		Diag. Desc.:		Diagnosis Code:		Contact Person:	TAMMY MERRIHEW

Comments:

Holwe

Therapy Performed By

- ☐ Pamela Olenchuck
- ☐ Brian Wiley
- ☐ Beth Hinton
- ☐ Jason Vega
- ☒ Mary Perry
- ☐ Kelli Anthony
- ☐ Stephanie Taylor
- ☐ Matt Staurrys
- ☐ Bob Fladung
- ☐
- ☐ John Hutt Jr.
- ☐ Karen Steele
- ☐ Tami Johnson
- ☐ Kat Hubbard
- ☐

(x)	CPT	Units	Procedure	Fee
	97001		PT Evaluation	
	97002		PT Re-evaluation	
X	97110	(4)	Therapeutic Exercises	
	97012		Application of Traction, Mech.	
	97112		Neuromuscular Reeducation	
	97124		Massage	
	97140		Joint Mobilization/Manipulation	
	97530		Therpeutic Activity	
	97032		E-Stim (manual)	
	G0283		E-Stim (Medicare)	
	97033		Iontophoresis	
	97035		Ultrasound	
	97160		Group Therapy (Medicare)	
	97150		Group Therapy (Medicare)	
	97150		Group Therapy (Medicare)	

(x)	CPT	Units	Procedure	Fee
	97545		Work Harding 1st 2 hours	
	97546		Work Harding Ea. Add. Hour	
	97601		Selective Debridement	
	97602		Non-selective Debridement	
	97703		Orthotics Checkout	
	97750		FCE / WCA	
	MISCICEPACK		*Ice Pack -- PP $15.00	
	MISCPULLY		*Pully -- PP 15.00	
	MISCTHERABLK		Theraband (black)	
	MISCTHERABLUE		Theraband (blue)	
	MISCTHERAGRN		Therband (green)	
	MISCTHERARED		Theraband (red)	
	MISCTHERAYELO		Theraband (yellow)	
	MISCTRAIN		Personal Training	
	MISCIDD		IDD	

Previous Diagnoses:

Diagnosis 1: 8449 Diagnosis 2:
Diagnosis 3: Diagnosis 4:

ACCOUNT INFORMATION

Previous Balance	$0.00
Today's Payments	$0.00
Balance Due	$0.00

HEALTHTOUCH - # 3 Tax ID: 86-1168971 printed 06/07/2010 07:49 AM	please send payments to: HEALTHTOUCH P.O. BOX 843446 BOSTON, MA 02284-3446 billing phone: (803) 227-8096	department of service: HT_Lexington 104 Saluda Pointe Drive LEXINGTON, SC 29072-7295 dept phone: (803) 227-8009	248140-29

GUARANTOR NAME AND ADDRESS	PATIENT #	PATIENT NAME (SEX)	PROVIDER	DATE/TIME	DEPARTMENT
ALISON MORRETT [redacted]OOP	248140	ALISON MORRETT [F]	MARY PERRY, PTA	06/07/2010 08:00 AM	HT_Lexington

DOB	TELEPHONE	INSURANCE NAME	CERTIFICATE#	AUTH#
[redacted] 28 YR	[redacted]	[redacted]GN NETWORKS - CONVERSION DEPARTMENT		

APPT TYPE	PT Treatment	NOTES/REASON	• 06/01/2010 ascarborough: pt,ajs

Chart Record #	248140	Location Suffix		Global	06/28/210	Referring Provider	

Body Part:		Side:		Diag. Desc.:		Diagnosis Code:		Contact Person:	TAMMY MERRIHEW

Comments:

Holwe

Therapy Performed By

- ☐ Pamela Olenchuck
- ☐ Brian Wiley
- ☐ Beth Hinton
- ☐ Jason Vega
- ☒ Mary Perry
- ☐ Kelli Anthony
- ☐ Stephanie Taylor
- ☐ Matt Staurys
- ☐ Bob Fladung
- ☐ John Hutt Jr.
- ☐ Karen Steele
- ☐ Tami Johnson
- ☐ Kat Hubbard

(x)	CPT	Units	Procedure	Fee
	97001		PT Evaluation	
	97002		PT Re-evaluation	
X	97110	4	Therapeutic Exercises	
	97012		Application of Traction, Mech.	
	97112		Neuromuscular Reeducation	
	97124		Massage	
	97140		Joint Mobilization/Manipulation	
	97530		Therpeutic Activity	
	97032		E-Stim (manual)	
	G0283		E-Stim (Medicare)	
	97033		Iontophoresis	
	97035		Ultrasound	
	97150		Group Therapy (Medicare)	
	97150		Group Therapy (Medicare)	
	97150		Group Therapy (Medicare)	

(x)	CPT	Units	Procedure	Fee
	97545		Work Harding 1st 2 hours	
	97546		Work Harding Ea. Add. Hour	
	97601		Selective Debridement	
	97602		Non-selective Debridement	
	97703		Orthotics Checkout	
	97750		FCE / WCA	
	MISCICEPACK		*Ice Pack – PP $15.00	
	MISCPULLY		*Pully – PP 15.00	
	MISCTHERABLK		Theraband (black)	
	MISCTHERABLUE		Theraband (blue)	
	MISCTHERAGRN		Therband (green)	
	MISCTHERARED		Theraband (red)	
	MISCTHERAYELO		Theraband (yellow)	
	MISCTRAIN		Personal Training	
	MISCIDD		IDD	

Previous Diagnoses:

Diagnosis 1: 8449
Diagnosis 2:
Diagnosis 3:
Diagnosis 4:

ACCOUNT INFORMATION

Previous Balance $0.00
Today's Payments $0.00
Balance Due $0.00

HEALTHTOUCH - # 3 Tax ID: 86-1168971 *printed 06/04/2010 08:03 AM*	*please send payments to:* HEALTHTOUCH P.O. BOX 843446 BOSTON, MA 02284-3446 *billing phone: (803) 227-8096*	*department of service:* HT_Lexington 104 Saluda Pointe Drive LEXINGTON, SC 29072-7295 *dept phone: (803) 227-8009*	248140-29

GUARANTOR NAME AND ADDRESS	PATIENT #	PATIENT NAME [SEX]	PROVIDER	DATE/TIME	DEPARTMENT
ALISON MORRETT [redacted]	248140	ALISON MORRETT [F]	BRIAN WILEY, PT	06/04/2010 08:00 AM	HT_Lexington

DOB	TELEPHONE	INSURANCE NAME	CERTIFICATE#	AUTH#
[redacted] 28 YR	[redacted]3	ALIGN NETWORKS - CONVERSION DEPARTMENT		

APPT TYPE	PT Treatment	NOTES/REASON	• 06/01/2010 escarborough: pt,e|s

Chart Record #	248140	Location Suffix		Global	06/28/210	Referring Provider	

Body Part:		Side:		Diag. Desc.:		Diagnosis Code:		Contact Person:	TAMMY MERRIHEW

Comments:

Therapy Performed By

☐	Pamela Olenchuck	☐	Kelli Anthony	☐	John Hutt Jr.
☑	Brian Wiley	☐	Stephanie Taylor	☐	Karen Steele
☐	Beth Hinton	☐	Matt Steurrys	☐	Tami Johnson
☐	Jason Vega	☐	Bob Fladung	☐	Kat Hubbard
☐	Mary Perry	☐		☐	

(x)	CPT	Units	Procedure	Fee
	97001		PT Evaluation	
	97002		PT Re-evaluation	
	97110	4	Therapeutic Exercises	
	97012		Application of Traction, Mech.	
	97112		Neuromuscular Reeducation	
	97124		Massage	
	97140		Joint Mobilization/Manipulation	
	97530		Therpeutic Activity	
	97032		E-Stim (manual)	
	G0283		E-Stim (Medicare)	
	97033		Iontophoresis	
	97035		Ultrasound	
	97150		Group Therapy (Medicare)	
	97150		Group Therapy (Medicare)	
	97150		Group Therapy (Medicare)	

(x)	CPT	Units	Procedure	Fee
	97545		Work Harding 1st 2 hours	
	97546		Work Harding Ea. Add. Hour	
	97601		Selective Debridement	
	97602		Non-selective Debridement	
	97703		Orthotics Checkout	
	97750		FCE / WCA	
	MISCICEPACK		*Ice Pack – PP $15.00	
	MISCPULLY		*Pully – PP 15.00	
	MISCTHERABLK		Theraband (black)	
	MISCTHERABLUE		Theraband (blue)	
	MISCTHERAGRN		Therband (green)	
	MISCTHERARED		Theraband (red)	
	MISCTHERAYELO		Theraband (yellow)	
	MISCTRAIN		Personal Training	
	MISCIDD		IDD	

Previous Diagnoses:

Diagnosis 1: 8449 Diagnosis 2:
Diagnosis 3: Diagnosis 4:

ACCOUNT INFORMATION

Previous Balance	$0.00
Today's Payments	$0.00
Balance Due	$0.00

HEALTHTOUCH - # 33 Tax ID: 86-1168971 *printed 06/01/2010 02:59 PM*	*please send payments to:* HEALTHTOUCH P.O. BOX 843446 BOSTON, MA 02284-3446 *billing phone: (803) 227-8096*	*department of service:* HT_Lexington 104 Saluda Pointe Drive LEXINGTON, SC 29072-7295 *dept phone: (803) 227-8009*	248140-29

GUARANTOR NAME AND ADDRESS	PATIENT #	PATIENT NAME (SEX)	PROVIDER	DATE/TIME	DEPARTMENT
ALISON MORRETT [redacted]P	248140	ALISON MORRETT (F)	BRIAN WILEY, PT	06/01/2010 03:00 PM	HT_Lexington

DOB	TELEPHONE	INSURANCE NAME	CERTIFICATE#	AUTH#
[redacted] 28 YR	[redacted]	LIGN NETWORKS - CONVERSION DEPARTMENT		

APPT TYPE	PT Treatment	NOTES/REASON	• 05/24/2010 ascarborough: PT,AJS • 05/25/2010 ascarborough: pt,ajs

Chart Record #	248140	Location Suffix		Global	06/26/210	Referring Provider	

Body Part:		Side:		Diag. Desc.:		Diagnosis Code:		Contact Person:	TAMMY MERRIHEW

Comments:

Therapy Performed By

- ☐ Pamela Olenchuck
- ☒ Brian Wiley
- ☐ Beth Hinton
- ☐ Jason Vega
- ☐ Mary Perry
- ☐ Kelli Anthony
- ☐ Stephanie Taylor
- ☐ Matt Steurys
- ☐ Bob Fladung
- ☐
- ☐ John Hutt Jr.
- ☐ Karen Steele
- ☐ Tami Johnson
- ☐ Kat Hubbard
- ☐

(x)	CPT	Units	Procedure	Fee
	97001		PT Evaluation	
	97002		PT Re-evaluation	
	97110	4	Therapeutic Exercises	
	97012		Application of Traction, Mech.	
	97112		Neuromuscular Reeducation	
	97124		Massage	
	97140		Joint Mobilization/Manipulation	
	97530		Therpeutic Activity	
	97032		E-Stim (manual)	
	G0283		E-Stim (Medicare)	
	97033		Iontophoresis	
	97035		Ultrasound	
	97150		Group Therapy (Medicare)	
	97150		Group Therapy (Medicare)	
	97150		Group Therapy (Medicare)	

(x)	CPT	Units	Procedure	Fee
	97545		Work Harding 1st 2 hours	
	97546		Work Harding Ea. Add. Hour	
	97601		Selective Debridement	
	97602		Non-selective Debridement	
	97703		Orthotics Checkout	
	97750		FCE / WCA	
	MISCICEPACK		*Ice Pack – PP $15.00	
	MISCPULLY		*Pully – PP 15.00	
	MISCTHERABLK		Theraband (black)	
	MISCTHERABLUE		Theraband (blue)	
	MISCTHERAGRN		Therband (green)	
	MISCTHERARED		Theraband (red)	
	MISCTHERAYELO		Theraband (yellow)	
	MISCTRAIN		Personal Training	
	MISCIDD		IDD	

Previous Diagnoses:

Diagnosis 1: 8449 Diagnosis 2:
Diagnosis 3: Diagnosis 4:

ACCOUNT INFORMATION

Previous Balance	$0.00
Today's Payments	$0.00
Balance Due	$0.00

HEALTHTOUCH - #	please send payments to:	department of service:	
18 Tax ID: 86-1168971 printed 05/28/2010 10:57 AM	HEALTHTOUCH P.O. BOX 843446 BOSTON, MA 02284-3446 billing phone: (803) 227-8096	HT_Lexington 104 Saluda Pointe Drive LEXINGTON, SC 29072-7295 dept phone: (803) 227-8009	248140-29

GUARANTOR NAME AND ADDRESS	PATIENT #	PATIENT NAME [SEX]	PROVIDER	DATE/TIME	DEPARTMENT
ALISON MORRETT [redacted]	248140	ALISON MORRETT [F]	KELLI ANTHONY, PTA	05/28/2010 12:00 PM	HT_Lexington

DOB	TELEPHONE	INSURANCE NAME	CERTIFICATE#	AUTH#
[redacted] 28 YR	[redacted]	ALIGN NETWORKS - CONVERSION DEPARTMENT		

APPT TYPE	PT Treatment	NOTES/REASON	• 05/05/2010 medrada: pt, mar no double • 05/25/2010 ascarborough: pt,sjs

Chart Record #	248140	Location Suffix		Global	05/26/210	Referring Provider	

Body Part:		Side:		Diag. Desc.:		Diagnosis Code:		Contact Person:	TAMMY MERRIHEW

Comments:

Therapy Performed By

☐ Pamela Olenchuck	☒ Kelli Anthony	☐ John Hutt Jr.
☐ Brian Wiley	☐ Stephanie Taylor	☐ Karen Steele
☐ Beth Hinton	☐ Matt Steurys	☐ Tami Johnson
☐ Jason Vega	☐ Bob Fladung	☐ Kat Hubbard
☐ Mary Perry	☐	☐

(x)	CPT	Units	Procedure	Fee
	97001		PT Evaluation	
	97002		PT Re-evaluation	
√	97110	4	Therapeutic Exercises	
	97012		Application of Traction, Mech.	
	97112		Neuromuscular Reeducation	
	97124		Massage	
	97140		Joint Mobilization/Manipulation	
	97530		Therpeutic Activity	
	97032		E-Stim (manual)	
	G0283		E-Stim (Medicare)	
	97033		Iontophoresis	
	97035		Ultrasound	
	97160		Group Therapy (Medicare)	
	97150		Group Therapy (Medicare)	
	97150		Group Therapy (Medicare)	

(x)	CPT	Units	Procedure	Fee
	97545		Work Harding 1st 2 hours	
	97546		Work Harding Ea. Add. Hour	
	97601		Selective Debridement	
	97602		Non-selective Debridement	
	97703		Orthotics Checkout	
	97750		FCE / WCA	
	MISCICEPACK		*Ice Pack – PP $15.00	
	MISCPULLY		*Pully – PP 15.00	
	MISCTHERABLK		Theraband (black)	
	MISCTHERABLUE		Theraband (blue)	
	MISCTHERAGRN		Therband (green)	
	MISCTHERARED		Theraband (red)	
	MISCTHERAYELO		Theraband (yellow)	
	MISCTRAIN		Personal Training	
	MISCIDD		IDD	

Previous Diagnoses:

Diagnosis 1: 8449 Diagnosis 2:
Diagnosis 3: Diagnosis 4:

ACCOUNT INFORMATION

Previous Balance	$0.00
Today's Payments	$0.00
Balance Due	$0.00

HEALTHTOUCH - # 28 Tax ID: 86-1168971 printed 05/25/2010 03:05 PM	please send payments to: HEALTHTOUCH P.O. BOX 843448 BOSTON, MA 02284-3446 billing phone: (803) 227-8096	department of service: HT_Lexington 104 Saluda Pointe Drive LEXINGTON, SC 29072-7295 dept phone: (803) 227-8009	248140-29

GUARANTOR NAME AND ADDRESS	PATIENT #	PATIENT NAME [SEX]	PROVIDER	DATE/TIME	DEPARTMENT
ALISON MORRETT [redacted]OP	248140	ALISON MORRETT [F]	BRIAN WILEY, PT	05/25/2010 03:30 PM	HT_Lexington
	DOB [redacted] 28 YR	TELEPHONE [redacted]	INSURANCE NAME ALIGN NETWORKS - CONVERSION DEPARTMENT		CERTIFICATE# AUTH#

APPT TYPE	PT Treatment	NOTES/REASON	
			• 05/05/2010 medrada: pt, mar no double • 05/18/2010 escarborough: PT,AJS • 05/25/2010 medrada: pt, mar

Chart Record #	248140	Location Suffix		Global	08/26/210	Referring Provider	
Body Part:		Side:		Diag. Desc.:		Diagnosis Code:	
Contact Person:	TAMMY MERRIHEW						

Comments:

Therapy Performed By

- ☐ Pamela Olenchuck
- ☒ Brian Wiley
- ☐ Beth Hinton
- ☐ Jason Vega
- ☐ Mary Perry
- ☐ Kelli Anthony
- ☐ Stephanie Taylor
- ☐ Matt Steurys
- ☐ Bob Fladung
- ☐ John Hutt Jr.
- ☐ Karen Steele
- ☐ Tami Johnson
- ☐ Kat Hubbard

Ho / we

(x)	CPT	Units	Procedure	Fee
	97001		PT Evaluation	
	97002		PT Re-evaluation	
	97110	6	Therapeutic Exercises	
	97012		Application of Traction, Mech.	
	97112		Neuromuscular Reeducation	
	97124		Massage	
	97140		Joint Mobilization/Manipulation	
	97530		Therpeutic Activity	
	97032		E-Stim (manual)	
	G0283		E-Stim (Medicare)	
	97033		Iontophoresis	
	97035		Ultrasound	
	97150		Group Therapy (Medicare)	
	97150		Group Therapy (Medicare)	
	97150		Group Therapy (Medicare)	

(x)	CPT	Units	Procedure	Fee
	97545		Work Harding 1st 2 hours	
	97546		Work Harding Ea. Add. Hour	
	97601		Selective Debridement	
	97602		Non-selective Debridement	
	97703		Orthotics Checkout	
	97750		FCE / WCA	
	MISCICEPACK		*Ice Pack – PP $15.00	
	MISCPULLY		*Pully – PP 15.00	
	MISCTHERABLK		Theraband (black)	
	MISCTHERABLUE		Theraband (blue)	
	MISCTHERAGRN		Therband (green)	
	MISCTHERARED		Theraband (red)	
	MISCTHERAYELO		Theraband (yellow)	
	MISCTRAIN		Personal Training	
	MISCIDD		IDD	

Previous Diagnoses:

Diagnosis 1: 8449 Diagnosis 2:
Diagnosis 3: Diagnosis 4:

ACCOUNT INFORMATION

Previous Balance	$0.00
Today's Payments	$0.00
Balance Due	$0.00

HEALTHTOUCH - # 17 Tax ID: 86-1168971 *printed 05/20/2010 09:50 AM*	*please send payments to:* HEALTHTOUCH P.O. BOX 843446 BOSTON, MA 02284-3446 *billing phone: (803) 227-8098*	*department of service:* HT_Lexington 104 Saluda Pointe Drive LEXINGTON, SC 29072-7295 *dept phone: (803) 227-8009*	248140-29

GUARANTOR NAME AND ADDRESS	PATIENT #	PATIENT NAME [SEX]	PROVIDER	DATE/TIME	DEPARTMENT
ALISON MORRETT [redacted]	248140	ALISON MORRETT [F]	BRIAN WILEY, PT	05/20/2010 10:00 AM	HT_Lexington

DOB	TELEPHONE	INSURANCE NAME	CERTIFICATE#	AUTH#
[redacted] 28 YR	[redacted]	ALIGN NETWORKS - CONVERSION DEPARTMENT		

APPT TYPE	PT Treatment	NOTES/REASON	• 05/18/2010 ascarborough: PT,AJS • 05/18/2010 ascarborough: PT

Chart Record #	248140	Location Suffix		Global	06/28/210	Referring Provider	

Body Part:		Side:		Diag. Desc.:		Diagnosis Code:		Contact Person:	TAMMY MERRIHEW

Comments:

Therapy Performed By

☐	Pamela Olenchuck	☐	Kelli Anthony	☐	John Hutt Jr.
☑	Brian Wiley	☐	Stephanie Taylor	☐	Karen Steele
☐	Beth Hinton	☐	Matt Steurrys	☐	Tami Johnson
☐	Jason Vega	☐	Bob Fladung	☐	Kat Hubbard
☐	Mary Parry	☐		☐	

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(x)	CPT	Units	Procedure	Fee
	97001		PT Evaluation	
	97002		PT Re-evaluation	
	97110	4	Therapeutic Exercises	
	97012		Application of Traction, Mech.	
	97112		Neuromuscular Reeducation	
	97124		Massage	
	97140		Joint Mobilization/Manipulation	
	97530		Therpeutic Activity	
	97032		E-Stim (manual)	
	G0283		E-Stim (Medicare)	
	97033		Iontophoresis	
	97035		Ultrasound	
	97150		Group Therapy (Medicare)	
	97150		Group Therapy (Medicare)	
	97150		Group Therapy (Medicare)	

(x)	CPT	Units	Procedure	Fee
	97545		Work Harding 1st 2 hours	
	97546		Work Harding Ea. Add. Hour	
	97601		Selective Debridement	
	97602		Non-selective Debridement	
	97703		Orthotics Checkout	
	97750		FCE / WCA	
	MISCICEPACK		*Ice Pack – PP $15.00	
	MISCPULLY		*Pully -- PP 15.00	
	MISCTHERABLK		Theraband (black)	
	MISCTHERABLUE		Theraband (blue)	
	MISCTHERAGRN		Therband (green)	
	MISCTHERARED		Theraband (red)	
	MISCTHERAYELO		Theraband (yellow)	
	MISCTRAIN		Personal Training	
	MISCIDD		IDD	

Previous Diagnoses:

Diagnosis 1: 8449 Diagnosis 2:
Diagnosis 3: Diagnosis 4:

ACCOUNT INFORMATION

Previous Balance	$0.00
Today's Payments	$0.00
Balance Due	$0.00

HEALTHTOUCH - # 7 Tax ID: 86-1168971 *printed 05/24/2010 09:00 AM*	*please send payments to:* HEALTHTOUCH P.O. BOX 843446 BOSTON, MA 02284-3446 *billing phone: (803) 227-8098*	*department of service:* HT_Lexington 104 Saluda Pointe Drive LEXINGTON, SC 29072-7295 *dept phone: (803) 227-8009*	248140-29

GUARANTOR NAME AND ADDRESS	PATIENT #	PATIENT NAME [SEX]	PROVIDER	DATE/TIME	DEPARTMENT
ALISON MORRETT [redacted]OP	248140	ALISON MORRETT [F]	BRIAN WILEY, PT	06/24/2010 08:00 AM	HT_Lexington

DOB	TELEPHONE	INSURANCE NAME	CERTIFICATE#	AUTH#
[redacted] 28 YR	[redacted]	LIGN NETWORKS - CONVERSION DEPARTMENT		

APPT TYPE	PT Treatment	NOTES/REASON	• 06/05/2010 medrada: pt, mar do not double

Chart Record #	248140	Location Suffix		Global	06/26/210	Referring Provider	

Body Part:		Side:		Diag. Desc.:		Diagnosis Code:		Contact Person:	TAMMY MERRIHEW

Comments:

Therapy Performed By

- ☐ Pamela Olenchuck
- ☒ Brian Wiley
- ☐ Beth Hinton
- ☐ Jason Vega
- ☐ Mary Perry
- ☐ Kelli Anthony
- ☐ Stephanie Taylor
- ☐ Matt Steurrys
- ☐ Bob Fladung
- ☐
- ☐ John Hutt Jr.
- ☐ Karen Steele
- ☐ Tami Johnson
- ☐ Kat Hubbard
- ☐

(x)	CPT	Units	Procedure	Fee
	97001		PT Evaluation	
	97002		PT Re-evaluation	
	97110	4	Therapeutic Exercises	
	97012		Application of Traction, Mech.	
	97112		Neuromuscular Reeducation	
	97124		Massage	
	97140		Joint Mobilization/Manipulation	
	97530		Therpeutic Activity	
	97032		E-Stim (manual)	
	G0283		E-Stim (Medicare)	
	97033		Iontophoresis	
	97035		Ultrasound	
	97150		Group Therapy (Medicare)	
	97150		Group Therapy (Medicare)	
	97150		Group Therapy (Medicare)	

(x)	CPT	Units	Procedure	Fee
	97545		Work Harding 1st 2 hours	
	97546		Work Harding Ea. Add. Hour	
	97601		Selective Debridement	
	97602		Non-selective Debridement	
	97703		Orthotics Checkout	
	97750		FCE / WCA	
	MISCICEPACK		*Ice Pack – PP $15.00	
	MISCPULLY		*Pully – PP 15.00	
	MISCTHERABLK		Theraband (black)	
	MISCTHERABLUE		Theraband (blue)	
	MISCTHERAGRN		Therband (green)	
	MISCTHERARED		Theraband (red)	
	MISCTHERAYELO		Theraband (yellow)	
	MISCTRAIN		Personal Training	
	MISCIDD		IDD	

Previous Diagnoses:

Diagnosis 1: 8449 Diagnosis 2:
Diagnosis 3: Diagnosis 4:

ACCOUNT INFORMATION	
Previous Balance	$0.00
Today's Payments	$0.00
Balance Due	$0.00

HEALTHTOUCH - # 29 Tax ID: 86-1168971 printed 05/18/2010 03:30 PM	please send payments to: HEALTHTOUCH P.O. BOX 843446 BOSTON, MA 02284-3446 billing phone: (803) 227-8096	department of service: HT_Lexington 104 Saluda Pointe Drive LEXINGTON, SC 29072-7295 dept phone: (803) 227-8009	248140-29

GUARANTOR NAME AND ADDRESS	PATIENT #	PATIENT NAME [SEX]	PROVIDER	DATE/TIME	DEPARTMENT
ALISON MORRETT [redacted]	248140	ALISON MORRETT [F]	MARY PERRY, PTA	05/18/2010 03:00 PM	HT_Lexington

DOB	TELEPHONE	INSURANCE NAME	CERTIFICATE#	AUTH#
[redacted] 28 YR	[redacted]	ALIGN NETWORKS - CONVERSION DEPARTMENT		

APPT TYPE	PT Treatment	NOTES/REASON	• 05/05/2010 medrada: pt, mar NO DOUBLE BOOK

Chart Record #	248140	Location Suffix		Global	06/28/210	Referring Provider	

Body Part:		Side:		Diag. Desc.:		Diagnosis Code:		Contact Person:	TAMMY MERRIHEW

Comments:

Hold we

Therapy Performed By

- [ ] Pamela Olenchuck
- [ ] Brian Wiley
- [ ] Beth Hinton
- [ ] Jason Vega
- [X] Mary Perry
- [ ] Kelli Anthony
- [ ] Stephanie Taylor
- [ ] Matt Steurrys
- [ ] Bob Fladung
- [ ]
- [ ] John Hutt Jr.
- [ ] Karen Steele
- [ ] Tami Johnson
- [ ] Kat Hubbard
- [ ]

(x)	CPT	Units	Procedure	Fee
	97001		PT Evaluation	
	97002		PT Re-evaluation	
X	97110	4	Therapeutic Exercises	
	97012		Application of Traction, Mech.	
	97112		Neuromuscular Reeducation	
	97124		Massage	
	97140		Joint Mobilization/Manipulation	
	97530		Therpeutic Activity	
	97032		E-Stim (manual)	
	G0283		E-Stim (Medicare)	
	97033		Iontophoresis	
	97035		Ultrasound	
	97150		Group Therapy (Medicare)	
	97150		Group Therapy (Medicare)	
	97150		Group Therapy (Medicare)	

(x)	CPT	Units	Procedure	Fee
	97545		Work Harding 1st 2 hours	
	97546		Work Harding Ea. Add. Hour	
	97601		Selective Debridement	
	97602		Non-selective Debridement	
	97703		Orthotics Checkout	
	97750		FCE / WCA	
	MISCICEPACK		*Ice Pack – PP $15.00	
	MISCPULLY		*Pully – PP 15.00	
	MISCTHERABLK		Theraband (black)	
	MISCTHERABLUE		Theraband (blue)	
	MISCTHERAGRN		Therband (green)	
	MISCTHERARED		Theraband (red)	
	MISCTHERAYELO		Theraband (yellow)	
	MISCTRAIN		Personal Training	
	MISCIDD		IDD	

Previous Diagnoses:

Diagnosis 1: 8449
Diagnosis 2:
Diagnosis 3:
Diagnosis 4:

ACCOUNT INFORMATION

Previous Balance	$0.00
Today's Payments	$0.00
Balance Due	$0.00

HEALTHTOUCH - #	please send payments to:	department of service:	
10 Tax ID: 86-1168971 printed 05/14/2010 08:28 AM	HEALTHTOUCH P.O. BOX 843446 BOSTON, MA 02284-3446 billing phone: (803) 227-8096	HT_Lexington 104 Saluda Pointe Drive LEXINGTON, SC 29072-7295 dept phone: (803) 227-8009	248140-29

GUARANTOR NAME AND ADDRESS	PATIENT #	PATIENT NAME [SEX]	PROVIDER	DATE/TIME	DEPARTMENT
ALISON MORRETT [redacted]	248140	ALISON MORRETT [F]	MARY PERRY, PTA	05/14/2010 08:30 AM	HT_Lexington

DOB	TELEPHONE	INSURANCE NAME	CERTIFICATE#	AUTH#
[redacted] 28 YR	[redacted]	[redacted]IGN NETWORKS - CONVERSION DEPARTMENT		

APPT TYPE	PT Treatment	NOTES/REASON	• 05/05/2010 medrada: PT, mar DO NOT DOULE BOOK

Chart Record #	248140	Location Suffix		Global	06/26/210	Referring Provider	

Body Part:		Side:		Diag. Desc.:		Diagnosis Code:		Contact Person:	TAMMY MERRIHEW

Comments: Holwe

Therapy Performed By

☐ Pamela Olenchuck	☐ Kelli Anthony	☐ John Hutt Jr.
☐ Brian Wiley	☐ Stephanie Taylor	☐ Karen Steele
☐ Beth Hinton	☐ Matt Steurrys	☐ Tami Johnson
☐ Jason Vega	☐ Bob Fladung	☐ Kat Hubbard
☒ Mary Perry	☐	☐

(x)	CPT	Units	Procedure	Fee	(x)	CPT	Units	Procedure	Fee
	97001		PT Evaluation			97545		Work Harding 1st 2 hours	
	97002		PT Re-evaluation			97546		Work Harding Ea. Add. Hour	
X	97110	(4)	Therapeutic Exercises			97601		Selective Debridement	
	97012		Application of Traction, Mech.			97602		Non-selective Debridement	
	97112		Neuromuscular Reeducation			97703		Orthotics Checkout	
	97124		Massage			97750		FCE / WCA	
	97140		Joint Mobilization/Manipulation			MISCICEPACK		*Ice Pack -- PP $15.00	
	97530		Therpeutic Activity			MISCPULLY		*Pully -- PP 15.00	
	97032		E-Stim (manual)			MISCTHERABLK		Theraband (black)	
	G0283		E-Stim (Medicare)			MISCTHERABLUE		Theraband (blue)	
	97033		Iontophoresis			MISCTHERAGRN		Therband (green)	
	97035		Ultrasound			MISCTHERARED		Theraband (red)	
	97150		Group Therapy (Medicare)			MISCTHERAYELO		Theraband (yellow)	
	97150		Group Therapy (Medicare)			MISCTRAIN		Personal Training	
	97150		Group Therapy (Medicare)			MISCIDD		IDD	

Previous Diagnoses:

Diagnosis 1: 8449 Diagnosis 2:
Diagnosis 3: Diagnosis 4:

ACCOUNT INFORMATION	
Previous Balance	$0.00
Today's Payments	$0.00
Balance Due	$0.00

HEALTHTOUCH - # 5 Tax ID: 86-1168971 *printed 05/17/2010 07:59 AM*	*please send payments to:* HEALTHTOUCH P.O. BOX 843446 BOSTON, MA 02284-3446 *billing phone: (803) 227-8096*	*department of service:* HT_Lexington 104 Saluda Pointe Drive LEXINGTON, SC 29072-7295 *dept phone: (803) 227-8009*	248140-29

GUARANTOR NAME AND ADDRESS	PATIENT #	PATIENT NAME (SEX)	PROVIDER	DATE/TIME	DEPARTMENT
ALISON MORRETT [redacted]OP	248140	ALISON MORRETT [F]	MARY PERRY, PTA	05/17/2010 08:00 AM	HT_Lexington

DOB	TELEPHONE	INSURANCE NAME	CERTIFICATE#	AUTH#
[redacted] 28 YR	[redacted]	IGN NETWORKS - CONVERSION DEPARTMENT		

APPT TYPE	PT Treatment	NOTES/REASON	• 04/30/2010 ascarborough: pt,a/s

Chart Record #	248140	Location Suffix		Global	08/26/210	Referring Provider	

Body Part:		Side:		Diag. Desc.:		Diagnosis Code:		Contact Person:	TAMMY MERRIHEW

Comments: Holwe

Therapy Performed By

- [ ] Pamela Olenchuck
- [ ] Brian Wiley
- [ ] Beth Hinton
- [ ] Jason Vega
- [x] Mary Perry
- [ ] Kelli Anthony
- [ ] Stephanie Taylor
- [ ] Matt Steurrys
- [ ] Bob Fladung
- [ ] John Hutt Jr.
- [ ] Karen Steele
- [ ] Tami Johnson
- [ ] Kat Hubbard

(x)	CPT	Units	Procedure	Fee
	97001		PT Evaluation	
	97002		PT Re-evaluation	
X	97110	(4)	Therapeutic Exercises	
	97012		Application of Traction, Mech.	
	97112		Neuromuscular Reeducation	
	97124		Massage	
	97140		Joint Mobilization/Manipulation	
	97530		Therpeutic Activity	
	97032		E-Stim (manual)	
	G0283		E-Stim (Medicare)	
	97033		Iontophoresis	
	97035		Ultrasound	
	97150		Group Therapy (Medicare)	
	97150		Group Therapy (Medicare)	
	97150		Group Therapy (Medicare)	

(x)	CPT	Units	Procedure	Fee
	97545		Work Harding 1st 2 hours	
	97546		Work Harding Ea. Add. Hour	
	97601		Selective Debridement	
	97602		Non-selective Debridement	
	97703		Orthotics Checkout	
	97750		FCE / WCA	
	MISCICEPACK		*Ice Pack – PP $15.00	
	MISCPULLY		*Pully – PP 15.00	
	MISCTHERABLK		Theraband (black)	
	MISCTHERABLUE		Theraband (blue)	
	MISCTHERAGRN		Therband (green)	
	MISCTHERARED		Theraband (red)	
	MISCTHERAYELO		Theraband (yellow)	
	MISCTRAIN		Personal Training	
	MISCIDD		IDD	

Previous Diagnoses:

Diagnosis 1: 8449 Diagnosis 2:
Diagnosis 3: Diagnosis 4:

ACCOUNT INFORMATION

Previous Balance	$0.00
Today's Payments	$0.00
Balance Due	$0.00