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STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM RICHLAND COUNTY
APPELLATE PANEL, WORKERS' COMPENSATION COMMISSION

WCC File No.: 1101678

Appellate Case No.: 2013-001499

Sean Daley, Employee-Claimant, Appellant,

v.

Chapman Mechanical, LLC, Employer, and Stonewood Insurance Company, Carrier, Defendants, Respondents

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RECORD ON APPEAL

Volume 2 of 2

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NGH
ER PATIENT RECORD

Daley, Sean D
DOB: 6/16/1976 M33
Wt/Ht:
MedRec: 161587911
AcctNum: 27000199657

Patient Data

Complaint: Knee — injury (specify)
Triage Time: Sun Jan 17, 2010 19:42
Urgency: 4–Non–urgent
Bed: ED ER
Initial Vital Signs: 1/17/2010 19:39
BP:122/74 **R:**16 **O2 sat:**97 on ra
P:88 **T:**98.3 **Pain:**8

ED Attending: ODonnell, MD, John
Primary RN:

PRESENTING PROBLEM (Sun Jan 17, 2010 19:42 SDW)
Presenting problems: Extremity Injury–Pain–Swelling.

TRIAGE (Sun Jan 17, 2010 19:42 SDW)
PATIENT: NAME: Sean D Daley, AGE: 33, GENDER: male, DOB: Wed Jun 16, 1976, TIME OF GREET: Sun Jan 17, 2010 18:56, LANGUAGE: English, RACE: Caucasian, Infectious Disease: Not Applicable, Travel History: No foreign travel in past 10 days, Poss. H1N1 Flu: No contact with person with flu, Homicidal/Suicidal: Denies homicidal/suicidal tendencies/hx, Smoking Cessation: Smoked past 12 months, counseling given, SSN: 161587911, MEDICAL RECORD NUMBER: 161587911, ACCOUNT NUMBER: 27000199657, PERSON ID: 161587911, PRIMARY CARE:
ADMISSION: URGENCY: 4–Non–urgent. ADMISSION SOURCE: HOME, TRANSPORT: ambulated, BED: ER H01.
VITAL SIGNS: BP 122/74, Pulse 88, Resp 16, Temp 98.3, Pain 8, O2 Sat 97, on ra, Time 1/17/2010 19:39.
COMPLAINT: COMPLAINT: Knee — injury (specify).
HISTORY OF PRESENT COMPLAINT: **doing a skateboarding trick on a ramp last night. fell from about 4 feet and landed on right knee. + pain and edema.**
ASSESSMENT: 8.
DOMESTIC VIOLENCE: No domestic violence.
TREATMENTS PRIOR TO ARRIVAL: No treatment.
MEDICATIONS PRIOR TO ARRIVAL: No Aspirin taken.
TREATMENTS IN TRIAGE: No treatment.
MEDICATIONS IN TRIAGE: No Aspirin given in triage.
PROVIDERS: TRIAGE NURSE: S. Diane Welborn, RN CEN.
ES LEVEL: ES level 4.

ADMIN
PATIENT DATA CHANGE: Attending changed from (none) to John ODonnell, MD. (19:51 JOD)
Extender changed from (none) to Suzette Combs, RN. (20:50 SBC)

KNOWN ALLERGIES
Nka.

VITAL SIGNS (19:39 SDW)
VITAL SIGNS: BP: 122/74, Pulse: 88, Resp: 16, Temp: 98.3, Pain: 8, O2 sat: 97 on ra, Time: 1/17/2010 19:39.

PAST MEDICAL HISTORY
MEDICAL HISTORY: No past medical history. (Sun Jan 17, 2010 19:42 SDW)
SURGICAL HISTORY: Patient's previous surgical history is not relevant to the case, **History of orthopedic,** left knee. (Sun Jan 17, 2010 19:42 SDW)
PSYCHIATRIC HISTORY: No previous psychiatric history. (Sun Jan 17, 2010 19:42 SDW)
SOCIAL HISTORY: Denies drug abuse, Lives with others, **Patient smokes tobacco,** at 1, packs per day for 15, years; equating to 15, pack years of smoking, Denies consumption of alcohol. (Sun Jan 17, 2010 19:42 SDW)
NOTES: Nursing records reviewed. (20:03 JOD)

CURRENT MEDICATIONS (19:42 SDW)
none

HPI KNEE (20:01 JOD)
CHIEF COMPLAINT: Patient presents for the evaluation of **right, knee pain, knee decreased ROM, knee tenderness, knee decreased use.**
HISTORIAN: History obtained from patient.
MECHANISM: Complaint occurred by **fall, Fall from skateboard, onto a hard surface, landing on right leg.**
OCCURRED: Onset was **1 days prior to arrival , Patient currently has symptoms, Complaint is persistent, Injury occurred while skateboarding.**
LOCATION: **posterior.**
QUALITY: **Patient describes pain as sharp.**
SEVERITY: Maximum severity is **moderate,** Currently **symptoms are moderate.**
ASSOCIATED WITH: Patient denies inability to ambulate/bear weight, **Patient states pain on walking is present,** Patient denies hip pain, **Patient states knee pain is present,** Patient denies ankle pain, Patient denies foot pain, Patient denies distal neuro c/o, Patient denies proximal injury, Patient denies distal injury.
EXACERBATED BY: Patient's condition exacerbated by **range of motion.**
RELIEVED BY: Patient's condition relieved by **nothing.**

ROS (20:03 JOD)
CONSTITUTIONAL: Negative constitutional review of systems.
EYES: Negative eye review of systems.
ENT: Negative ENT review of systems.
CARDIOVASCULAR: Negative cardiovascular review of systems.
RESPIRATORY: Negative respiratory review of systems.
GI: Negative gastrointestinal review of systems.
GENITOURINARY MALE: Negative genitourinary review of systems.
MUSCULOSKELETAL: **Historian reports fall, Historian reports injury, Historian reports joint swelling, Historian reports joint stiffness.**
SKIN: Negative skin review of systems.
NEUROLOGIC: Negative neurologic review of systems.
ENDOCRINE: Negative endocrine review of systems.
HEMO/LYMPHATIC: Negative hemo/lymphatic review of systems.
ALLERGIC/IMMUNOLOGIC: Negative Allergic review of systems.
PSYCHIATRIC: Negative psychiatric review of systems.

PHYSICAL EXAM (20:04 JOD)
CONSTITUTIONAL: Patient is afebrile, Vital signs reviewed, Patient has normal pulse, Patient has normal blood pressure, Patient has normal respiratory rate, Well appearing, Alert and oriented X 3, **Patient appears to be in pain, Patient has moderate pain distress.**
HEAD: Atraumatic, Normocephalic.
EYES: Eyes are normal to inspection, Pupils equal, round and reactive to light, No discharge from eyes, Extraocular muscles intact, Sclera are normal, Conjunctiva are normal.
ENT: Ears normal to inspection, Nose examination normal, Posterior pharynx normal, Mouth normal to inspection.
NECK: Normal ROM, No jugular venous distention, No meningeal signs, Cervical spine nontender.
RESPIRATORY CHEST: Chest is nontender. Breath sounds normal, No respiratory distress.
CARDIOVASCULAR: RRR, No murmurs, Normal S1 S2, No rub, No gallop.
ABDOMEN: Abdomen is nontender, No masses, Bowel sounds normal, No distension, No peritoneal signs.
BACK: There is no CVA Tenderness, There is no tenderness to palpation, Normal inspection.
UPPER EXTREMITY: Inspection normal, No cyanosis, No clubbing, No edema, Normal range of motion, Normal pulses.
LOWER EXTREMITY: Inspection normal, No cyanosis, No clubbing, No edema, No calf tenderness, **Right knee range of motion is limited,** Knee evaluation shows, RIGHT knee to have, no deformity, no ecchymosis, no lacerations, no hematoma, no erythema, no warmth, negative anterior drawer test, negative Lachman test, negative drawer test, negative McMurray's test, negative Apley's test, distal pulse intact, capillary refill less than 2 seconds, distal motor intact, distal sensory intact, **Active range of motion, limited,**

causes pain, Passive range of motion, limited, causes pain, Left knee unaffected.
NEURO: GCS is 15, No focal motor deficits, No focal sensory deficits, No cerebellar deficits, Speech normal, Gait normal, Memory normal.
SKIN: Skin is warm, Skin is dry, Skin is normal color.
LYMPHATIC: No adenopathy in neck, No adenopathy in axillae, No adenopathy in groin.
PSYCHIATRIC: Oriented X 3, Normal affect, Normal insight, Normal concentration.

DIAGNOSIS (20:43 JOD)
FINAL: PRIMARY: **Internal derangement of knee (acute).**

ORDERS
DX KNEE AP LAT OBLIQUES by JOD for JOD on Sun Jan 17, 2010 20:01 Status: Active.
Splint (specify site) by JOD for JOD on Sun Jan 17, 2010 20:41 Status: Done by SBC Sun Jan 17, 2010 20:47.
IMMOBILIZER KNEE by SBC for JOD on Sun Jan 17, 2010 20:52 Status: Active.

PRESCRIPTION (20:41 JOD)
Vicoprofen: Tablet : 7.5 Mg–200 Mg : Oral : Quantity: *** 1 *** Unit: Route: Oral Schedule: every eight hours Dispense: *** 10 ***.
NOTES:
DEA: BO2755126
NPI: 1457320707
MLN: MD28621

RADIOLOGY INTERPRETATION (20:40 JOD)
INTERPRETER: Preliminary review of x–rays by ED Physician.
LOWER EXTREMITIES: Radiological interpretation of, the right knee shows, knee negative, no fracture, no dislocation, no foreign body, no bony lesion, no degenerative joint disease, no effusion.

NURSING ASSESSMENT: EXTREMITY LOWER (19:43 SDW)
NURSING DIAGNOSIS: **alt in comfort rt pain.**
CONSTITUTIONAL: Patient arrives ambulatory with steady gait to treatment area. History obtained from patient, Patient appears comfortable, Patient is cooperative, Patient is alert and oriented x 3, Patient appears in no acute distress, Patient's skin is warm and dry, Patient's mucous membranes are moist and pink, Patient arrives to treatment area ambulatory, Patient **with steady gait,** Skin color is normal, Skin temperature is warm, Skin moisture is normal.
LEFT LOWER EXTREMITY: No complaint of pain, Pedal pulses present, Brisk capillary refill, Sensation intact, Patient denies numbness/tingling, Full range of motion.
RIGHT LOWER EXTREMITY: Pedal pulses present, Brisk capillary refill, Sensation intact, Patient denies numbness/tingling, Area of assessment is **knee,** Pain described as **aching, Pain is continuous, On a scale 0–10 patient rates pain as 8,** Duration of pain: **since last night.**

NURSING PROCEDURE: NURSE NOTES (19:42 SDW)
TIME: **ambulatory to room hall 1 for triage.**

NURSING PROCEDURE: SPLINTING (20:50 SBC)
TIME: Patient's identity verified by, patient stating name, hospital ID bracelet, Indications for procedure: sprain/strain/fracture, Splinting performed at 2050, Right lower extremity, Extremity: knee, Knee immobilizer applied, After procedure, capillary refill less than 2 seconds, After procedure, sensation intact, After procedure, distal pulses present, Emotional support needed and given, Patient tolerated procedure well.

NURSING PROCEDURE: DISCHARGE NOTE (20:53 SBC)
TIME: Patient discharged at 2050, Patient discharged to, home, Patient, ambulates without assistance,

Transported via patient driving, Patient unaccompanied, Discharge instructions given to, patient, Simple/moderate discharge teaching performed, Prescription given and additional instructions on side effects of same given, Medication reconciliation form given to patient, Above Person(s) verbalized understanding of discharge instructions and follow–up care, Patient treated and evaluated by physician.

INSTRUCTION (20:43 JOD)
DISCHARGE: LIGAMENT SPRAIN.
FOLLOWUP: S.H.I.F.T. Clinic, Orthopaedic Surgery, 200 Patewood Drive, Suite C100, Patewood Medical Campus, 864–454–7422, Follow up with Specialist In one week.

DISPOSITION
PATIENT: Disposition: Discharge home, Condition: Stable. (20:43 JOD)
Remove from ER. (20:52 SBC)

MEDICATION RECONCILIATION (20:44 JOD)
none – Continue as previously prescribed: (No Reconciliation Information).

ADMIN (20:54 SBC)
DIGITAL SIGNATURE: Combs, RN, Suzette.

Key:
JOD=ODonnell, MD, John SBC=Combs, RN, Suzette SDW=Welborn, RN CEN, S. Diane

GREENVILLE HOSPITAL SYSTEM
UNIVERSITY MEDICAL CENTER

Name: Daley, Sean D
Age 33Y DOB Jun 16, 1976
Gender M
MedRec 161587911
AcctNum 27000199657
Attending JOD
Bed ED ER H01

NGH
DISCHARGE INSTRUCTIONS RECEIPT

FINAL DIAGNOSIS
Internal derangement of knee (acute)

FOLLOWUP CONTACTS

S H I F T Clinic, Orthopaedic Surgery
200 Patewood Drive, Suite C100
Patewood Medical Campus
Phone 864-454-7422

Follow up with Specialist In one week

THE FOLLOWING MEDICAL INSTRUCTIONS WERE GIVEN
LIGAMENT SPRAIN

THE FOLLOWING PRESCRIPTIONS WERE GIVEN

Vicoprofen Tablet 7 5 Mg-200 Mg Oral
Dispense 10, Quantity 1, Unit , Route Oral, Schedule every eight hours

"I Understand the written and discussed instructions My questions have been answered "

Patient or responsible person

Physician or Nurse

Prepared Sun Jan 17, 2010 20 43 by JOD 1 of 1
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NORTH GREENVILLE HOSPITAL - LTAC
NGH RADIOLOGY
GREENVILLE, SC

Patient Name: DALEY,SEAN
DOB: 06/16/1976
SEX: Male
Reason for Exam: PAIN (KNEE) RT KNEE POSTERIOR
Medical Record#: 161587911
Pt. NS/Room: 27ER / 27ER
Corp. Act. No:
Patient Type: Emergency

Account: 27000199657
Ordering MD: JOHN J., O'DONNELL, MD
GHS - EMERGENCY SERVICES
701 GROVE ROAD
GREENVILLE, SC 29605

RX492977R-RIGHT KNEE AP LAT OBLIQUES 01/17/2010 20:09PM EXAM#: 11045837

IMPRESSION: NORMAL EXAMINATION.

RESULT:
SEAN DALEY

RIGHT KNEE 1/17/10

AP, lateral, and bilateral oblique views are submitted.

The bony structures are intact and alignment is satisfactory. No joint effusion is identified.

TRANSCRIPTIONIST: MARIE, GRAY
TRANSCRIBE TIME/DATE: 1/18/2010 9:29:00 AM
READ BY: L. CHASE ALLEN, MD,
SIGNED BY:

NGH
ER PATIENT RECORD

Daley, Sean D
DOB: 6/16/1976 M34
Wt/Ht:
MedRec: 161587911
AcctNum: 27000224360

Patient Data

Complaint: Wrist -- pain (specify)
Triage Time: Wed Oct 20, 2010 19:57
Urgency: 4-Non-urgent
Bed: ED ER
Initial Vital Signs: 10/20/2010 19:52
BP:132/84 **R:**18 **O2 sat:**98 on RA
P:88 **T:**97.6 **Pain:**8

ED Attending: McCarthy, MD, Christopher R.
Primary RN:

PRESENTING PROBLEM (Wed Oct 20, 2010 19:57 CWL)

Presenting problems: Hand/Wrist/Finger Injury-Pain-Swelling, Back Injury-Pain-Swelling.

TRIAGE (Wed Oct 20, 2010 19:57 CWL)

PATIENT: NAME: Sean D Daley, AGE: 34, GENDER: male, DOB: Wed Jun 16, 1976, TIME OF GREET: Wed Oct 20, 2010 18:57, LANGUAGE: English, RACE: Caucasian, Infectious Disease: Not Applicable, Travel History: No foreign travel in past 10 days, Poss. H1N1 Flu: No contact with person with flu, Homicidal/Suicidal: Denies homicidal/suicidal tendencies/hx, Smoking Cessation: Smoked past 12 months, counseling given, SSN: 161587911, MEDICAL RECORD NUMBER: 161587911, ACCOUNT NUMBER: 27000224360, PERSON ID: 161587911, PRIMARY CARE:
PREVIOUS VISIT ALLERGIES: Nka.
ADMISSION: URGENCY: 4-Non-urgent. ADMISSION SOURCE: HOME, TRANSPORT: private vehicle, BED: HOLDING.
VITAL SIGNS: BP 132/84, Pulse 88, Resp 18, Temp 97.6, Pain 8, O2 Sat 98, on RA, Time 10/20/2010 19:52.
COMPLAINT: COMPLAINT: Wrist -- pain (specify).
HISTORY OF PRESENT COMPLAINT: **C/O LT WRIST PAIN. hEARD "POP" WHILE SANDING COPPER AT WORK ONSET 8 HRS AGO. ALSO C/O MID/LOWER BACK PAIN ONSET 2 YEARS AGO THAT IS NOW WORSE.**
ASSESSMENT: Pain level 8, using numeric pain scoringQuality is sharp .
IMMUNIZATIONS: Immunizations up to date, Last tetanus shot received less than 5 years ago.
DOMESTIC VIOLENCE: Not Applicable.
TREATMENTS PRIOR TO ARRIVAL: No treatment.
MEDICATIONS PRIOR TO ARRIVAL: other medication dosage taken: NONE.
TREATMENTS IN TRIAGE: No treatment.
MEDICATIONS IN TRIAGE: other medication dosage given in triage: NONE.
PROVIDERS: TRIAGE NURSE: Cheryl Lee, RN.
ES LEVEL: ES level 4.

ADMIN (19:57 CRMI)

PATIENT DATA CHANGE: Attending changed from (none) to Christopher R. McCarthy, MD.

KNOWN ALLERGIES

Nka.

VITAL SIGNS

VITAL SIGNS: Pain: 5. (20:35 CWL)
Pain: 5. (20:35 CWL)
BP: 132/84, Pulse: 88, Resp: 18, Temp: 97.6, Pain: 8, O2 sat: 98 on RA, Time: 10/20/2010 19:52. (19:52 CWL)
Pain: 5, Time: 10/20/2010 20:35. (20:35 CWL)
Pain: 5, Time: 10/20/2010 20:35. (20:35 CWL)

PAST MEDICAL HISTORY

MEDICAL HISTORY: No past medical history. (Wed Oct 20, 2010 19:57 CWL)
SURGICAL HISTORY: **History of orthopedic**, right. FOOT. (Wed Oct 20, 2010 19:57 CWL)
PSYCHIATRIC HISTORY: No previous psychiatric history. (Wed Oct 20, 2010 19:57 CWL)
SOCIAL HISTORY: Denies alcohol abuse, Denies drug abuse, **Patient smokes tobacco**, at 0.5, packs per day for 12, years; equating to 6, pack years of smoking. (Wed Oct 20, 2010 19:57 CWL)

FAMILY HISTORY: Family history is not contributory to this case. (Wed Oct 20, 2010 19:57 CWL)
NOTES: Nursing records reviewed, Agree with nursing records, Old chart reviewed. (20:13 CRM1)

CURRENT MEDICATIONS: No recorded medications

HPI WRIST (20:10 CRM1)
CHIEF COMPLAINT: Patient presents for the evaluation of **left, wrist injury, wrist swelling, wrist pain, wrist decreased ROM, wrist tenderness.**
HISTORIAN: History obtained from patient.
MECHANISM: Complaint occurred by **twisted .**
OCCURRED: **Just prior to presentation, Patient currently has symptoms, Complaint is persistent, Complaint is constant.**
LOCATION: Pain in **Volar,** Left, Dominant Hand: Right.
QUALITY: **Patient describes pain as aching, Patient describes pain as throbbing.**
SEVERITY: Maximum severity is **severe,** Currently **symptoms are severe.**
ASSOCIATED WITH: Patient denies clavicle pain, Patient denies shoulder pain, Patient denies elbow pain, **Patient states wrist pain is present,** Patient denies hand pain, Patient denies finger pain, Patient denies distal neuro c/o, Patient denies proximal injury, Patient denies distal injury.
EXACERBATED BY: Patient's condition exacerbated by **gripping.**
RELIEVED BY: Patient's condition relieved by **nothing.**
NOTES: **Has been hurting off and on for a while but felt worse today.**

ROS (20:13 CRM1)
NEUROLOGIC: No paralysis, No paresthesias, No sensory changes.
NOTES: All relevant systems reviewed.

PHYSICAL EXAM (20:16 CRM1)
CONSTITUTIONAL: Patient is afebrile, Vital signs reviewed, Patient has normal pulse, Patient has normal blood pressure, Patient has normal respiratory rate, Well appearing, Patient appears comfortable, Alert and oriented X 3.
HEAD: Atraumatic, Normocephalic.
EYES: No discharge from eyes, Extraocular muscles intact.
NECK: Normal ROM.
RESPIRATORY CHEST: No respiratory distress.
BACK: There is no CVA Tenderness, Normal inspection, **There is paraspinal tenderness, There is paraspinal tenderness in the lower back, no midline.**
UPPER EXTREMITY: Wrist evaluation shows, LEFT wrist to have, no deformity, no ecchymosis, no swelling, no hematoma, no erythema, no warmth, no scaphoid tenderness, full range of motion, normal tendon function, radial pulse intact, ulnar pulse intact, capillary refill less than 2 seconds, distal motor intact, distal sensory intact, **Tenderness to palpation, volar wrist ttp, no swelling, full ROM but pain on ROM, no ttp focally to bones,** Right wrist unaffected, Hand evaluation shows, LEFT hand to have, no deformity, no ecchymosis, no erythema, no swelling, no hematoma, no tenderness to palpation, full range of motion, radial pulse intact, ulnar pulse intact, capillary refill less than 2 seconds, distal motor intact, distal sensory intact, Right hand unaffected.
PSYCHIATRIC: Oriented X 3, Normal affect.

DIAGNOSIS (20:20 CRM1)
FINAL: PRIMARY: **Back pain – lumbar,** ADDITIONAL: **Wrist sprain.**

ORDERS
left wrist splint by CRM1 for CRM1 on Wed Oct 20, 2010 20:28 Status: Done by CWL Wed Oct 20, 2010 20:29.

MEDICATION SERVICE
Ketorolac Tromethamine: Order: Ketorolac Tromethamine – Dose: 10 milligram(s) : by mouth

Ordered by: Christopher R. McCarthy, MD
Entered by: Christopher R. McCarthy, MD Wed Oct 20, 2010 20:10 ,
Acknowledged by: Robyn Peeler, RN Wed Oct 20, 2010 20:13
Documented as given by: Robyn Peeler, RN Wed Oct 20, 2010 20:16
Patient, Medication, Dose, Route and Time verified prior to administration.
Given in amount and via route as prescribed, Amount given: 10MG, Site: Medication administered P.O., Correct patient, time, route, dose and medication confirmed prior to administration, Patient advised of actions and side-effects prior to administration, Allergies confirmed and medications reviewed prior to administration, Patient tolerated procedure well.
: *Follow Up :* Response assessment performed, No signs or symptoms of allergic reaction noted, **Decreased pain**, Eye Opening spontaneously, **4**, Verbal Response oriented/conversive, **5**, Motor Response obeys commands, **6**, The GCS total is **15.** (20:35 CWL)

Lortab 5/500: Order: Lortab 5/500 (Acetaminophen/Hydrocodone Bitartrate) – **Dose:** 2 tablet(s) : by mouth
Ordered by: Christopher R. McCarthy, MD
Entered by: Christopher R. McCarthy, MD Wed Oct 20, 2010 20:10 ,
Acknowledged by: Robyn Peeler, RN Wed Oct 20, 2010 20:13
Documented as given by: Robyn Peeler, RN Wed Oct 20, 2010 20:16
Patient, Medication, Dose, Route and Time verified prior to administration.
Given in amount and via route as prescribed, Amount given: 10MG, Site: Medication administered P.O., Correct patient, time, route, dose and medication confirmed prior to administration, Patient advised of actions and side-effects prior to administration, Allergies confirmed and medications reviewed prior to administration, Patient in position of comfort, Side rails up, Cart in lowest position.
: *Follow Up :* Response assessment performed, No signs or symptoms of allergic reaction noted, **Decreased pain**, Eye Opening spontaneously, **4**, Verbal Response oriented/conversive, **5**, Motor Response obeys commands, **6**, The GCS total is **15.** (20:34 CWL)

MEDICATION ADMINISTRATION SUMMARY (20:44)

Drug Name	Dose	Route	Status	Time
Ketorolac Tromethamine	10 milligram(s)	by mouth	Given	20:16 10/20/2010
Lortab 5/500	2 tablet(s)	by mouth	Given	20:16 10/20/2010

Detailed record available in Medication Service section.

PRESCRIPTION (20:25 CRM1)

Lortab 7.5/500: Tablet : 500 Mg–7.5 Mg : Oral : Quantity: *** 1 *** Unit: tab Route: Oral Schedule: SEE NOTES Dispense: *** 20 ***.
NOTES: 1 tab by mouth every 8 hours as needed for severe pain. Will cause drowsiness.
DEA: FM1928590
NPI: 1881612224
MLN: 26915

PredniSONE: Tablet : 20 Mg : Oral : Quantity: *** * *** Unit: tabs Route: Oral Schedule: SEE NOTES Dispense: *** QS ***
POTENTIAL MODERATE INTERACTION: Ketorolac Tromethamine.
NOTES: 3 tabs by mouth daily for 3 days, then 2 tabs by mouth daily for 3 days, then 1 tab by mouth daily for 3 days, then 1/2 tab by mouth daily for 3 days, then stop.
DEA: FM1928590
NPI: 1881612224
MLN: 26915

NURSING ASSESSMENT: EXTREMITY UPPER (19:57 CWL)

CONSTITUTIONAL: Patient arrives ambulatory with steady gait to treatment area. History obtained from patient, Patient appears comfortable, Patient is cooperative, Patient is alert and oriented x 3, Patient appears in no acute distress, Patient's skin is warm and dry, Patient's mucous membranes are moist and pink.

LEFT UPPER EXTREMITY: Normal pulses, Brisk capillary refill, Sensation intact, No numbness/tingling, Full range of motion, Area of assessment is **wrist, On a scale 0–10 patient rates pain as 8.**

NURSING ASSESSMENT: BACK (19:58 CWL)
BACK: Patient is able to ambulate normally, Patient denies parasthesias, Patient denies CVA tenderness, Patient denies extremity weakness, No obvious signs of trauma noted to back, Patient has strong pulses to upper and lower extremities bilaterally, Patient complains of pain to **middle back, lower back,** Pain described as **aching, Pain is continuous, On a scale 0–10 patient rates pain as 8.**

NURSING PROCEDURE: NURSE NOTES (19:57 CWL)
TIME: **ADM TO ROOM.**

NURSING PROCEDURE: SPLINTING (20:32 CWL)
TIME: Patient's identity verified by, patient stating name, hospital ID bracelet, Velcro wrist splint applied, After procedure, capillary refill less than 2 seconds, After procedure, CMS intact, After procedure, sensation intact, After procedure, distal pulses present, Emotional support needed and given, Patient tolerated procedure well.
SAFETY: Side rails up, Cart in lowest position, Family at bedside.

NURSING PROCEDURE: DISCHARGE NOTE (20:39 CWL)
TIME: Patient discharged to, home, Patient, ambulates without assistance, Transported via friend/family driving, Accompanied by husband/wife/spouse, Patient instructed not to drive home, Discharge instructions given to, Complex discharge teaching performed, Prescription given and additional instructions on side effects of same given, Medication reconciliation form given to patient, Above Person(s) verbalized understanding of discharge instructions and follow–up care, Patient treated and evaluated by physician, Phone Number Confirmed.
SAFETY: Side rails up, Cart in lowest position, Family at bedside.

INSTRUCTION (20:26 CRM1)
DISCHARGE: BACK PAIN, WRIST INJURY.
FOLLOWUP: James Wallace, Family Practice, 12 Arborland Way, Greenville SC 29615, 8642976010, Free Clinic, 864–232–1470, New Horizon Slater Clinic, 1588 Geer Hwy, Travelers Rest SC 29690, 864–836–1109, 8:00–5:00 Monday through Friday.
SPECIAL: Return if symptoms not better in 8–10 days, symptoms worsen, change, or new symptoms develop. Specifically return if increased pain, fever, neurological symptoms, weakness, problems going to the bathroom, tingling, or other changes/concerns. All of the patients questions and concerns were answered and adressed. Patient agreed with the plan of care as discussed.
Keep moving your wrist around out of the splint to prevent stiffness.

DISPOSITION
PATIENT: Disposition: Discharge home, Condition: Stable. (20:26 CRM1)
Remove from ER. (20:40 CWL)

MEDICATION RECONCILIATION (20:25 CRM1)
ADDITIONAL NOTES: No known allergies confirmed, No home meds per patient / family.

ADMIN (20:26 CRM1)
DIGITAL SIGNATURE: McCarthy, MD, Christopher R.

Key:
CRM1=McCarthy, MD, Christopher R. CWL=Lee, RN, Cheryl

GREENVILLE HOSPITAL SYSTEM
UNIVERSITY MEDICAL CENTER

Name: Daley, Sean D
Age: 34Y DOB: Jun 16, 1976
Gender: M
MedRec: 161587911
AcctNum: 27000224360
Attending: CRM1
Bed: ED ER 06

NGH
DISCHARGE INSTRUCTIONS RECEIPT

FINAL DIAGNOSIS
Back pain – lumbar

ADDITIONAL DIAGNOSIS
Wrist sprain

FOLLOWUP CONTACTS

James Wallace, Family Practice
12 Arborland Way
Greenville SC 29615
Phone: 8642976010

Free Clinic
Phone: 864-232-1470

New Horizon Slater Clinic
1588 Geer Hwy
Travelers Rest SC 29690
Phone: 864-836-1109
Comment: 8:00-5:00 Monday through Friday

THE FOLLOWING SPECIAL INSTRUCTIONS WERE GIVEN
Return if symptoms not better in 8-10 days, symptoms worsen, change, or new symptoms develop. Specifically return if increased pain, fever, neurological symptoms, weakness, problems going to the bathroom, tingling, or other changes/concerns. All of the patients questions and concerns were answered and adressed. Patient agreed with the plan of care as discussed.

Keep moving your wrist around out of the splint to prevent stiffness.

THE FOLLOWING MEDICAL INSTRUCTIONS WERE GIVEN
BACK PAIN
WRIST INJURY

THE FOLLOWING PRESCRIPTIONS WERE GIVEN

PredniSONE : Tablet : 20 Mg : Oral
Dispense: QS, Quantity: *, Unit: tabs, Route: Oral, Schedule: SEE NOTES

Lortab 7.5/500 : Tablet : 500 Mg-7.5 Mg : Oral
Dispense: 20, Quantity: 1, Unit: tab, Route: Oral, Schedule: SEE NOTES

Copyright 2006. Pi

GREENVILLE HOSPITAL SYSTEM
UNIVERSITY MEDICAL CENTER

Name: Daley, Sean D
Age: 34Y DOB: Jun 16, 1976
Gender: M
MedRec: 161587911
AcctNum: 27000224360
Attending: CRM1
Bed: ED ER 06

NGH
DISCHARGE INSTRUCTIONS RECEIPT

"I Understand the written and discussed instructions. My questions have been answered."

Patient or responsible person

Physician or Nurse

Copyright 2006. Pi

Patient Data

Complaint: Fall — from height
Triage Time: Thu Feb 10, 2011 19:59
Urgency: 4–Non–urgent
Bed: ED ER
Initial Vital Signs: 2/10/2011 19:51
BP:125/92 **R:**18 **O2 sat:**96 on RA
P:75 **T:**97.7 **Pain:**8

ED Attending: Mehta, MD, Prasun
Primary RN:

PRESENTING PROBLEM (Thu Feb 10, 2011 19:59 CWL)

Presenting problems: Back Injury–Pain–Swelling.

TRIAGE (Thu Feb 10, 2011 19:59 CWL)

PATIENT: NAME: Sean D Daley, AGE: 34, GENDER: male, DOB: Wed Jun 16, 1976, TIME OF GREET: Thu Feb 10, 2011 18:43, LANGUAGE: English, RACE: Caucasian, Infectious Disease: Not Applicable, Travel History: No foreign travel in past 10 days, Poss. H1N1 Flu: No contact with person with flu, Homicidal/Suicidal: Denies homicidal/suicidal tendencies/hx, Smoking Cessation: Smoked past 12 months, counseling given, SSN: 161587911, MEDICAL RECORD NUMBER: 971304386, ACCOUNT NUMBER: 27000231805, PERSON ID: 971304386, PRIMARY CARE: Horizon.

PREVIOUS VISIT ALLERGIES: Nka.

ADMISSION: URGENCY: 4–Non–urgent. ADMISSION SOURCE: HOME, TRANSPORT: private vehicle, BED: HOLDING.

VITAL SIGNS: BP 125/92, Pulse 75, Resp 18, Temp 97.7, Pain 8, O2 Sat 96, on RA, Time 2/10/2011 19:51.

COMPLAINT: COMPLAINT: Fall — from height.

HISTORY OF PRESENT COMPLAINT: **C/O BACK PAIN FROM FALLING 10 FEET FROM A LADDER YESTERDAY AT WORK. DEINES LOC/N/V PT WAS SEEN AT PARDEE FOR TX**

ASSESSMENT: Quality is sharp Pain level 8, using numeric pain scoring.

IMMUNIZATIONS: Immunizations up to date, Unknown when last tetanus shot recived.

DOMESTIC VIOLENCE: Not Applicable.

TREATMENTS PRIOR TO ARRIVAL: No treatment.

MEDICATIONS PRIOR TO ARRIVAL: other medication dosage taken: LORTAB 10 MG 1800.

TREATMENTS IN TRIAGE: No treatment.

MEDICATIONS IN TRIAGE: other medication dosage given in triage: NONE.

PROVIDERS: TRIAGE NURSE: Cheryl Lee, RN.

ES LEVEL: ES level 4.

ADMIN (20:14 PHM)

PATIENT DATA CHANGE: Attending changed from (none) to Prasun Mehta, MD.

KNOWN ALLERGIES

Nka.

VITAL SIGNS (19:51 CWL)

VITAL SIGNS: BP: 125/92, Pulse: 75, Resp: 18, Temp: 97.7, Pain: 8, O2 sat: 96 on RA, Time: 2/10/2011 19:51.

PAST MEDICAL HISTORY

MEDICAL HISTORY: **History of musculoskeletal disorder, history of back pain (chronic), which is post–traumatic in etiology, History of pulmonary disease, including asthma.** (Thu Feb 10, 2011 19:59 CWL)

SURGICAL HISTORY: **History of orthopedic,** right, FOOT. (Thu Feb 10, 2011 19:59 CWL)

PSYCHIATRIC HISTORY: No previous psychiatric history. (Thu Feb 10, 2011 19:59 CWL)

SOCIAL HISTORY: Denies alcohol abuse, Denies drug abuse, **Patient smokes tobacco,** at 1, packs per day for 12, years; equating to 12, pack years of smoking, Lives at home with family. (Thu Feb 10, 2011 19:59 CWL)

FAMILY HISTORY: Family history is not contributory to this case. (Thu Feb 10, 2011 19:59 CWL)
MEDICAL HISTORY: **asthma, back pain**
med:as noted
all:nkda. (20:36 PHM)
SOCIAL HISTORY: Denies alcohol abuse, Denies drug abuse, **Patient smokes tobacco,** at 1, years; equating to 0, pack years of smoking. (20:36 PHM)
FAMILY HISTORY: Family history is not contributory to this case. (20:36 PHM)

CURRENT MEDICATIONS (Thu Feb 10, 2011 19:59 CWL)
Lortab 10/500

HPI BLANK (20:33 PHM)
CHIEF COMPLAINT: **34 y/o WM with h/o chronic back pain on lortab states fell yesterday off ladder about 10ft and landed on a pipe. States entire back hurts. Pt was seen at hendersonville and notes CT and xrays neg yesterday. Denies LOC, n/v, csf rhinorrhea, otorrhea, ha, neck pain, cp, sob, abd pain, changes in bowel or bladder habits or distal motor/sensory deficits.**
HISTORIAN: History obtained from patient.
TIME COURSE: Onset was **1 days prior to arrival , Complaint is persistent.**
SEVERITY: Maximum severity is **moderate,** Currently **symptoms are moderate.**

ROS (20:36 PHM)
CONSTITUTIONAL: Negative constitutional review of systems.
EYES: Negative eye review of systems.
ENT: Negative ENT review of systems.
CARDIOVASCULAR: Negative cardiovascular review of systems, No chest pain.
RESPIRATORY: Negative respiratory review of systems.
GI: Negative gastrointestinal review of systems, No abdominal pain.
GENITOURINARY MALE: Negative genitourinary review of systems.
MUSCULOSKELETAL: **Historian reports back pain, Historian reports fall, Historian reports injury,** No neck pain.
SKIN: Negative skin review of systems.
NEUROLOGIC: Negative neurologic review of systems.
ENDOCRINE: Negative endocrine review of systems.
HEMO/LYMPHATIC: Negative hemo/lymphatic review of systems.
ALLERGIC/IMMUNOLOGIC: Negative Allergic review of systems.

PHYSICAL EXAM (20:37 PHM)
CONSTITUTIONAL: Patient is afebrile, Vital signs reviewed, Patient has normal pulse, Patient has normal blood pressure, Patient has normal respiratory rate, Well appearing, Patient appears comfortable, Alert and oriented X 3.
HEAD: Atraumatic, Normocephalic.
EYES: Eyes are normal to inspection, Pupils equal, round and reactive to light, No discharge from eyes, Extraocular muscles intact, Sclera are normal, Conjunctiva are normal, **no raccoon eyes.**
ENT: Ears normal to inspection, Nose examination normal, Posterior pharynx normal, Mouth normal to inspection, **no hemotympanum or battle sign.**
NECK: Normal ROM, No jugular venous distention, No meningeal signs, Cervical spine nontender, **no Cspine tend.**
RESPIRATORY CHEST: Chest is nontender. Breath sounds normal, No respiratory distress, **no ribcage or clavicular stepoff.**
CARDIOVASCULAR: RRR, No murmurs, Normal S1 S2, No rub, No gallop.
ABDOMEN: Abdomen is nontender, No masses, Bowel sounds normal, No distension, No peritoneal signs, **pelvis stable.**
BACK: **ecchymosis L paralumbar area. mild diffuse tend to entire back. .**
UPPER EXTREMITY: Inspection normal, No cyanosis, No clubbing, No edema, Normal range of motion, Normal pulses.

LOWER EXTREMITY: Inspection normal, No cyanosis, No clubbing, No edema, Normal range of motion, No calf tenderness, Normal pulses.
NEURO: No focal motor deficits, No focal sensory deficits, No cerebellar deficits, Speech normal, Gait normal, **cn3–12intact. dtrs 2/4. .**
SKIN: Skin is warm, Skin is dry, Skin is normal color.
LYMPHATIC: No adenopathy in neck.
PSYCHIATRIC: Oriented X 3, Normal affect.

DIAGNOSIS (21:23 PHM)
FINAL: PRIMARY: **s/p fall with right subcutaneous hematoma.**

DOCTOR NOTES (21:17 PHM)
TEXT: **records from PARDEE ED came. pt had CT chest, abd and pelvis that was neg except for right flank subcutaneous hematoma. CXR without lesion. Pt HS. OW. NI. nontoxic. will d/c on some roxicodone for pain. Per DHEC PMP pt gets #30 lortab to take one pill a day at bedtime for chronic back pain every month from Dr. Li.**

PATIENT STATUS: Patient has improved since arrival to emergency department.
PATIENT PLAN: The patient will be discharged, The patient will follow up with primary care physician.
DATA REVIEWED: Lab data reviewed, Old records obtained, Old records reviewed, Discussed with family.

ORDERS
please get records from hendersonville by PHM for PHM on Thu Feb 10, 2011 20:32 Status: Done by HBG Thu Feb 10, 2011 20:40.
URINALYSIS by PHM for PHM on Thu Feb 10, 2011 20:32 Status: Done by System Thu Feb 10, 2011 21:16.
ER THER PROPH/DX INJ,SQ/IM by HBG for PHM on Thu Feb 10, 2011 20:47 Status: Active.
ER THER PROPH/DX INJ,SQ/IM by HBG for PHM on Thu Feb 10, 2011 20:49 Status: Active.

MEDICATION SERVICE
Dilaudid: Order: Dilaudid (Hydromorphone Hydrochloride) – **Dose:** 2 mg : intramuscular injection
Repeat: no thank you
Ordered by: Prasun Mehta, MD
Entered by: Prasun Mehta, MD Thu Feb 10, 2011 20:33 ,
Acknowledged by: Heather Garrett, RN Thu Feb 10, 2011 20:40
Documented as given by: Heather Garrett, RN Thu Feb 10, 2011 20:49
Patient, Medication, Dose, Route and Time verified prior to administration.
Time given: 2045, IM medication, Amount given: 2 mg, Medication administered to left buttock, Correct patient, time, route, dose and medication confirmed prior to administration, Patient advised of actions and side–effects prior to administration, Allergies confirmed and medications reviewed prior to administration, Patient tolerated procedure well, Patient in position of comfort, Side rails up, Cart in lowest position, Family at bedside.
: Follow Up : Response assessment performed, **Decreased pain**, Advised not to ambulate without assistance, Patient in position of comfort, Side rails up, Cart in lowest position, Friend at bedside. (21:28 HBG)
Phenergan: Order: Phenergan (Promethazine Hydrochloride) – **Dose:** 25 mg. : intramuscular injection
Repeat: no thank you
POTENTIAL MODERATE INTERACTION: Dilaudid (Hydromorphone Hydrochloride)
POTENTIAL MODERATE INTERACTION: Lortab 10/500 [Hydrocodone]
Ordered by: Prasun Mehta, MD
Entered by: Prasun Mehta, MD Thu Feb 10, 2011 20:33 ,
Acknowledged by: Heather Garrett, RN Thu Feb 10, 2011 20:40
Documented as given by: Heather Garrett, RN Thu Feb 10, 2011 20:47
Patient, Medication, Dose, Route and Time verified prior to administration.
Time given: 2045, IM medication, Amount given: 25 mg, Medication administered to left hip, Correct patient,

time, route, dose and medication confirmed prior to administration, Patient advised of actions and side–effects prior to administration, Allergies confirmed and medications reviewed prior to administration, Patient in position of comfort, Side rails up, Cart in lowest position, Family at bedside.

: Follow Up : Response assessment performed, **Decreased pain.** (21:29 HBG)

MEDICATION ADMINISTRATION SUMMARY (21:43)

Drug Name	Dose	Route	Status	Time
Dilaudid	2 mg	intramuscular injection	Given	20:49 2/10/2011
Phenergan	25 mg.	intramuscular injection	Given	20:47 2/10/2011

Detailed record available in Medication Service section.

PRESCRIPTION (21:23 PHM)

Roxicodone: Tablet : 5 mg : Oral : Quantity: *** 1 *** Unit: tab Route: Oral Schedule: every four hours
Dispense: *** 10 ***
POTENTIAL MODERATE INTERACTION: Phenergan (Promethazine Hydrochloride).

NOTES:
No Refills
DEA: BM5716280
NPI: 1851354286
MLN: 17360

RESULTS (21:16 PHM)

LABORATORY:

Measurement	Result	Units	Range
URINE MACROSCOPIC Thu Feb 10, 2011 20:56			
COLOR,URINE	Yellow		
CHARACTER	Clear		
SPECIFIC GRAVITY	1.042		1.003–1.035
PH URINE	5.0		4.6–8.0
PROTEIN,URINE	Neg	mg/dl	NEG
GLUCOSE,URINE	Neg	mg/dl	NEG
KETONE URINE	Neg	mg/dl	NEG
BILIRUBIN,URINE	Neg		NEG
HEME URINALYSIS	Small		NEG
NITRITE	Neg		NEG
UROBILINOGEN	0.2	eu/dl	0.1–1.0
LEUKOCYTES URINE	Neg		NEG

Measurement	Result	Units	Range
URINE MICROSCOPIC Thu Feb 10, 2011 20:56			
WBC URINE	0 TO 3	/HPF	0–3
RBC URINE	3 TO 5	/HPF	0–3
SQUAMOUS EPITHELIAL	1 TO 5	/HPF	0
BACTERIA	TRACE	/HPF	
MISCELLANEOUS	Few		
MISCELLANEOUS	Mucus		

Measurement	Result	Units	Range
URINE MACROSCOPIC Thu Feb 10, 2011 20:56			
COLOR,URINE	Yellow		
CHARACTER	Clear		
SPECIFIC GRAVITY	1.042		1.003–1.035
PH URINE	5.0		4.6–8.0
PROTEIN,URINE	Neg	mg/dl	NEG
GLUCOSE,URINE	Neg	mg/dl	NEG
KETONE URINE	Neg	mg/dl	NEG
BILIRUBIN,URINE	Neg		NEG
HEME URINALYSIS	Small		NEG
NITRITE	Neg		NEG
UROBILINOGEN	0.2	eu/dl	0.1–1.0
LEUKOCYTES URINE	Neg		NEG

Measurement	Result	Units	Range
URINE MICROSCOPIC Thu Feb 10, 2011 20:56			
WBC URINE	0 TO 3	/HPF	0–3
RBC URINE	3 TO 5	/HPF	0–3
SQUAMOUS EPITHELIAL	1 TO 5	/HPF	0
BACTERIA	TRACE	/HPF	
MISCELLANEOUS	Few		
MISCELLANEOUS	Mucus		

ATTENDING (20:41 PHM)
NOTES: I have personally seen and examined this patient., I have fully participated in the care of this patient., I have reviewed all pertinent clinical information, including history, physical exam and plan.

NURSING ASSESSMENT: BACK (19:59 CWL)
CONSTITUTIONAL: Patient arrives ambulatory with steady gait to treatment area. History obtained from patient, Patient appears comfortable, Patient is cooperative, Patient is alert and oriented x 3, Patient appears in no acute distress, Patient's skin is warm and dry, Patient's mucous membranes are moist and pink.
BACK: Patient is able to ambulate normally, Patient denies parasthesias, Patient denies CVA tenderness, Patient denies extremity weakness, Patient has strong pulses to upper and lower extremities bilaterally, Patient complains of pain to **upper back, middle back, lower back,** Pain described as **aching, Pain is continuous, On a scale 0–10 patient rates pain as 8,** Inspection shows **ecchymosis,** to **RT FLANK.**
NECK: Patient has full range of motion to neck, Trachea midline, Patient's neck nontender, No lymphadenopathy noted to neck, No jugular venous distention noted, **Patient complains of pain to midline,** Pain described as **aching, Pain is continuous, On a scale 0–10 patient rates pain as 3.**

NURSING PROCEDURE: NURSE NOTES (19:59 CWL)
TIME: **DM TO ROOM.**

INSTRUCTION (21:26 PHM)
DISCHARGE: CONTUSION, BACK PAIN.
FOLLOWUP: New Horizon Clinic, 130 Mallard St, Greenville SC 29601, 864–233–1534.
SPECIAL: Take medications as prescribed.
no driving on roxicodone.
no lifting or heavy exertion.
Off work x 2 days.
See your private physician in one week.
Return if worse or as needed.
The physician that took care of you was Dr. Prasun H. Mehta MD FACEP.
If you have any good comments or concerns, please email us at CarolinaEmergency@bellsouth.net.

DISPOSITION
PATIENT: Disposition: Discharge home, Condition: Stable. (21:23 PHM)
Remove from ER. (21:39 HBG)

MEDICATION RECONCILIATION (21:22 PHM)
Lortab 10/500: **(No Reconciliation Information).**
ADDITIONAL NOTES: Reviewed with patient.

FORM (21:31 HBG)
WORK RELEASE

Key:
CWL=Lee, RN, Cheryl HBG=Garrett, RN, Heather PHM=Mehta, MD, Prasun

NORTH GREENVILLE LTACH
807 North Main, Travelers Rest, SC 29690

NAME: DALEY,SEAN DAVID ROOM:27ER19 LOC:NGER
MR#:971304386 SS#:161587911 ACCT#:270000231805
DOB:06/16/1976 AGE:34Y SEX:M
ATTENDING PHYS:THEILING MD,B JASON
ADMITTED:02/10/2011 DISCHARGED:02/10/2011

**Unless otherwise stated, the time and date are equal to collect time and date.

********** ROUTINE URINALYSIS **********

DAY:	1			
DATE:	02/10			
TIME:	+2040		NORMAL	UNITS
LOC:	NGER			
FOOTNOTE:	#1			
COLOR	Yellow			
CHARACTER	Clear			
SPEC GRAVITY	1.042	H	1.003-1.035	
pH	5.0		4.6-8.0	
PROTEIN	Neg		NEG	mg/dl
GLUCOSE	Neg		NEG	mg/dl
KETONES	Neg		NEG	mg/dl
BILIRUBIN	Neg		NEG	
HEME	Small	*	NEG	
NITRITE	Neg		NEG	
UROBILINOGEN	0.2		0.1-1.0	eu/dl
LEUKOCYTES	Neg		NEG	
RBC URINE	3 TO 5		0-3	/HPF
WBC URINE	0 TO 3		0-3	/HPF
SQUAMOUS EPITH	1 TO 5		0	/HPF
BACTERIA	TRACE			/HPF
MISCELLANEOUS				

#1 MISCELLANEOUS = Few Mucus

NAME: DALEY, SEAN DAVID
02/11/2011
07:45
MRN: 971304386
LOC: NGER RM: 27ER19
SSN: 161587911 PAGE 1

*** FINAL OUTPATIENT REPORT *** DO NOT DESTROY ***
END OF REPORT

NGH
PRIMARY

Daley, Sean D
DOB: 6/16/1976 M34
W/Hi:
MedRec: 971304386
AcctNum: 27000231805

Patient Data

Complaint: Fall -- from height
Triage Time: Thu Feb 10, 2011 19:59
Urgency: 4-Non-urgent
Bed: ED ER
Initial Vital Signs: 2/10/2011 19:51
BP: 125/92
P: 75
O2 sat: 96 on RA

ED Attending: Mehta, MD, Prasun
Primary RN:

R: 18
T: 97.7
Pain: 8

ADMIN
PATIENT DATA CHANGE: Attending changed from (none) to Prasun Mehta, MD. (Sat Feb 12, 2011 09:56 EWM)
Facility Coder: Rachel N. Boland, OUZIS. (Sat Feb 12, 2011 09:56 RNB)

KNOWN ALLERGIES
Nka

O2SAT INTERPRETATION (10:41 PMM)
O2SAT: O2 saturation reading 96%, O2 AMT: R.A., O2 Sat normal. None needed. Single Pulse Ox.

PRESENTING PROBLEM (Thu Feb 10, 2011 19:59 CWL)
Presenting problems: Back Injury-Pain-Swelling.

TRIAGE (Thu Feb 10, 2011 19:59 CWL)
PATIENT: NAME: Sean D Daley, AGE: 34, GENDER: male, DOB: Wed Jun 16, 1976, TIME OF GREET: Thu Feb 10, 2011 18:43, LANGUAGE: English, RACE: Caucasian, Infectious Disease: Not Applicable, Travel History: No foreign travel in past 10 days, Poss. H1N1 Flu: No contact with person with flu, Homicidal/Suicidal: Denies homicidal/suicidal tendencies/hx, Smoking Cessation: Smoked past 12 months, counseling given, SSN: 161587911, MEDICAL RECORD NUMBER: 971304386, ACCOUNT NUMBER: 27000231805, PERSON ID: 971304386, PRIMARY CARE: Clinic, New Horizon.
ADMISSION: URGENCY: 4-Non-urgent, ADMISSION SOURCE: HOME, TRANSPORT: private vehicle, BED: HOLDING.
VITAL SIGNS: BP 125/92, Pulse 75, Resp 18, Temp 97.7, Pain 8, O2 Sat 96, on RA, Time 2/10/2011 19:51.
COMPLAINT: COMPLAINT: Fall -- from height.
HISTORY OF PRESENT COMPLAINT: C/O BACK PAIN FROM FALLING 10 FEET FROM A LADDER YESTERDAY AT WORK. DENIES LOC/N/V PT WAS SEEN AT PARDEE FOR TX .
ASSESSMENT: Quality is sharp Pain level 8, using numeric pain scoring.
IMMUNIZATIONS: Immunizations up to date, Unknown when last tetanus shot received.
DOMESTIC VIOLENCE: Not Applicable.
TREATMENTS PRIOR TO ARRIVAL: No treatment.
MEDICATIONS PRIOR TO ARRIVAL: other medication dosage taken: LORTAB 10 MG 1800.
TREATMENTS IN TRIAGE: No treatment.
MEDICATIONS IN TRIAGE: other medication dosage given in triage: NONE.
PROVIDERS: TRIAGE NURSE: Cheryl Lee, RN.
ES LEVEL: ES level 4.

Daley, Sean D
DOB: 6/16/1976 M34
W/Ht:
MedRec: 971304386
AcctNum: 27000231805

NGH
PRIMARY

PREVIOUS VISIT ALLERGIES: Nka.

PAST MEDICAL HISTORY

MEDICAL HISTORY: History of musculoskeletal disorder, history of back pain (chronic), which is post-traumatic in etiology. History of pulmonary disease, including asthma. (Thu Feb 10, 2011 19:59 CWL)
asthma, back pain
mud:as noted
all:nkdh. (20:36 PHM)

SURGICAL HISTORY: History of orthopedic, right, FOOT. (Thu Feb 10, 2011 19:59 CWL)

PSYCHIATRIC HISTORY: No previous psychiatric history. (Thu Feb 10, 2011 19:59 CWL)

SOCIAL HISTORY: Denies alcohol abuse, Denies drug abuse, Patient smokes tobacco, at 1, packs per day for 12, years; equating to 12, pack years of smoking, Lives at home with family. (Thu Feb 10, 2011 19:59 CWL)
Denies alcohol abuse, Denies drug abuse, Patient smokes tobacco, at 1, years; equating to 0, pack years of smoking. (20:36 PHM)

FAMILY HISTORY: Family history is not contributory to this case. (Thu Feb 10, 2011 19:59 CWL)
Family history is not contributory to this case. (20:36 PHM)

CURRENT MEDICATIONS (Thu Feb 10, 2011 19:59 CWL)

Lortab 10/500

MEDICATION ADMINISTRATION SUMMARY

Drug Name	Dose Ordered	Route	Status	Time
Dilaudid	2 mg	intramuscular	Given	20:49 2/10/2011
Phenergan	25 mg	intramuscular	Given	20:47 2/10/2011

Detailed record available in Medication Service section.

MEDICATION SERVICE

Dilaudid: Order: Diluudid (Hydromorphone Hydrochloride) – Dose: 2 mg :
intramuscular injection
Repeat: no thank you
Ordered by: Prasun Mehta, MD
Entered by: Prasun Mehta, MD Thu Feb 10, 2011 20:33 .
Acknowledged by: Heather Garrett, RN Thu Feb 10, 2011 20:40
Documented as given by: Heather Garrett, RN Thu Feb 10, 2011 20:49
Patient, Medication, Dose, Route and Time verified prior to administration, . Time given: 2045, IM medication, Amount given: 2 mg, Medication administered to left buttock, Correct patient, time, route, dose and medication confirmed prior to administration, Patient advised of actions and side-effects prior to administration, Allergies confirmed and medications reviewed prior to administration, Patient tolerated procedure well. Patient in position of comfort, Side rails up, Cart in lowest position, Family at bedside.
: *Follow Up :* Response assessment performed, Decreased pain, Advised not to ambulate without assistance, Patient in position of comfort, Side rails up, Cart in lowest position,

Daley, Sean D
DOB: 6/16/1976 M34
Wu Hx:
MedRec: 971304386
AcctNum: 27000231805

Friend at bedside.

Phenergan: Order: Phenergan (Promethazine Hydrochloride) – Dose: 25 mg. : intramuscular injection
Repeat: no thank you
POTENTIAL MODERATE INTERACTION: Dilaudid (Hydromorphone Hydrochloride)
POTENTIAL MODERATE INTERACTION: Lortab 10/500 (Hydrocodone)
Ordered by: Prasun Mehta, MD
Entered by: Prasun Mehta, MD Thu Feb 10, 2011 20:33 ,
Acknowledged by: Heather Garrett, RN Thu Feb 10, 2011 20:40
Documented as given by: Heather Garrett, RN Thu Feb 10, 2011 20:47
Patient, Medication, Dose, Route and Time verified prior to administration. , Time given: 2045, IM medication, Amount given: 25 mg, Medication administered to left hip, Correct patient, time, route, dose and medication confirmed prior to administration, Patient advised of actions and side-effects prior to administration, Allergies confirmed and medications reviewed prior to administration, Patient in position of comfort, Side rails up, Cart in lowest position, Family at bedside.
: Follow Up : Response assessment performed, Decreased pain.

MEDICATION RECONCILIATION

Lortab 10/500: (No Reconciliation Information).
ADDITIONAL NOTES: Reviewed with patient.

VITAL SIGNS

VITAL SIGNS: BP: 125/92, Pulse: 75, Resp: 18, Temp: 97.7, Pain: 8, O2 sat: 96 on RA, Time: 2/10/2011 19:51.

ORDERS

URINALYSIS by Mehta, MD, Prasun for Mehta, MD, Prasun on Thu Feb 10, 2011 20:32 Status: Done by System Thu Feb 10, 2011 21:16
please get records from hendersonville by Mehta, MD, Prasun for Mehta, MD, Prasun on Thu Feb 10, 2011 20:32 Status: Done by Garrett, RN, Heather Thu Feb 10, 2011 20:40
ER THER PROPH/DX INJ,SQ/IM by Garrett, RN, Heather for Mehta, MD, Prasun on Thu Feb 10, 2011 20:47 Status: Sent
ER THER PROPH/DX INJ,SQ/IM by Garrett, RN, Heather for Mehta, MD, Prasun on Thu Feb 10, 2011 20:49 Status: Sent
ED LEVEL 3 by Boland, OUZTS, Rachel N. for Mehta, MD, Prasun on Fri Feb 11, 2011 06:57 Status: Sent
99283 ER MD-LEVEL III by Boland, OUZTS, Rachel N. for Mehta, MD, Prasun on Fri Feb 11, 2011 06:57 Status: Sent

RESULTS

LABORATORY:

Measurement	Result	Units	Range
URINE MACROSCOPIC Thu Feb 10, 2011 20:56			
COLOR,URINE	Yellow		
CHARACTER	Clear		
SPECIFIC GRAVITY	1.042		1.003-1.035
PH URINE	5.0		4.6-8.0
PROTEIN,URINE	Neg	mg/dl	NEG

Daley, Sean D
DOB: 6/16/1976 M34
Wt/Ht:
MedRec: 971304386
AcctNum: 27000231805

NGH
PRIMARY

GLUCOSE URINE	Neg	mg/dl	NEG
KETONE URINE	Neg	mg/dl	NEG
BILIRUBIN URINE	Neg		NEG
HEME URINALYSIS	Small		NEG
NITRITE	Neg		NEG
UROBILINOGEN	0.2	eu/dl	0.1–1.0
LEUKOCYTES URINE	Neg		NEG

Measurement	Result	Units	Range
URINE MICROSCOPIC Thu Feb 10, 2011 20:56			
WBC URINE	0 TO 3	/HPF	0–3
RBC URINE	3 TO 5	/HPF	0–3
SQUAMOUS EPITHELIAL	1 TO 5	/HPF	0
BACTERIA	TRACE	/HPF	
MISCELLANEOUS	Few		
MISCELLANEOUS	Mucus		

Measurement	Result	Units	Range
URINE MACROSCOPIC Thu Feb 10, 2011 20:56			
COLOR URINE	Yellow		
CHARACTER	Clear		
SPECIFIC GRAVITY	1.042		1.003–1.035
PH URINE	5.0		4.6–8.0
PROTEIN URINE	Neg	mg/dl	NEG
GLUCOSE URINE	Neg	mg/dl	NEG
KETONE URINE	Neg	mg/dl	NEG
BILIRUBIN URINE	Neg		NEG
HEME URINALYSIS	Small		NEG
NITRITE	Neg		NEG
UROBILINOGEN	0.2	eu/dl	0.1–1.0
LEUKOCYTES URINE	Neg		NEG

Measurement	Result	Units	Range
URINE MICROSCOPIC Thu Feb 10, 2011 20:56			
WBC URINE	0 TO 3	/HPF	0–3
RBC URINE	3 TO 5	/HPF	0–3
SQUAMOUS EPITHELIAL	1 TO 5	/HPF	0
BACTERIA	TRACE	/HPF	
MISCELLANEOUS	Few		
MISCELLANEOUS	Mucus		

HPI BLANK (Daley, Sean)
CHIEF COMPLAINT: 34 y/o WM with h/o chronic back pain on lortab states fell yesterday off ladder about 10ft and landed on a pipe. States entire back hurts. Pt was seen at hendersonville and notes CT and xrays neg yesterday. Denies LOC, n/v, csf rhinorrhea, otorrhea, ha, neck pain, cp, sob, abd pain, changes in bowel or bladder habits or distal motor/sensory deficits.
HISTORIAN: History obtained from patient.
TIME COURSE: Onset was 1 days prior to arrival . Complaint is persistent.
SEVERITY: Maximum severity is moderate, Currently symptoms are moderate.

ROS (Daley, Sean)
CONSTITUTIONAL: Negative constitutional review of systems.
EYES: Negative eye review of systems.
ENT: Negative ENT review of systems.
CARDIOVASCULAR: Negative cardiovascular review of systems. No chest pain.
RESPIRATORY: Negative respiratory review of systems.

NGH
PRIMARY

GI: Negative gastrointestinal review of systems, No abdominal pain.
GENITOURINARY MALE: Negative genitourinary review of systems.
MUSCULOSKELETAL: Historian reports back pain, Historian reports fall, Historian reports injury, No neck pain.
SKIN: Negative skin review of systems.
NEUROLOGIC: Negative neurologic review of systems.
ENDOCRINE: Negative endocrine review of systems.
HEMO/LYMPHATIC: Negative hemo/lymphatic review of systems.
ALLERGIC/IMMUNOLOGIC: Negative Allergic review of systems.

PHYSICAL EXAM (last rec'd)
CONSTITUTIONAL: Patient is afebrile, Vital signs reviewed, Patient has normal pulse, Patient has normal blood pressure, Patient has normal respiratory rate, Well appearing, Patient appears comfortable, Alert and oriented X 3.
HEAD: Atraumatic, Normocephalic.
EYES: Eyes are normal to inspection, Pupils equal, round and reactive to light, No discharge from eyes, Extraocular muscles intact, Sclera are normal, Conjunctiva are normal, no raccoon eyes.
ENT: Ears normal to inspection, Nose examination normal, Posterior pharynx normal, Mouth normal to inspection, no hemotympanum or battle sign.
NECK: Normal ROM, No jugular venous distention, No meningeal signs, Cervical spine nontender, no Cspine tend.
RESPIRATORY CHEST: Chest is nontender, Breath sounds normal, No respiratory distress, no ribcage or clavicular stepoff.
CARDIOVASCULAR: RRR, No murmurs, Normal S1 S2, No rub, No gallop.
ABDOMEN: Abdomen is nontender, No masses, Bowel sounds normal, No distension, No peritoneal signs, pelvis stable.
BACK: ecchymosis L paralumbar area. mild diffuse tend to entire back. .
UPPER EXTREMITY: Inspection normal, No cyanosis, No clubbing, No edema, Normal range of motion, Normal pulses.
LOWER EXTREMITY: Inspection normal, No cyanosis, No clubbing, No edema, Normal range of motion, No calf tenderness, Normal pulses.
NEURO: No focal motor deficits, No focal sensory deficits, No cerebellar deficits, Speech normal, Gait normal, cn3--12intact, dtrs 2/4. .
SKIN: Skin is warm, Skin is dry, Skin is normal color.
LYMPHATIC: No adenopathy in neck.
PSYCHIATRIC: Oriented X 3, Normal affect.

DOCTOR NOTES (21:17 PMH)
TEXT: records from PARDEE ED came, pt had CT chest, abd and pelvis that was neg except for right flank subcutaneous hematoma. CXR without lesion. Pt HS. OW. NI. nontoxic. will d/c on some roxicodone for pain. Per DHEC PMP pt gets #30 lortab to take one pill a day at bedtime for chronic back pain every month from Dr. Li. .
PATIENT STATUS: Patient has improved since arrival to emergency department.
PATIENT PLAN: The patient will be discharged, The patient will follow up with primary care physician.
DATA REVIEWED: Lab data reviewed, Old records obtained, Old records reviewed, Discussed with family.

Daley, Sean D
DOB: 6/16/1976 M34
Wt/Ht:
MedRec: 971304386
AcctNum: 27000231805

NGH
PRIMARY

ATTENDING (date/time)
NOTES: I have personally seen and examined this patient:. I have fully participated in the care of this patient.. I have reviewed all pertinent clinical information, including history, physical exam and plan.

NURSING ASSESSMENT: BACK (date/time)
CONSTITUTIONAL: Patient arrives ambulatory with steady gait to treatment area. History obtained from patient. Patient appears comfortable, Patient is cooperative. Patient is alert and oriented x 3. Patient appears in no acute distress, Patient's skin is warm and dry. Patient's mucous membranes are moist and pink.
BACK: Patient is able to ambulate normally. Patient denies parasthesias, Patient denies CVA tenderness. Patient denies extremity weakness, Patient has strong pulses to upper and lower extremities bilaterally. Patient complains of pain to upper back, middle back, lower back. Pain described as aching. Pain is continuous, On a scale 0-10 patient rates pain as 8. Inspection shows ecchymosis, to RT FLANK.
NECK: Patient has full range of motion to neck, Trachea midline, Patient's neck nontender, No lymphadenopathy noted to neck, No jugular venous distention noted. Patient complains of pain to midline, Pain described as aching. Pain is continuous, On a scale 0-10 patient rates pain as 3.

NURSING PROCEDURE: NURSE NOTES (date/time)
TIME: DM TO ROOM.

FORM (date/time)
WORK RELEASE

DISPOSITION
PATIENT: Disposition: Discharge home, Condition: Stable, (date/time)
Remove from ER. (date/time)

DIAGNOSIS (date/time)
FINAL: PRIMARY: s/p fall with right subcutaneous hematoma.

INSTRUCTION (date/time)
DISCHARGE: CONTUSION, BACK PAIN.
FOLLOWUP: New Horizon Clinic, 130 Mallard St, Greenville SC 29601, 864-233-1534.
SPECIAL: Take medications as prescribed.
no driving on roxicodone.
no lifting or heavy exertion.
Off work x 2 days.
See your private physician in one week.
Return if worse or as needed.
The physician that took care of you was Dr. Prason B. Mehta MD FACEP.
If you have any good comments or concerns, please email us at CarolinaEmergency@bellsouth.net.

PRESCRIPTION (date/time)

NGH
PRIMARY

Daley, Sean D
DOB: 6/16/1976 M34
Wt/Ht:
MedRec: 971304386
AcctNum: 270000231805

Roxicodone: Tablet : 5 mg : Oral : Quantity: *** 1 *** Unit: tab Route: Oral Schedule: every four hours Dispense: *** 10 ***
POTENTIAL MODERATE INTERACTION: Phenergan (Promethazine Hydrochloride).
NOTES:
No Refills

DEA: BM5716280
NPI: 1851354286
MLN: 17360

Key:
CWL=Lee, RN, Cheryl HBG=Garrett, RN, Heather PHM=Mehta, MD, Prasun RNB=Boland, OUZTS, Rachel N.

GREENVILLE HOSPITAL SYSTEM
UNIVERSITY MEDICAL CENTER

Name: Daley, Sean D
Age: 34Y DOB: Jun 16, 1976
Gender: M
MedRec: 971304386
AcctNum: 27000231805
Attending: PHM
Bed: ED ER 06

NGH
DISCHARGE INSTRUCTIONS RECEIPT

FINAL DIAGNOSIS
s/p fall with right subcutaneous hematoma

FOLLOWUP CONTACTS

New Horizon Clinic
130 Mallard St
Greenville SC 29601
Phone: 864–233–1534

THE FOLLOWING SPECIAL INSTRUCTIONS WERE GIVEN
Take medications as prescribed.
no driving on roxicodone.
no lifting or heavy exertion.
Off work x 2 days.
See your private physician in one week.
Return if worse or as needed.
The physician that took care of you was Dr. Prasun H. Mehta MD FACEP.
If you have any good comments or concerns, please email us at CarolinaEmergency@bellsouth.net.

THE FOLLOWING MEDICAL INSTRUCTIONS WERE GIVEN
CONTUSION
BACK PAIN

THE FOLLOWING PRESCRIPTIONS WERE GIVEN

Roxicodone : Tablet : 5 mg : Oral
Dispense: 10, Quantity: 1, Unit: tab, Route: Oral, Schedule: every four hours

"I Understand the written and discussed instructions. My questions have been answered."

Patient or responsible person

Physician or Nurse

Prepared: Thu Feb 10, 2011 21:26 by PHM 1 of 1
Copyright 2006. Picis.

Patient's Room Number

27 231805
DALEY ,SEAN DAVID 971304386
THEILING, BRENT JASON
EMS
Admit Date - 02/10/11
Date of Birth - 06/16/1976

NORTH GREENVILLE HOSPITAL
LONG TERM ACUTE CARE

Emergency Department Registration Form

Date: 2/10/11
(Fecha)

Time: 6:42
(Hora)

Name: Sean D Daley
First (Nombre) Middle (Segundo Nombre) Last (Apellido Completo)

Birth date: 6/16/76
(Fecha De Nacimiento)
(Mes/Dia/Ano)

Social Security Number: 161-58-7911

Reason for Visit: Back Pain / fall

We are dedicated to providing you with Quality Healthcare.

Please know that patients must be seen according to the severity of their illness and not necessarily according to the order of arrival.

Thank you for your patience and the privilege to serve you.

Name: Daley, Sean D
Age: 34Y DOB: Jun 16, 1976
Gender: M
MedRec: 971304386
AcctNum: 27000231805
Attending: PHM
Bed: ED ER 06

NGH
WORK RELEASE

NORTH GREENVILLE HOSPITAL
Department of Emergency Medicine
N. Main Street
Travelers Rest, SC 29690
Telephone 864-455-9223

EMPLOYER:
RESTRICTIONS:
DIAGNOSIS:
ADDITIONAL INSTRUCTIONS: please excuse 2/10/11 – 2/12/11.

Signature:
Dr. Mehta/H. Garrett RN

Prepared: Thu Feb 10, 2011 21:31 by Heather Garrett, RN Page: 1 of 1

Patient Data

Complaint: Back — pain
Triage Time: Mon Feb 21, 2011 13:45
Urgency: 4–Non–urgent
Bed: ED ER
Initial Vital Signs: 2/21/2011 13:36
BP:141/77 **R:**16 **O2 sat:**99 on RA
P:80 **T:**98.0 O **Pain:**8

ED Attending: ODonnell, MD, John
Primary RN:

PRESENTING PROBLEM (Mon Feb 21, 2011 13:45 MSI)

Presenting problems: Back Injury–Pain–Swelling.

TRIAGE (13:45 MSI)

PATIENT: NAME: Sean D Daley, AGE: 34, GENDER: male, DOB: Wed Jun 16, 1976, TIME OF GREET: Mon Feb 21, 2011 12:37, LANGUAGE: English, RACE: Caucasian, Infectious Disease: Not Applicable, Travel History: No foreign travel in past 10 days, Poss. H1N1 Flu: No contact with person with flu, Homicidal/Suicidal: Denies homicidal/suicidal tendencies/hx, Smoking Cessation: Smoked past 12 months, counseling given, SSN: 161587911, KG WEIGHT: 95.3 (est.), MEDICAL RECORD NUMBER: 971304386, ACCOUNT NUMBER: 27000232573, PERSON ID: 9713C PRIMARY CARE: NONE.
PREVIOUS VISIT ALLERGIES: Nka.
ADMISSION: URGENCY: 4–Non–urgent. ADMISSION SOURCE: HOME, TRANSPORT: ambulated, BED: WAITING.
VITAL SIGNS: BP 141/77, Pulse 80, Resp 16, Temp 98.0 O, Pain 8, O2 Sat 99, on RA, Time 2/21/2011 13:36.
COMPLAINT: COMPLAINT: Back — pain.
HISTORY OF PRESENT COMPLAINT: **LOWER TO MID BACK PAIN WORSENING SINCE 2/9/2011 AFTER FALLING BACKWARD ONTO PIPE STUB. STATES PAIN BETWEEN SHOULDER BLADES HAS BEEN PRESENT FOR SEVERAL DAYS WITHOUT KNOWN INJURY. DENIES BOWEL OR BLADDER CHANGES. .**
ASSESSMENT: Pain level 8, using numeric pain scoring, days.
IMMUNIZATIONS: Last tetanus shot received more than 10 years ago.
TREATMENTS PRIOR TO ARRIVAL: No treatment.
MEDICATIONS PRIOR TO ARRIVAL: No Aspirin taken, Other medication: **LORTAB 10 PTA.**
TREATMENTS IN TRIAGE: No treatment.
MEDICATIONS IN TRIAGE: No Aspirin given in triage.
PROVIDERS: TRIAGE NURSE: Michael Inks, RN.
ES LEVEL: ES level 4.

ADMIN

PATIENT DATA CHANGE: A08 CHPFQP02 by Interface, Zip code: 29617, Phone number: (864)990–8621. (14:15)
Attending changed from (none) to John ODonnell, MD. (16:32 JOD)

KNOWN ALLERGIES

Nka, Seasonal.

VITAL SIGNS (13:36 MSI)

VITAL SIGNS: BP: 141/77, Pulse: 80, Resp: 16, Temp: 98.0 O, Pain: 8, O2 sat: 99 on RA, Time: 2/21/2011 13:36.

PAST MEDICAL HISTORY (13:45 MSI)

MEDICAL HISTORY: **History of pulmonary disease, including asthma, with use of inhaler.**
SURGICAL HISTORY: Patient has had no previous surgical history.
PSYCHIATRIC HISTORY: No previous psychiatric history.
SOCIAL HISTORY: Denies drug abuse, **Patient smokes tobacco,** at 1, packs per day for 13, years; equating to 13, pack years of smoking, Patient has smoked within the last 12 months from date of service., Patient has been counseled on Smoking Cessation, Denies consumption of alcohol, Lives at home with family.
FAMILY HISTORY: Family history is not contributory to this case.

CURRENT MEDICATIONS (13:45 MSI)
Lortab 10/500: as needed.

DIAGNOSIS (17:33 JOD)
FINAL: PRIMARY: Back spasms .

ORDERS
URINALYSIS by JOD for JOD on Mon Feb 21, 2011 16:47 Status: Done by System Mon Feb 21, 2011 17:08.
Urine Collection (specify mode) by JOD for JOD on Mon Feb 21, 2011 16:47 Status: Done by TLG Mon Feb 21, 2011 16:52.
ER THER PROPH/DX INJ,SQ/IM by TLG for JOD on Mon Feb 21, 2011 16:59 Status: Active.
ER THER PROPH/DX INJ,SQ/IM by TLG for JOD on Mon Feb 21, 2011 17:00 Status: Active.

MEDICATION SERVICE
Demerol HCl: Order: Demerol HCl (Meperidine Hydrochloride) – **Dose:** 50 mg : intramuscular injection
Ordered by: John ODonnell, MD
Entered by: John ODonnell, MD Mon Feb 21, 2011 16:48 ,
Acknowledged by: Terry Gilreath, RN Mon Feb 21, 2011 16:53
Documented as given by: Terry Gilreath, RN Mon Feb 21, 2011 17:00
Patient, Medication, Dose, Route and Time verified prior to administration.
Time given: 1652, IM medication, Amount given: 50mg, Medication administered to left buttock, Correct patient, time, route, dose and medication confirmed prior to administration, Patient advised of actions and side-effects prior to administration, Allergies confirmed and medications reviewed prior to administration, Patient in position of comfort, Side rails up, Cart in lowest position, Family at bedside.
Phenergan: Order: Phenergan (Promethazine Hydrochloride) – **Dose:** 25mg : intramuscular injection
POTENTIAL MODERATE INTERACTION: Demerol HCl (Meperidine Hydrochloride)
POTENTIAL MODERATE INTERACTION: Lortab 10/500 [Hydrocodone]
Ordered by: John ODonnell, MD
Entered by: John ODonnell, MD Mon Feb 21, 2011 16:49 ,
Acknowledged by: Terry Gilreath, RN Mon Feb 21, 2011 16:53
Documented as given by: Terry Gilreath, RN Mon Feb 21, 2011 16:59
Patient, Medication, Dose, Route and Time verified prior to administration.
Time given: 1652, IM medication, Amount given: 25mg, Medication administered to left buttock, Allergies confirmed and medications reviewed prior to administration, Patient in position of comfort, Side rails up, Cart in lowest position, Family at bedside.

MEDICATION ADMINISTRATION SUMMARY (18:06)

Drug Name	Dose	Route	Status	Time
Demerol HCl	50 mg	intramuscular injection	Given	17:00 2/21/2011
Phenergan	25mg	intramuscular injection	Given	16:59 2/21/2011

Detailed record available in Medication Service section.

PRESCRIPTION (17:32 JOD)
Percocet 10/325: Tablet : 325 Mg–10 Mg : Oral : Quantity: *** 1 *** Unit: TAB Route: Oral Schedule: every four hours Dispense: *** 20 ***
POTENTIAL MODERATE INTERACTION: Phenergan (Promethazine Hydrochloride).
NOTES:
DEA: BO2755126
NPI: 1457320707
MLN: MD28621

Soma: Tablet : 350 Mg : Oral : Quantity: *** 1 *** Unit: tab Route: Oral Schedule: twice daily Dispense: *** 30 ***
POTENTIAL MODERATE INTERACTION: Demerol HCl (Meperidine Hydrochloride)
POTENTIAL MODERATE INTERACTION: Phenergan (Promethazine Hydrochloride)
POTENTIAL MODERATE INTERACTION: Lortab 10/500 [Hydrocodone].
NOTES:
DEA: BO2755126
NPI: 1457320707
MLN: MD28621

RESULTS (17:30 JOO)

LABORATORY:

Measurement	Result	Units	Range
URINE MICROSCOPIC Mon Feb 21, 2011 16:55			
RBC URINE	3 TO 5	/HPF	0-3
SQUAMOUS EPITHELIAL	1 TO 5	/HPF	0
MISCELLANEOUS	Moderate		
MISCELLANEOUS	Mucus		

Measurement	Result	Units	Range
URINE MACROSCOPIC Mon Feb 21, 2011 16:55			
COLOR,URINE	Yellow		
CHARACTER	Clear		
SPECIFIC GRAVITY	1.036		1.003-1.035
PH URINE	5.5		4.6-8.0
PROTEIN,URINE	Neg	mg/dl	NEG
GLUCOSE,URINE	Neg	mg/dl	NEG
KETONE URINE	Neg	mg/dl	NEG
BILIRUBIN,URINE	Neg		NEG
HEME URINALYSIS	Small		NEG
NITRITE	Neg		NEG
UROBILINOGEN	0.2	eu/dl	0.1-1.0
LEUKOCYTES URINE	Neg		NEG

Measurement	Result	Units	Range
URINE MICROSCOPIC Mon Feb 21, 2011 16:55			
RBC URINE	3 TO 5	/HPF	0-3
SQUAMOUS EPITHELIAL	1 TO 5	/HPF	0
MISCELLANEOUS	Moderate		
MISCELLANEOUS	Mucus		

NURSING ASSESSMENT: BACK (13:48 MSI)

NURSING DIAGNOSIS: **ALT COMFORT.**
CONSTITUTIONAL: Patient arrives ambulatory with steady gait to treatment area. History obtained from patient, Patient is cooperative, Patient is alert and oriented x 3, Patient appears in no acute distress, Patient's skin is warm and dry, Patient's mucous membranes are moist and pink, Patient is well-groomed.
BACK: Patient is able to ambulate normally, Patient denies parasthesias, Patient denies CVA tenderness, Patient denies extremity weakness, Patient has strong pulses to upper and lower extremities bilaterally, Patient complains of pain to **middle back, lower back, Pain is continuous, On a scale 0-10 patient rates pain as 8, Patient ambulates slowly without assistance.**
NECK: Patient denies neck pain, Patient has full range of motion to neck, Trachea midline, Patient's neck nontender, No lymphadenopathy noted to neck, No jugular venous distention noted, No obvious signs of trauma to neck.
NOTES: **STATES MOBIC AND FLEXERIL DID NOT HELP SO HE STOPPED TAKING THEM "OVER 2 WEEKS AGO". NOT SPECIFIC ON FOLLOW UP AFTER FALL. .**

NURSING PROCEDURE: DISCHARGE NOTE (18:00 TLG)

TIME: Patient discharged at 1755, Patient discharged to, home, Patient, ambulates without assistance, Transported via friend/family driving, Accompanied by husband/wife/spouse, Patient instructed not to drive

home, Discharge instructions given to, patient, Instructions given to wife, Complex discharge teaching performed, Prescription given and additional instructions on side effects of same given, Medication reconciliation form given to patient, Above Person(s) verbalized understanding of discharge instructions and follow–up care, Patient treated and evaluated by physician, **instructed pt to go to Workers comp Dr as he needs follow up from the company. Asked pt to call corporate office In N.C. to find out w/c. .**

SAFETY: Side rails up, Cart in lowest position, Family at bedside.

INSTRUCTION (17:35 JOD)

FOLLOWUP: Follow up with Primary Care Physician In one to two days.

SPECIAL: must see the workers comp doc for your job for all follow up for this injury.

DISPOSITION

PATIENT: Disposition: Discharge home, Condition: Stable. (17:33 JOD)

Remove from ER. (18:03 TLG)

MEDICATION RECONCILIATION (17:32 JOD)

Lortab 10/500 – Do not take this medication: as needed.

FORM (17:51 TLG)

WORK RELEASE

Key:

JOD=ODonnell, MD, John MSI=Inks, RN, Michael TLG=Gilreath, RN, Terry

NORTH GREENVILLE LTACH
807 North Main, Travelers Rest, SC 29690

NAME: DALEY,SEAN DAVID ROOM:27ER28 LOC:NGER
MR#:971304386 SS#:161587911 ACCT#:270000232573
DOB:06/16/1976 AGE:34Y SEX:M
ATTENDING PHYS:STIGALL MD,BEVERLY G
ADMITTED:02/21/2011 DISCHARGED:02/21/2011

**Unless otherwise stated, the time and date are equal to collect time and date.

********** ROUTINE URINALYSIS **********

DAY:	1			
DATE:	02/21			
TIME:	+1645		NORMAL	UNITS
LOC:	NGER			
FOOTNOTE:	#1			
COLOR	Yellow			
CHARACTER	Clear			
SPEC GRAVITY	1.036	H	1.003-1.035	
pH	5.5		4.6-8.0	
PROTEIN	Neg		NEG	mg/dl
GLUCOSE	Neg		NEG	mg/dl
KETONES	Neg		NEG	mg/dl
BILIRUBIN	Neg		NEG	
HEME	Small	*	NEG	
NITRITE	Neg		NEG	
UROBILINOGEN	0.2		0.1-1.0	eu/dl
LEUKOCYTES	Neg		NEG	
RBC URINE	3 TO 5		0-3	/HPF
SQUAMOUS EPITH	1 TO 5		0	/HPF
MISCELLANEOUS				

#1 MISCELLANEOUS = Moderate Mucus

NGH
PRIMARY

Daley, Sean D
DOB: 6/16/1976 M34
Wt/Ht: 95.3 Kg (est.)
MedRec#: 971304386
AcctNum: 27000232573

Patient Data

Complaint: Back — pain
Triage Time: Mon Feb 21, 2011 13:45
Urgency: 4-Non-urgent
Bed: ED ER
Initial Vital Signs: 2/21/2011 13:36
BP:141/77
P:80
O2 sat:99 on RA

ED Attending: ODonnell, MD, John
Primary RN:

R:16
T:98.0 O
Pain:8

ADMIN
PATIENT DATA CHANGE: A08 CHPFQP02 by Interface, Zip code: 29617, Phone number: (864)990-8621. (1645)
Attending changed from (none) to John ODonnell, MD. (1653/ODO)
Facility Coder: Rachel N. Boland, OUZTS. (1653/RNB)

KNOWN ALLERGIES
Nka, Seasonal

O2SAT INTERPRETATION (1619/ODO)
O2SAT: O2 saturation reading 99%. O2 AMT: R.A., O2 Sat normal, None needed, Single Pulse Ox.

PRESENTING PROBLEM (1645 Feb 21, 2011 (1645/MSD)
Presenting problems: Back Injury-Pain-Swelling.

TRIAGE (1645/MSD)
PATIENT: NAME: Sean D Daley, AGE: 34, GENDER: male, DOB: Wed Jun 16, 1976, TIME OF GREET: Mon Feb 21, 2011 12:37, LANGUAGE: English, RACE: Caucasian, Infectious Disease: Not Applicable, Travel History: No foreign travel in past 10 days, Pass. H1N1 Flu: No contact with person with flu, Homicidal/Suicidal: Denies homicidal/suicidal tendencies/ilx., Smoking Cessation: Smoked past 12 months, counseling given, SSN: 161587911, KG WEIGHT: 95.3 (est.), MEDICAL RECORD NUMBER: 971304386, ACCOUNT NUMBER: 27000232573, PERSON ID: 971304386, PRIMARY CARE: NONE.
ADMISSION: URGENCY: 4-Non-urgent, ADMISSION SOURCE: HOME, TRANSPORT: ambulated, BED: WAITING.
VITAL SIGNS: BP 141/77, Pulse 80, Resp 16, Temp 98.0 O, Pain 8, O2 Sat 99, on RA, Time 2/21/2011 13:36.
COMPLAINT: COMPLAINT: Back — pain.
HISTORY OF PRESENT COMPLAINT: LOWER TO MID BACK PAIN WORSENING SINCE 2/9/2011 AFTER FALLING BACKWARD ONTO PIPE STUB. STATES PAIN BETWEEN SHOULDER BLADES HAS BEEN PRESENT FOR SEVERAL DAYS WITHOUT KNOWN INJURY. DENIES BOWEL OR BLADDER CHANGES. .
ASSESSMENT: Pain level 8, using numeric pain scoring, days.
IMMUNIZATIONS: Last tetanus shot received more than 10 years ago.
TREATMENTS PRIOR TO ARRIVAL: No treatment.
MEDICATIONS PRIOR TO ARRIVAL: No Aspirin taken, Other medication: LORTAB 10 PTA.
TREATMENTS IN TRIAGE: No treatment.
MEDICATIONS IN TRIAGE: No Aspirin given in triage.

Daley, Sean D
DOB: 6/16/1976 M34
Wt/Ht: 95.3 Kg (est.)
MedRec: 971304386
AcctNum: 27000232573

NGH
PRIMARY

PROVIDERS: TRIAGE NURSE: Michael Inks, RN.
ES LEVEL: ES level 4.
PREVIOUS VISIT ALLERGIES: Nkda.

PAST MEDICAL HISTORY

MEDICAL HISTORY: History of pulmonary disease, including asthma, with use of inhaler. (03:43 MST)
SURGICAL HISTORY: Patient has had no previous surgical history. (03:43 MST)
PSYCHIATRIC HISTORY: No previous psychiatric history. (03:43 MST)
SOCIAL HISTORY: Denies drug abuse. Patient smokes tobacco, at 1, packs per day for 13, years; equating to 13, pack years of smoking. Patient has smoked within the last 12 months from date of service., Patient has been counseled on Smoking Cessation. Denies consumption of alcohol. Lives at home with family. (03:43 MST)
FAMILY HISTORY: Family history is not contributory to this case. (03:43 MST)
NOTES: Nursing records reviewed. (16:16 MST)

CURRENT MEDICATIONS (17:43 MST)

Lortab 10/500: as needed.

MEDICATION ADMINISTRATION SUMMARY

Drug Name	Dose Ordered	Route	Status	Time
Demerol HCl	50 mg	Intramuscular	Given	17:00 2/21/2011
Phenergan	25mg	Intramuscular	Given	16:59 2/21/2011

Detailed record available in Medication Service section.

MEDICATION SERVICE

Demerol HCl: Order: Demerol HCl (Meperidine Hydrochloride) -- Dose: 50 mg : intramuscular injection
Ordered by: John ODonnell, MD
Entered by: John ODonnell, MD Mon Feb 21, 2011 16:48 ,
Acknowledged by: Terry Gilreath, RN Mon Feb 21, 2011 16:53
Documented as given by: Terry Gilreath, RN Mon Feb 21, 2011 17:00
Patient, Medication, Dose, Route and Time verified prior to administration.
, Time given: 1652, IM medication, Amount given: 50mg, Medication administered to left buttock. Correct patient, time, route, dose and medication confirmed prior to administration. Patient advised of actions and side-effects prior to administration. Allergies confirmed and medications reviewed prior to administration. Patient in position of comfort. Side rails up. Cart in lowest position. Family at bedside.

Phenergan: Order: Phenergan (Promethazine Hydrochloride) -- Dose: 25mg : intramuscular injection
POTENTIAL MODERATE INTERACTION: Demerol HCl (Meperidine Hydrochloride)
POTENTIAL MODERATE INTERACTION: Lortab 10/500 (Hydrocodone)
Ordered by: John ODonnell, MD
Entered by: John ODonnell, MD Mon Feb 21, 2011 16:49 .
Acknowledged by: Terry Gilreath, RN Mon Feb 21, 2011 16:53
Documented as given by: Terry Gilreath, RN Mon Feb 21, 2011 16:59
Patient, Medication, Dose, Route and Time verified prior to administration.

Daley, Sean D
DOB: 6/16/1976 M34
Wt/Ht: 95.3 Kg (est.)
MedRec: 971304386
AcctNum: 27000232573

NGH
PRIMARY

, Time given: 1652, IM medication. Amount given: 25mg. Medication administered to left buttock. Allergies confirmed and medications reviewed prior to administration. Patient in position of comfort. Side rails up. Cart in lowest position. Family at bedside.

MEDICATION RECONCILIATION (reviewed)
Lortab 10/500 – Do not take this medication: as needed.

VITAL SIGNS (recorded)
VITAL SIGNS: BP: 141/77, Pulse: 80, Resp: 16, Temp: 98.0 O, Pain: 8, O2 sat: 99 on RA, Time: 2/21/2011 13:36.

ORDERS
Urine Collection (specify mode) by ODonnell, MD, John for ODonnell, MD, John on Mon Feb 21, 2011 16:47 Status: Done by Gilreath, RN, Terry Mon Feb 21, 2011 16:52
URINALYSIS by ODonnell, MD, John for ODonnell, MD, John on Mon Feb 21, 2011 16:47 Status: Done by System Mon Feb 21, 2011 17:08
ER THER PROPH/DX INJ,SQ/IM by Gilreath, RN, Terry for ODonnell, MD, John on Mon Feb 21, 2011 16:59 Status: Sent
ER THER PROPH/DX INJ,SQ/IM by Gilreath, RN, Terry for ODonnell, MD, John on Mon Feb 21, 2011 17:00 Status: Sent
ED LEVEL 3 by Boland, OUZTS, Rachel N. for ODonnell, MD, John on Mon Feb 21, 2011 18:34 Status: Sent
99283 ER MD-LEVEL III by Boland, OUZTS, Rachel N. for ODonnell, MD, John on Mon Feb 21, 2011 18:34 Status: Sent

RESULTS (reviewed)
LABORATORY:

Measurement	Result	Units	Range
URINE MICROSCOPIC Mon Feb 21, 2011 16:55			
RBC URINE	3 TO 5	/HPF	0-3
SQUAMOUS EPITHELIAL	1 TO 5	/HPF	0
MISCELLANEOUS	Moderate		
MISCELLANEOUS	Mucus		

Measurement	Result	Units	Range
URINE MACROSCOPIC Mon Feb 21, 2011 16:55			
COLOR,URINE	Yellow		
CHARACTER	Clear		
SPECIFIC GRAVITY	1.036		1.003-1.038
PH URINE	5.5		4.6-8.0
PROTEIN,URINE	Neg	mg/dl	NEG
GLUCOSE,URINE	Neg	mg/dl	NEG
KETONE URINE	Neg	mg/dl	NEG
BILIRUBIN,URINE	Neg		NEG
UEMR URINALYSIS	Small		NEG
NITRITE	Neg		NEG
UROBILINOGEN	0.2	mg/dl	0.1-1.0
LEUKOCYTES URINE	Neg		NEG

Measurement	Result	Units	Range
URINE MICROSCOPIC Mon Feb 21, 2011 16:55			
RBC URINE	3 TO 5	/HPF	0-3
SQUAMOUS EPITHELIAL	1 TO 5	/HPF	0

NGH
PRIMARY

Daley, Scott D
DOB 6/16/1976 M34
Wt/Ht: 95.3 Kg (est.)
MedRec: 971304386
AcctNum: 27000232573

MISCELLANEOUS	Moderate	
MISCELLANEOUS	Minor	

HPI BACK (03/02/2011)
CHIEF COMPLAINT: Patient presents for the evaluation of left, lower, back injury, back swelling, back pain, back decreased ROM, back tenderness.
HISTORIAN: History obtained from patient.
MECHANISM OF INJURY: Complaint occurred by fall, see other visits.
TIME COURSE: Onset of symptoms reported as sudden, Onset was 17 days prior to arrival, Patient currently has symptoms, Complaint is persistent, More than one recent ED visit for this complaint.
QUALITY: sharp.
ASSOCIATED WITH: No numbness, Motor weakness is not present, No bowel incontinence, No bladder incontinence, Able to void, No abdominal pain, No fever, No sciatica, No tingling, No dysuria, No radiation of pain.
SEVERITY: Maximum severity is moderate, Currently symptoms are moderate.
EXACERBATED BY: Patient's condition exacerbated by movement.
RELIEVED BY: Patient's condition relieved by nothing.

ROS (03/02/2011)
CONSTITUTIONAL: Negative constitutional review of systems, No fever.
EYES: Negative eye review of systems.
ENT: Negative ENT review of systems.
CARDIOVASCULAR: Negative cardiovascular review of systems.
RESPIRATORY: Negative respiratory review of systems.
GI: Negative gastrointestinal review of systems, No abdominal pain.
GENITOURINARY MALE: Negative genitourinary review of systems, No dysuria.
MUSCULOSKELETAL: Historian reports back pain.
SKIN: Negative skin review of systems.
NEUROLOGIC: Negative neurologic review of systems.
ENDOCRINE: Negative endocrine review of systems.
HEMO/LYMPHATIC: Negative hemo/lymphatic review of systems.
ALLERGIC/IMMUNOLOGIC: Negative Allergic review of systems.
PSYCHIATRIC: Negative psychiatric review of systems.

PHYSICAL EXAM (03/02/2011)
CONSTITUTIONAL: Patient is afebrile, Vital Signs Reviewed, Patient has normal pulse, Patient has normal blood pressure, Patient has normal respiratory rate, Well appearing, Alert and oriented X 3, Patient appears to be in pain, Patient has moderate pain distress.
HEAD: Atraumatic, Normocephalic.
EYES: Eyes are normal to inspection, Pupils equal, round and reactive to light, No discharge from eyes, Extraocular muscles intact, Sclera are normal, Conjunctiva are normal.
ENT: Ears normal to inspection, Nose examination normal, Posterior pharynx normal, Mouth normal to inspection.
NECK: Normal ROM, No jugular venous distention, No meningeal signs, Cervical spine nontender.
RESPIRATORY CHEST: Chest is nontender, Breath sounds normal, No respiratory distress.

Daley, Sean D
DOB: 6/16/1976 M34
Wt/Ht: 95.3 Kg (est.)
MedRec: 971304386
AcctNum: 27000232573

NGH
PRIMARY

CARDIOVASCULAR: RRR, Heart sounds normal, Normal S1 S2, PMI normal to palpation, BP normal in both arms, Femoral pulses normal.
ABDOMEN: Assessment includes:, Abdomen is nontender, No masses, No pulsatile masses, No other masses, Bowel sounds normal, No distension, No peritoneal signs, No hernias, McBurney's point, non tender, No Murphy's sign, Liver and spleen normal.
BACK: Assessment includes:, Normal inspection, No scoliosis, No pain with straight leg raise, ROM limited due to pain, Ecchymosis present, There is paraspinal tenderness, There is paraspinal tenderness in the right lower back area, X-Ray not ordered.
UPPER EXTREMITY: Inspection normal, No cyanosis, No clubbing, No edema, Normal range of motion, Normal pulses.
LOWER EXTREMITY: Inspection normal, No cyanosis, No clubbing, No edema, Normal range of motion, No calf tenderness, Normal pulses.
NEURO: GCS is 15, No focal motor deficits, No focal sensory deficits, Cranial nerves intact, No cerebellar deficits, Normal DTRs, Babinski absent, No nystagmus, No clonus, No asterixis, Speech normal, Gait normal, Memory normal.
SKIN: Skin is warm, Skin is dry, Skin is normal color.
LYMPHATIC: No adenopathy in groin.
PSYCHIATRIC: Oriented X 3, Normal affect, Normal insight, Normal concentration.
NOTES: had neg ct of chest and abd 2wks ago.

NURSING ASSESSMENT: BACK [illegible]
NURSING DIAGNOSIS: ALT COMFORT.
CONSTITUTIONAL: Patient arrives ambulatory with steady gait to treatment area, History obtained from patient, Patient is cooperative, Patient is alert and oriented x 3, Patient appears in no acute distress, Patient's skin is warm and dry, Patient's mucous membranes are moist and pink, Patient is well-groomed.
BACK: Patient is able to ambulate normally, Patient denies paresthesias, Patient denies CVA tenderness, Patient denies extremity weakness, Patient has strong pulses to upper and lower extremities bilaterally, Patient complains of pain to middle back, lower back, Pain is continuous, On a scale 0-10 patient rates pain as 8, Patient ambulates slowly without assistance.
NECK: Patient denies neck pain, Patient has full range of motion to neck, Trachea midline, Patient's neck nontender, No lymphadenopathy noted to neck, No jugular venous distention noted, No obvious signs of trauma to neck.
NOTES: STATES MOBIC AND FLEXERIL DID NOT HELP SO HE STOPPED TAKING THEM "OVER 2 WEEKS AGO". NOT SPECIFIC ON FOLLOW UP AFTER FALL.

NURSING PROCEDURE: DISCHARGE NOTE [illegible]
TIME: Patient discharged at 1755, Patient discharged to, home, Patient, ambulates without assistance, Transported via friend/family driving, Accompanied by husband/wife/spouse, Patient instructed not to drive home, Discharge instructions given to, patient, Instructions given to wife, Complex discharge teaching performed, Prescription given and additional instructions on side effects of same given, Medication reconciliation form given to patient, Above Person(s) verbalized understanding of discharge instructions and follow-up care, Patient treated and evaluated by physician, Instructed pt to go to Workers comp Dr as he needs follow up from the company. Asked pt to call corporate office in N.C. to find out w/c.
SAFETY: Side rails up, Cart in lowest position, Family at bedside.

Daley, Sean D
DOB: 6/16/1976 M34
Wt/Ht: 95.3 Kg (est.)
MedRec: 9713043B6
AcctNum: 27000232573

NGH
PRIMARY

FORM [illegible]
WORK RELEASE

DISPOSITION
PATIENT: Disposition: Discharge home. Condition: Stable. [illegible]
Remove from ER. [illegible]

DIAGNOSIS [illegible]
FINAL: PRIMARY: Back spasms .

INSTRUCTION [illegible]
FOLLOWUP: Follow up with Primary Care Physician In one to two days.
SPECIAL: must see the workers comp doc for your job for all follow up for this injury.

PRESCRIPTION [illegible]
Percocet 10/325: Tablet : 325 Mg-10 Mg : Oral : Quantity: *** 1 *** Unit: TAB Route: Oral
Schedule: every four hours Dispense: *** 20 ***
POTENTIAL MODERATE INTERACTION: Phenergan (Promethazine Hydrochloride).
NOTES:

DEA: BO2755126
NPI: 1457320707
MLN: MD28621

Soma: Tablet : 350 Mg : Oral : Quantity: *** 1 *** Unit: tab Route: Oral Schedule: twice daily
Dispense: *** 30 ***
POTENTIAL MODERATE INTERACTION: Demerol HCl (Meperidine Hydrochloride)
POTENTIAL MODERATE INTERACTION: Phenergan (Promethazine Hydrochloride)
POTENTIAL MODERATE INTERACTION: Lortab 10/500 (Hydrocodone).
NOTES:

DEA: BO2755126
NPI: 1457320707
MLN: MD28621

Key:
JOD=ODonnell, MD, John MSI=Inks, RN, Michael RNB=Boland, OUZTS, Rachel N. TLG=Gilreath, RN, Terry

Patient's Room Number

Affix Patient Sticker here

NORTH GREENVILLE HOSPITAL
LONG TERM ACUTE CARE

27000232573 971304386
DALEY ,SEAN DAVID
GARRISON-STIGALL,BEVERLY
EMS Admit Date - 02/21/11
Date of Birth -06/16/1976

Emergency Department R

Date: 2/21/11
(Fecha)

Time: 12:35
(Hora)

Name: Sean David Daley
First (Nombre) Middle (Segundo Nombre) Last (Apellido Completo)

Birth date: 6/16/76
(Fecha De Nacimiento)
(Mes/Dia/Ano)

Social Security Number: 161-58-7911

Reason for Visit: Back / still Hurting from fall 2/9/11

We are dedicated to providing you with Quality Healthcare.

Please know that patients must be seen according to the severity of their illness and not necessarily according to the order of arrival.

Thank you for your patience and the privilege to serve you.

GREENVILLE HOSPITAL SYSTEM
UNIVERSITY MEDICAL CENTER

Name: Daley, Sean D
Age: 34Y DOB: Jun 16, 1976
Gender: M Wt: 95.3 Kg (est.)
MedRec: 971304386
AcctNum: 27000232573
Attending: JOD
Bed: ED ER 07

NGH
DISCHARGE INSTRUCTIONS RECEIPT

FINAL DIAGNOSIS
Back spasms

FOLLOWUP CONTACTS

Follow up with Primary Care Physician In one to two days

THE FOLLOWING SPECIAL INSTRUCTIONS WERE GIVEN
must see the workers comp doc for your job for all follow up for this injury

THE FOLLOWING PRESCRIPTIONS WERE GIVEN

Percocet 10/325 : Tablet : 325 Mg–10 Mg : Oral
Dispense: 20, Quantity: 1, Unit: TAB, Route: Oral, Schedule: every four hours

Soma : Tablet : 350 Mg : Oral
Dispense: 30, Quantity: 1, Unit: tab, Route: Oral, Schedule: twice daily

"I Understand the written and discussed instructions. My questions have been answered."

X Mary Waamer
Patient or responsible person

Physician or Nurse

Prepared: Mon Feb 21, 2011 17:35 by JOD 1 of 1
Copyright 2006. Picis.

2

WORK-UP BY: TS (Nurse)

NEW HORIZON FAMILY HEALTH SERVICES, INC.
MEDICAL REPORT

CHECK ONE: ☑ Walk-in ☐ Scheduled Appointment

NAME: Sean Daley SS# 161-58-7911 AGE: 34 DATE: 10-25-10

CHIEF COMPLAINT: Hospital follow-up ALLERGIES NKDA

Ht 5'11½" Wt 212.4 BMI 30 Temp 98.5 BP 148/82 P 60 R 20 LMP Male Last Pap (approx) Male (REGARDLESS OF WHERE)

Tobacco Use (Circle) Current # PPD Former Never Snuff/Dip? Y (N) Advise to Quit? Yes ☑ MEDICATIONS UPDATED

SUBJECTIVE:
Problem focused = At least 1 element; Exp. Problem focused = At least 1 element; Detailed = At least 4 elements or 3 dvonic

New pt
Low back pain x 4 yrs - getting worse over past 3 yr since fell from ladder
worse when lifts things in awkward position
no specific injury
Some relief w/ Lortab 5/325 & Flexeril
PMH: mild asthma

ROS:
Problem focused=No ROS: Exp. Prob.Focused=At least 1 element; Detailed= At least 2 required; Comprehensive=At least 10 required.

	NL	ABNL	
Constitutional			No fever
Eyes			
ENT/mouth			
Respiratory			
CV			
GI	✓		
GU	✓		No bowel/bladder weakness
Neuro			pcc financial form
Skin/Breasts			tokens
Psych			
Musc/Skel			
Endocrine			
Allergic/Immune			
Heme/Lymph			

INHOUSE TESTING:

PFSH:
(Problem focused / Exp. Prob. Focused=no PFSH; Detailed=At least 1 out of 3; Comprehensive=At least 2 out of the 3.)

PFSH	NO CHG	SEE NOTE
PAST	☐	☐
FAMILY	☐	☐
SOCIAL	☐	☐

OBJECTIVE: FH: Grandmom = DM

PHYSICAL Problem focused =1 system; Exp. Prob. Focused=2-7 systems; Detailed =2-7 systems in depth; Comprehensive =8+ systems (Extremities=1 system)

	NL	ABNL	DESCRIBE ABNL
GEN. APPEARANCE	☑	☐	NAD, ALERT, UNCOMFORTABLE
EYES	☐	☐	
ENT/MOUTH	☐	☐	
NECK	☐	☐	
RESPIRATORY	☑	☐	CTA
CARDIOVASCULAR	☑	☐	RRR
CHEST (BREASTS)	☐	☐	
GI (ABDOMEN)	☐	☐	
MUSCULOSKELETAL	☐	☑	BACK TENDER (L) SPINE + (L) PARASPINOUS
EXTREMITIES	☐	☐	
GU:	☐	☐	
SKIN	☐	☐	
NEURO	☑	☐	(L) RADICULOPATHY ISOL INTACT
PSYCH	☐	☐	
OTHER			

A/P:
CBC
Methocarbamol 750 mg PO BID PRN muscle spasm
Naproxen 500 mg PO BID PRN pain
Flexeril 10 mg PO TID PRN spasm
LS spine X-ray
Return to clinic if not improved or worse

FOLLOW-UP: ☐ PRN or _____

Student Signature (if applicable) / Program

PROVIDER SIGNATURE

(Use Progress Note sheet for additional space.)

Clin 32 Rev. 11/08

New Horizon Family Health Services, Inc.

Name Sean Daley MR# 161-58-7911 DOB 12-16-76

Problem #	Date Noted	Active Problems	Date Inactive
1	10/3/10	4/0 Asthma	
(2)	11/10	CSP + head MRI of L-S spine + Back pain (1 posterior central disc extrusion at L4-L5 area. + Hx orthopaedic.	
(3)	12/10	Left wrist numbness → NCT of Left wrist. → to be scheduled at GMH	
(4)	12/10	Smoking	

NEW HORIZON FAMILY HEALTH SERVICES, INC.
UNIVERSAL HEALTH MAINTENANCE (ADULT/GERIATRIC)

NAME: Sean Paley SS# 161-58-7911

Procedure	Guidelines	YEAR	YEAR	YEAR	YEAR	YEAR	YEAR
Fecal occult blood test (FOBTx3 home pk) or Fecal immunochemical test (FIT)	≥50 yrs. q yr. (1,*,†)						
or Colonoscopy	q 10 yrs, starting at age 50 (1)						
FEMALE							
Pap Test (NOTE: Pap not required if previous hysterectomy) ☐✓ *IF PREVIOUS HYSTERECTOMY*	Age 21-64 (or 3 yrs. After onset of sexual activity) (1, #)						
Clinical Breast Exam (CBE)	20-30's q 3 yrs ≥40 annually PRIOR to mammogram (1)						
Mammography	≥40 annually (1)						
MALE							
PSA or Digital Rectal Exam	≥50 w/life expectancy at least ≥ 10 yrs(1, £)						
MALE / FEMALE							
Total Cholesterol (TC) *and* **HDL-C** *(fasting or non-fasting)* * **Risk factors = Diabetes, tobacco use, HTN, metabolic syndrome, familial Hyperlipidemia or Fam Hx CVD <50-male/<60-female**	• Routine (2) Male: ≥ 35 y.o. Female: ≥ 45 y.o. •Screening w/risk factors:* (2) Male: ≥20--35 y.o. Female: ≥20-45 y.o.						
Tetanus–diphtheria *(TdaP – for at least one of the boosters up to ≤65 y.o.	Every 10 yrs. (3)						
Pneumococcal	≥65 q 5 yrs. x2 (3)						
Influenza * **Risk factors = Chronic heart, lung or renal disease, diabetes, pregnancy, healthcare workers and >50 y.o.**	Every year for high risk pts. * (3)						
MALE / FEMALES (≥65 Y.O.)							
Adult Screening Assessment	≥65 q 2 yrs						
Osteoporosis (Bone Mineral Density)	Women ≥65 q 2 yrs Men ≥70 q 2 yrs (4)						
DIABETICS (5)							
HgbA1C	QUARTERLY if changing regimen or poor control; 2 TIMES/YEAR if stable						
Urine for protein/microalbumin	Annually						
TSH	Annually						
ACE/ARB	• >55 y.o. (5,6) • Patients with microalbuminuria at any age unless contraindicated (5,6)						
ASA Therapy	if >40 y.o. unless contraindicted (5,6)						
Dilated eye exam	Annually						
Dental exam	Annually						
SMG Setting/Review	Annually						
Comprehensive Foot Exam	Annually						
Observation Foot Exam	Each Visit						

Legend for Diabetes: C = Consult/Referred; X = Patient Refused; D = Discussed; R = Recommended.

ADULT/GERIATRIC IMMUNIZATION / INJECTION LOG ON BACK

CLIN-29 (Rev. 6/09)

NEW HORIZON FAMILY HEALTH SERVICES, INC.

Name: Sean Daley
MR# : 161-58-7991
Allergies: NKDA

DOB: 6-16-76
Pharmacy / phone#:
CVS (834-7269)

CHRONIC MEDICATION LIST

Medication/Dose/Frequency	Date 10-25-10	11/11/10		12-8-10				
Lortab 7.5-500 PO PRN	√ out	X						
Prednisone 20mg PO As directed	√	X						
[illegible]	[illegible]	X						
[illegible]	[illegible]	X						
Dry contact		√		√				
Diabetic 1 Stry po qd		#30 (RFX1)		√				
Lortab 7.5 [illegible] pop	#30	NORF	√	~~[illegible]~~				(RFX2)
Ibuprofen 600mg p.o. TID #90	RFX 1	√		√				
Chantix 1mg po BID				√				
Medrol dose pack 4mg take as directed				√				

CLIN 31 REVISED 1/03

GREENVILLE HOSPITAL SYSTEM
GREENVILLE RADIOLOGY - DEPT OF GREENVILLE MEMORIAL HOSPITAL
GREENVILLE, SOUTH CAROLINA

7911

PATIENT NAME:	DALEY, SEAN	**MED. REC. NO.:**	161587911
DOB:	06/16/1976		
SEX:	MALE	**PT. NS./ROOM:**	--
PT. CLASS:	OUTPATIENT	**CORP. ACCOUNT NO.:**	
		ADMISSION NO.:	11000031073

ORDERING MD: GIL Y. CHAE, MD
NEW HORIZONS
130 MALLARD STREET
GREENVILLE, SC, 29601

OP LOCATION: GMH OUTPATIENT

0 ELECTRONIC SIGNATURE / CARSON, MD,MATTHEW - 10/29/2010 1:50:04 PM

RX496600 - SPINE LUMBAR AP/LAT 10/28/2010 3:32 PM EXAM#: 11505000
ORDERED BY: Dr. GIL Y. CHAE, MD

REASON FOR EXAM: LOW BACK PAIN----

RESULT: DALEY, SEAN

LUMBAR SPINE XRAYS 10/28/10

HISTORY: 34 year old with low back pain for several years, worse with lifting.

There are four true lumbar type vertebrae, L5 appears to be transitional vertebra which is lumbarized on the left and partially sacralized on the right. Height of the vertebral bodies is well maintained. There may be very minimal narrowing of the L4-5 disc space. No malalignment is seen. I see no definite abnormality of the posterior elements and no spondylolisthesis is seen. Anterior cortex of the sacrum appears intact and the visualized neural arches are unremarkable. The upper neural arches on the right are obscured by bowel content.

IMPRESSION:

TRANSITIONAL VERTEBRA WHICH IS PARTIALLY SACRALIZED ON THE RIGHT AND APPEARS TO ARTICULATE WITH THE UPPER SACRUM WHICH CAN BE A SOURCE OF BACK PAIN. QUESTION OF VERY MINIMAL NARROWING OF THE L4-5 DISC SPACE.

TRANSCRIPTIONIST:	SUZANNE, COOK
TRANSCRIBE TIME/DATE:	10/29/2010 8:37:00 AM
READ BY:	MATTHEW CARSON, MD,
SIGNED BY:	**ELECTRONIC SIGNATURE / CARSON, MD,MATTHEW**

CONTAINS CONFIDENTIAL INFO - NOT TO BE DISTRIBUTED TO UNAUTHORIZED INDIVIDUALS

WORK-UP BY: TC (Nurse)

NEW HORIZON FAMILY HEALTH SERVICES, INC.
MEDICAL REPORT

CHECK ONE:
☐ Walk-in
☒ Scheduled Appointment

NAME: Sean Daley SS# 161-58-7911 AGE: 34 DATE: 11-10-10

CHIEF COMPLAINT: c/o back Pain / Xray Results ALLERGIES NKDA

Ht X Wt 205 BMI X Temp 97.5 BP 136/92 P 79 R 20 LMP NA Last Pap (approx) Male (REGARDLESS OF WHERE)

Tobacco Use (Circle): Current / Quitting / Never Snuff/Dip? Y (N) Advise to Quit? Yes ☑ MEDICATIONS UPDATED

SUBJECTIVE:
Problem focused = At least 1 element; Exp. Problem focused = At least 1 element; Detailed = At least 4 elements or 3 chronic

pt works as a plumber and he is out of work x 3 month, he need to find out the reason of his back pain

ROS: ☑ None
Problem focused=No ROS; Exp. Prob.Focused=At least 1 element; Detailed= At least 2 required; Comprehensive=At least 10 required.

	NL	ABNL	
Constitutional	✓		
Eyes			
ENT/mouth			
Respiratory			
CV			
GI			
GU			
Neuro			
Skin/Breasts			
Psych			
Musc/Skel		✓	Back pa
Endocrine			
Allergic/Immune			
Heme/Lymph			

INHOUSE TESTING:

PFSH:
(Problem focused /Exp. Prob. Focused=no PMFSH; Detailed=At least 1 out of 3; Comprehensive=At least 2 out of the 3.)

PAST
FAMILY
SOCIAL

OBJECTIVE: X Ray of L-spine showed Transicial vertebra which is partially Sacralized on the right and appear to articulate with upper sacrum.

PHYSICAL Problem focused =1 system; Exp. Prob. Focused=2-7 systems; Detailed =2-7 systems in depth; Comprehensive =8+ systems (Extremities =4 systems)

	NL	ABNL	DESCRIBE ABNL
GEN. APPEARANCE	✓	☐	
EYES	☐	☐	
ENT/MOUTH	☐	☐	
NECK	☐	☐	
RESPIRATORY	✓	☐	
CARDIOVASCULAR	✓	☐	
CHEST (BREASTS)	✓	☐	
GI (ABDOMEN)	✓	☐	
MUSCULOSKELETAL	✓	☐	+ Back pa
EXTREMITIES	☐	☐	
GU:	☐	☐	↓ Straight leg
SKIN	☐	☐	
NEURO	☐	☐	Pairesa
PSYCH	☐	☐	

OTHER

A/P:
1) Back pain: transitional vertebra which is partially sacralized on the right: pt will sign a chart, pt will get Mobic 15 po qd + Lortab 5 po q4, #30 NORE No refill of Lortab enzyme until I get a MRI of L-spine.

FOLLOW-UP: PRN or

Student Signature (If applicable) / Program

PROVIDER SIGNATURE

(Use Progress Note sheet for additional space.)

Clin 32 Rev. 11/08

Print this Page

Daley, Sean David Sex:M BD:06/16/1976 MR#:161587911 PT#:11000032788

Nov 19, 2010 10:31

MRI LUMBAR

PACS image VIEW

IMPRESSION:
1.USING THE NUMBERING SYSTEM AS DESCRIBED ABOVE (PLEASE SEE DISCUSSION ABOVE), AT L4-5, THERE IS A RATHER FOCAL POSTERIOR CENTRAL DISC EXTRUSION WHICH BARELY MIGRATES INFERIORLY BEHIND THE SUPERIOR ENDPLATE OF L5. THIS ATTENUATES FAT IN THE ANTERIOR EPIDURAL SPACE AND IS SITUATED BETWEEN BOTH TRAVERSING S1 NERVE ROOTS WITHOUT CLEAR CUT DISPLACEMENT OF EITHER NERVE ROOT. WHETHER OR NOT THIS IS NECESSARILY RESPONSIBLE FOR THE PATIENT'S BILATERAL LEG PAIN, I DON'T KNOW.
ORDERING MD:DAVID LI, MDOP LOCATION:GMH OUTPATIENT
NEW HORIZON FAMILY HEALTH SVCS
130 MALLARD STREET
GREENVILLE, SC, 29601
0 ELECTRONIC SIGNATURE / MADELINE, MD,LEE - 11/19/2010 4:30:25 PM
RM600122 - MRI LUMBAR SPINE W/O CON 11/19/2010 10:31 AMEXAM#: 11543237
ORDERED BY: Dr. DAVID LI, MD
REASON FOR EXAM: LOW BACK PAIN, RAD TO BOTH LES------
RESULT:DALEY, SEAN
MRI LUMBAR SPINE 11/19/10
HISTORY: 34 YEAR OLD MALE WITH LOW BACK PAIN AND PAIN EXTENDING DOWN BOTH LEGS PRESENT FOR 2 YEARS.
TECHNIQUE: MRI examination of the lumbar spine was performed and multiplanar images were obtained using T1, T2 and STIR pulse acquisitions.
FINDINGS: Comparison is made with prior plain film images of the lumbar spine obtained on 10/28/10.
If you look at those plain films, you can see that the patient has a potentially confusing numbering nomenclature. For purposes of this report, I am going to state that there are five non-rib bearing lumbar type vertebrae, with the L5 vertebral segment being referred to as a transitional lumbosacral segment in which I am calling L5 as being partially sacralized on the right and partially lumbarized on the left. Please refer to that nomenclature especially prior to any potential surgical intervention. Also, to help facilitate communication, I have annotated the T2 sagittal acquisitions and saved the annotations on PACS.
No significant marrow signal abnormalities are identified. Rostral to L4-5, the intervertebral discs maintain good normal appearing water signal and height relationships without canal stenosis nor neural displacement. Primary pathology appears to be confined to L4-5, which would therefore be described in the impression, below.
TRANSCRIPTIONIST:KRISTI, BLACK
TRANSCRIBE TIME/DATE:11/19/2010 2:44:00 PM
READ BY:LEE MADELINE, MD,
SIGNED BY:ELECTRONIC SIGNATURE / MADELINE, MD,LEE
GMR0125GDT

WORK-UP BY: (Nurse) TC

NEW HORIZON FAMILY HEALTH SERVICES, INC.
MEDICAL REPORT

CHECK ONE:
☐ Walk-in
☒ Scheduled Appointment

NAME: Sean Daley **SS#** 166587911 **AGE:** 34 **DATE:** 12/8/10

CHIEF COMPLAINT: MRI Results Rx for All **ALLERGIES** NKDA

Ht / Wt 206 BMI / Temp 97.8 BP 130/80 P 95 R 18 LMP n/a Last Pap (approx) Male (REGARDLESS OF WHERE)

Tobacco Use (Circle): Current 1/2 ppd/day Former Never Snuff/Dip? Y (N) Advise to Quit? Yes ☐ MEDICATIONS UPDATED

SUBJECTIVE:
Problem focused = At least 1 element; Exp. Problem focused = At least 1 element; Detailed = At least 4 elements or 3 chronic

(1) pt must be quit Smoking,

(2) Hx of MRI of Back (1) mg abscess & pt

(3) Hx of Left wrist pain.

ROS:
Problem focused=No ROS; Exp. Prob.Focused=At least 1 element; Detailed= At least 2 required; Comprehensive=At least 10 required.

	NL	ABNL	
Constitutional	✓		
Eyes			
ENT/mouth			
Respiratory	✓		
CV	✓		
GI			
GU			Heavy smoking
Neuro			
Skin/Breasts			
Psych		(2)	Back pain
Musc/Skel			
Endocrine			
Allergic/Immune			
Heme/Lymph			

INHOUSE TESTING:

PFSH:
(Problem focused /Exp. Prob. Focused=no PMFSH; Detailed=At least 1 out of 3; Comprehensive=At least 2 out of the 3.)

PAST	✓
~~FAMILY~~	
SOCIAL	✓

OBJECTIVE: pt was to BR and he was told that he might have tenderness but pt of numbness of left hand

PHYSICAL Problem focused =1 system; Exp. Prob. Focused=2-7 systems; Detailed =2-7 systems in depth; Comprehensive =8+ systems (Extremities=4 systems)

	NL	ABNL	DESCRIBE ABNL
GEN. APPEARANCE	✓	☐	
EYES	☐	☐	
ENT/MOUTH	☐	☐	
NECK	☐	☐	
RESPIRATORY	✓	☐	
CARDIOVASCULAR	✓	☐	
CHEST (BREASTS)	✓	☐	
GI (ABDOMEN)	✓	☐	
MUSCULOSKELETAL	☐	(2)	① muscle spasm at back & lower back pain
EXTREMITIES	☐	(3)	② Pinel signs possible carpal tunnel of Left hand
GU:	☐	☐	
SKIN	✓	☐	
NEURO	☐	☐	wrist
PSYCH	☐	☐	

OTHER

A/P: (1) MD Back pain: There is a ford posterior central disc Extrusion. I will give pt Lortab 10 po qhs + Medrol dose pack (Tx orthopedist)

(2) Left wrist pain: it can be either tendonitis vs carpal tunnel syndrome. pt need a NCT & Rx neuropathy. pt will have it done at GWMH

(3) Smoking: Discuss with pt about the usage of Chantix

(Use Progress Note sheet for additional space.)

FOLLOW-UP: PRN or

Student Signature (if applicable) / Program

PROVIDER SIGNATURE

Clin 32 Rev. 11/08

WORK-UP BY: _____ (Nurse)

NEW HORIZON FAMILY HEALTH SERVICES, INC.
MEDICAL REPORT

CHECK ONE:
- ☐ Walk-in
- ☒ Scheduled Appointment

NAME: Sean Daley **SS#** 116158711 **AGE:** _____ **DATE:** 1/25/11

CHIEF COMPLAINT: _____ **ALLERGIES** _____

Ht _____ Wt _____ BMI _____ Temp _____ BP _____ P _____ R _____ LMP _____ Last Pap (*approx*) _____ (REGARDLESS OF WHERE)

Tobacco Use (Circle): Current #____ Former Never Snuff/Dip? Y N Advise to Quit? ☐ MEDICATIONS UPDATED

INHOUSE TESTING:

_____
_____
_____
_____

SUBJECTIVE:
Problem focused = At least 1 element; Exp. Problem focused = At least 1 element; Detailed = At least 4 elements or 3 chronic

ROS:
Problem focused=No ROS; Exp. Prob.Focused=At least 1 element; Detailed= At least 2 required; Comprehensive=At least 10 required.

	NL	ABNL	
Constitutional	☐	☐	
Eyes	☐	☐	
ENT/mouth	☐	☐	
Respiratory	☐	☐	
CV	☐	☐	
GI	☐	☐	
GU	☐	☐	
Neuro	☐	☐	
Skin/Breasts	☐	☐	
Psych	☐	☐	
Musc/Skel	☐	☐	
Endocrine	☐	☐	
Allergic/Immune	☐	☐	
Heme/Lymph	☐	☐	

PFSH:
(Problem focused /Exp. Prob. Focused=no PHFSH; Detailed=At least 1 out of 3; Comprehensive=At least 2 out of the 3.)

PAST	
FAMILY	
SOCIAL	

OBJECTIVE: _____

PHYSICAL Problem focused =1 system; Exp. Prob. Focused=2-7 systems; Detailed =2-7 systems in depth; Comprehensive =8+ systems (Extremities=4 systems)

	NL	ABNL	DESCRIBE ABNL
GEN. APPEARANCE	☐	☐	
EYES	☐	☐	
ENT/MOUTH	☐	☐	
NECK	☐	☐	
RESPIRATORY	☐	☐	
CARDIOVASCULAR	☐	☐	
CHEST (BREASTS)	☐	☐	
GI (ABDOMEN)	☐	☐	
MUSCULOSKELETAL	☐	☐	
EXTREMITIES	☐	☐	
GU:	☐	☐	
SKIN	☐	☐	
NEURO	☐	☐	
PSYCH	☐	☐	

OTHER _____

A/P:

NO SHOW
___ Follow up p.r.n.
___ Reschedule (routine)
___ Urgent walk-in
___ Certified Letter if cannot reach
___ Tickler File (date: _____)

Date: 1/26/11 Provider Initials: _____
Comments: _____

FOLLOW-UP: PRN or _____

_____
Student Signature (if applicable) / Program

_____
PROVIDER SIGNATURE

(Use Progress Note sheet for additional space.)

Clin 32 Rev. 11/08

WORK-UP BY:
_____
(Nurse)

NEW HORIZON FAMILY HEALTH SERVICES, INC.
MEDICAL REPORT

CHECK ONE:
☐ Walk-in
☒ Scheduled Appointment

NAME: Sean Daley SS# 161587911 AGE: _____ DATE: 2/18/11

CHIEF COMPLAINT: _____ ALLERGIES _____

Ht ____ Wt _____ BMI ____ Temp _____ BP _____ P ____ R ____ LMP _____ Last Pap (approx) _____ (REGARDLESS OF WHERE)

Tobacco Use (Circle): Current #____ Former Never Snuff/Dip? Y N Advise to Quit? ☐ MEDICATIONS UPDATED

SUBJECTIVE:
Problem focused = At least 1 element; Exp. Problem focused = At least 1 element; Detailed = At least 4 elements or 3 chronic

ROS:
Problem focused=No ROS: Exp. Prob.Focused=At least 1 element; Detailed= At least 2 required; Comprehensive=At least 10 required.

	NL	ABNL	
Constitutional			
Eyes			
ENT/mouth			
Respiratory			
CV			
GI			
GU			
Neuro			
Skin/Breasts			
Psych			
Musc/Skel			
Endocrine			
Allergic/Immune			
Heme/Lymph			

INHOUSE TESTING:

PFSH:
(Problem focused /exp. Prob. Focused=no PMFSH; Detailed=At least 1 out of 3; Comprehensive=At least 2 out of the 3.)

PFSH:	NO CHG	SEE NOTE
PAST		
FAMILY		
SOCIAL		

OBJECTIVE: _____

PHYSICAL Problem focused =1 system; Exp. Prob. Focused=2-7 systems; Detailed =2-7 systems in depth; Comprehensive =8+ systems (Extremities=4 systems)

	NL	ABNL	DESCRIBE ABNL
GEN. APPEARANCE	☐	☐	
EYES	☐	☐	
ENT/MOUTH	☐	☐	
NECK	☐	☐	
RESPIRATORY	☐	☐	
CARDIOVASCULAR	☐	☐	
CHEST (BREASTS)	☐	☐	
GI (ABDOMEN)	☐	☐	
MUSCULOSKELETAL	☐	☐	
EXTREMITIES	☐	☐	
GU:	☐	☐	
SKIN	☐	☐	
NEURO	☐	☐	
PSYCH	☐	☐	

OTHER _____

A/P:

Follow up p.r.n.
Reschedule (routine)
Urgent walk-in
Certified Letter if cannot reach
Tickler File (date: _____)
Date: 2/18/11 Provider Initials

FOLLOW-UP: PRN or _____

_____
Student Signature (if applicable) / Program

_____
PROVIDER SIGNATURE

(Use Progress Note sheet for additional space.)

Clin 32 Rev. 11/08

3

Call Number: 1101084	Date: 02/09/2011	Dispatch #: 12649	Patient Name: DALEY, SEAN	SSN:	Page :1 History ID 633264 Issued On: 02/09/2011 17 37 10

03/11/20 11:12:44 PM

Patient Information

PCR #: 289-3621

Name: DALEY, SEAN **Gen:**
Title:
SSN: **Phone:**
Address:
9 ARRINGTON AVE

GREENVILLE, SC 29617

Gender:	Weight:	Date of Birth:	Age:
Male	200 Lbs	06/16/1974	36 Years

Incident #: **Rec. Med. Rec #:**

Provider Impression:
PAIN, BACK UNSPECIFIED, Hematoma/Contusion, ABRASION, TRUNK

10361

Chief Complaint: R SIDE BACK PAIN

Secondary Complaint: HEMATOMA

Family Physician: **Phone:**

Call Information

Provider: HENDERSON COUNTY EMS		**Pickup Location:** Pardee Urgent Care Center	
Unit # EMS-L		**Address 1:** 212A Thompson Street	
Onset Time: 13 45 00		**Address 2:**	
Pat. Disposition: Treated, transported by EMS		**City, ST, Zip:** HENDERSONVILLE, NC 28792	
Disp. Urgency: Code 3 Lights and Sirens		**Latitude:** **Longitude:**	
Trans. Urgency: Code 1 No lights or Sirens		**Drop Off Location:** Pardee Hospital	
Mode To Scene: Lights and Sirens		**Destination Determination:** Patient/family choice	
Mode From Scene: No Lights or Sirens		**Loaded Mileage:** 2.0	**Total Mileage:** 5.0
Transport Agency: HENDERSON COUNTY EMS		**Starting:** 12.0	**Pickup Patient:** 15 0
Transporting Unit: EMS 11 **Mode:** Ground		**Drop Off Patient:** 17.0	**Ending:** 17 0
Ord./Ref. Doctor:		**How Pat. Moved To Ambulance:** Stretcher	
Dispatch Reason: FALL FROM LADDER		**How Pat. Moved From Ambulance:** Stretcher	
Pat. Pos. During Tran.: Supine		**Pat. Condition At Destination:** Improved	
Mutual Aid: 1ST RESPONDER			

Pertinent Findings

Level of Care: ALS NON-EMERGENCY	**Cause of Injury:** FALL
Pt. Vehicle:	**Mechanism Of Injury:** Blunt
Pt. Position:	**Airbag Deployment:**
Upon Arrival: SITTING	

Alcohol/Drug Use Indicators: None

Head To Toe Assessments

Body Site	Injury Type
Head - Anterior	Unremarkable
Head - Posterior	Unremarkable
Face (including ear)	Unremarkable
Neck - Anterior	Unremarkable
Neck - Posterior	Unremarkable
Arm - Right Anterior	Unremarkable
Arm - Left Anterior	Unremarkable

Henderson County EMS

Call Number:	Date:	Dispatch #:	Patient Name:	SSN:	Page : 2 History ID 633264
1101084	02/09/2011	12649	DALEY, SEAN		Issued On: 02/09/2011 17:37:10

Head To Toe Assessments

Body Site	Injury Type
Arm - Left Posterior	Unremarkable
Arm - Right Posterior	Unremarkable
Thorax - Anterior	Unremarkable
Thorax - Left Posterior	Unremarkable
Thorax - Right Posterior	Unremarkable
Abdomen - Anterior	Unremarkable
Abdomen - Left Posterior	Unremarkable
Abdomen - Right Posterior	Blunt injury: Soft tissue swelling/bruising
LG HEMATOMA TO R SIDE SIDE OF BACK FROM TOP OF BUTTOCKS UP ABOUT 8 IN AND APROX 3 IN WIDE, WITH ABRASION AND CONTUSION	
Spine	Unremarkable
Pelvis - Anterior	Unremarkable
Pelvis - Posterior	Unremarkable
Leg - Right Anterior	Unremarkable
Leg - Left Anterior	Unremarkable
Leg - Left Posterior	Unremarkable
Leg - Right Posterior	Unremarkable
External (including burns)	Unremarkable
Body region unspecified	Unremarkable

Special Scene Factors: NONE
Primary Signs and Symptoms: PAIN, BACK UNSPECIFIED
Other Signs and Symptoms: Hematoma/Contusion, ABRASION, TRUNK

Current Medication:
SEE ATATCHED

Envir./Food Allergies:
Medications Allergies:
NKDA

Past Medical History:
Medical / Surgical:
Obtained From: Patient
ASTHMA, BACK PROB

Event Chronology

Time	Event	Attendant	Event
14:26:00	Received		
14:28:00	Dispatched		
14:29:00	Enroute		
14:37:00	At Scene		
14:38:00	At Patient		
14:38:00	Procedure Performed	BRYSON, TANYA S	Procedure ASSESSMENT ADULT, Obtained Prior to this Unit's EMS Care No, Attempts 1, Successful Yes, Quantity 1, Response No Change, Treatment Authorization Protocol (Standing Orders),
14:39:00	Procedure Performed	BRYSON, TANYA S	Procedure: PAIN ASSESSMENT & DOCUMENT, Obtained Prior to this Unit's EMS Care No, Attempts 1, Successful Yes, Quantity 1, Response No Change, Treatment Authorization Protocol (Standing Orders),
14:40:00	Head To Toe Assessments	BRYSON, TANYA S	Head To Toe Assessments "See Page 1"
14:41:00	Procedure Performed	BRYSON, TANYA S HART, MONICA D SHEEHAN, WILLIAM R	Procedure Immobilize spine, Obtained Prior to this Unit's EMS Care No, Attempts 1, Successful Yes, Quantity 1, Response No Change,
14:46:00	Procedure Performed	BRYSON, TANYA S	Procedure EKG Monitoring, Obtained Prior to this Unit's EMS Care No, Attempts 1, Successful Yes, Quantity 1, Response No Change, Treatment Authorization Protocol (Standing Orders),
14:46:00	Procedure Performed	SHEEHAN, WILLIAM R	Procedure Pulse oximeter, Obtained Prior to this Unit's EMS Care No, Attempts 1, Successful Yes, Quantity 1, Response No Change, Treatment Authorization Protocol (Standing Orders),
14:47:00	Vital Signs Assessed	SHEEHAN, WILLIAM R	Obtained Prior to this Unit's EMS Care No, BP 120 / 70 Manual Cuff, Pulse. 80 Regular, Location Radial, Resp 2 Normal, Pain Scale 9, SaO2 96, EKG Rhythm Normal Sinus Rhythm, Level of Consciousness Alert and Oriented to Person, Place, Date/Time, Event,
14:47:00	Medications Administered	HART, MONICA D	Medication Oxygen Administration; Obtained Prior to this Unit's EMS Care No, Dosage 3; Response No Change, Measure LPM, Route Nasal Cannula/Prongs, Medication Authorization Protocol (Standing Orders),
14:49:00	Lv Scene		
14:49:00	IV Performed	BRYSON, TANYA S	Procedure. IV PERFORMED, Obtained Prior to this Unit's EMS Care No, Attempts 1, Successful Yes, Quantity 1, Response No Change, Treatment Authorization Protocol (Standing Orders), IV Total CCs 10; IV Solution Normal Saline, IV Site Forearm-Right, IV Rate TKO, IV Gauge 18,
14:50:00	Medications Administered	BRYSON, TANYA S	Medication Normal Saline, Obtained Prior to this Unit's EMS Care No, Dosage 10, Response No Change, Measure Milliliters, Route Intravenous, Medication Authorization Protocol (Standing Orders),
14:51:00	Medications Administered	BRYSON, TANYA S	Medication FENTANYL, Obtained Prior to this Unit's EMS Care No, Dosage 50, Response Improved, Measure Micrograms, Route Intravenous, Medication Authorization Protocol (Standing Orders),
14:51:00	Procedure Performed	SHEEHAN, WILLIAM R	Procedure: Glucometer, Obtained Prior to this Unit's EMS Care No; Attempts 1, Successful Yes, Quantity 1, Response No Change, Treatment Authorization Protocol (Standing Orders),
14:58:00	Vital Signs Assessed	SHEEHAN, WILLIAM R	Obtained Prior to this Unit's EMS Care No, BP 118 / 74 Manual Cuff, Pulse 82 Regular, Location Radial,

Call Number:	Date:	Dispatch #:	Patient Name:	SSN:	Page : 4 History ID 633264
1101084	02/09/2011	12649	DALEY, SEAN		Issued On: 02/09/2011 17:37:10

Event Chronology

Time	Event	Attendant	Event
			Resp: 18 Normal, Pain Scale 6; SaO2 97, EKG Rhythm Normal Sinus Rhythm; Level of Consciousness: Alert and Oriented to Person, Place, Date/Time, Event,
14:59:00	At Destin		
15:15:00	In Service		
15:30:00	Unit Back Home		

Narrative: LIB 1/ TSB.. . CALLED REF X-PORT FROM PARDEE URGENT CARE TO PARDEE ER FOR BLUNT TRAUMA. EMS 11 RESPONDED EMERGENCY FROM EMS BASE. U/A FOUND 34 Y/O M PT SITTING IN EVAL ROOM AT URGENT CARE. PT. A&O X4 C/O R. SIDE LOWER BACK PAIN AFTER A FALL PT STATES AT APPROX 1345 HE FELL FROM ABOUT 8 FT UP A LADDER WHILE WORKING. STATES HE LOST HIS FOOTING AND FELL BACKWARD LANDING WITH R. LOWER BACK HITTING A LG PIPE, THEN FALLING OVER PIPE TO GROUND PT. STATES NO LOC STAFF AT URGENT CARE TRIAGED PT , TOOK V/S AND CALLED EMS TO TRANSPORT TO ER REF. MOI. PT. STATES HIS PAIN IS 9/10 UPON INSPECTION NOTED LARGE HEMATOMA, CONTUSION/ ABRASION TO R LOWER BACK EXTENDING FROM TOP OF BUTTOCKS UP APPROX 8", AND APPROX 3 INCHES WIDE. ALSO NOTED CONTUSION AND SWELLING TO R PINKY FINGER. PT. NOT C/O OF OTHER PAIN/ INJURY NO OTHER S/S FOUND PT. FULLY IMMOBILIZED ON LSB WITH C-COLLAR V/S WNL TREATED PER PROTOCOL PAIN DECREASED TO 6/10 AFTER MEDS. NO OTHER CHANGES. CARE TRANSFERRED TO RN AT RM 4 TSB

Additional Crew Members:

Driver	Primary Patient Caregiver	Secondary Patient Caregiver	Transfer Care To
			I certify that the above named patient was received by our facility on the date and time set forth on this report
HART, MONICA D EMT-Paramedic	BRYSON, TANYA S EMT-Paramedic	SHEEHAN, WILLIAM R EMT-Intermediate	
Patient Signature	**Med. Direction Authorized By**		
DALEY, SEAN			STAFF, HOSPITAL

03/11/2011 12:44 PM

Addendums

Time	User Name	Addendum
02/10/2011 11 28 40	rhodes - Rhodes, Art (Billing)	vital sign added at 1451
03/08/2011 12 34 42	TV - VACHON, THERESA	CALL SIGN S/B EMS 11

4

WC DW

Urgent Care Patient Triage Complaint Form

Last Name: Daley	Date: 2-9-11 Sign In Time: 2:10
First Name: Sean	Triage Time: 2:12 Initials: ymm RN
DOB: 6.16.76 AGE: 34	Room Time: 2:15 Initials: ymm RN
☒ Male ☐ Female ☒ Proper Id Verified	Room Number: #4
Primary Physician: Dr Lee, Greenville SC	

Allergies: List Attached	Current Medication: List Attached	Vital Signs
NKDA	Lorcatab	HT:
	Mobic	WT: 210 kg / (lbs)
	Flexeril	TEMP: 97.2 (Oral) / Rectal
		BP: 142/76 Pulse: 96
		Resp. 18 O2 Sats: 96% on 2L
		Pain: 0 1 2 3 4 5 6 7 (8) 9 10
		Scale: none to worst possible

Chief Complaint	Pregnant: ☐ Unknown	Last Tetanus Shot:
Fall - 8 Ft	☐ Yes *EDC: N/A	
on pipe mid	☐ No *LKMP:	Unknown < 5 yrs
back right	Breast Feeding: Yes No	☐ 5-10 yrs ? >10 yrs
side - 30 min ago	Nurse Signature: Yulonna Mathews RN	Yulonna Mathews

Time Ordered	Orders (Medications, Labs, IV's, Dressings, X-ray's)	Internal QC OK (Y/N)	Test Results	Time/Initials Completed
	4 - Blunt Force Trauma			
2:20	EMS notified stat (redacted)			14:20 ymm RN
	Sent to Baptist E.R. by (redacted) EMS			
	Spoke to Dr. Laryngeman at E.R.			
	with information given. 2/9/11			
14:25	EMS Arrival 14:25			14:25 ymm RN

Lab Result:

Physician Impression: • See - ( ) T-Sheet ( ) Workman's Comp. Visit Sheet

Blunt trauma (R) CVA (?) Kidney trauma (?) Fx Ribs

Plan:

Follow Up: Diagnosis Specific Teaching Sheet Given

P.A. Signature:

Physician Signature: [signature], MD

Pardee Urgent Care
Business & Industry/Workers Compensation
212-A Thompson St.
Hendersonville, NC 28792
www.pardeehospital.org

Date: 2/24/11

To:	Stonewood u/c Ins.	From: Phone #: Clinic #: Fax #: Email:	Susan M. Lawrence, RN (828) 698-6541 (828) 697-3232 (828) 698-9570 susan.lawrence@pardeehospital.org
Fax #:	888-629-5821	# of pages:	

C.# STN 010361

3/2/11 FAXED / Refax 864-641-3148

8208115th

Refax 864-284-0726

For all referrals, please send office notes to (828) 698-9570 as soon as available. Thank you.

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Pardee
Excellence...close to home!
800 North Justice Street | Hendersonville, NC 28791 | 828.696.1000 | www.pardeehospital.org

EXITCARE® PATIENT INFORMATION

Patient Name: SEAN DALEY
Attending Caregiver: Larry Farmer, D.O.

Hematoma

A hematoma is a collection of blood which is located any place outside a blood vessel. It is caused by an injury to blood vessels beneath an injured area with a leaking of blood into that area. As blood accumulates it is known as a hematoma. This collection of blood causes a blue to dark blue coloration of the tissue surrounding it. The injury usually improves in days to weeks. If it is close to the skin it often produces a yellowish color of the skin and then disappears completely over a brief period of time. These generally get better without any problems. Hematomas rarely need drainage.

HOME CARE INSTRUCTIONS

- Apply ice to the injured area for 10 minutes 4 times per day for the first 1 or 2 days.
- Put the ice in a plastic bag and place a towel between the bag of ice and your skin. Discontinue the ice if it causes pain.
- If you have a hematoma and a nearby injury to the skin, you may have some bleeding. If the bleeding is more than just a little bit, apply pressure to the area for at least thirty minutes.
- If the injury is on an *extremity* (arm, leg, hand or foot), elevation of that part may help to decrease pain and swelling. Wrapping with an ace or supportive wrap may also be helpful. If the hematoma is on a lower extremity and is painful, crutches may be helpful for a couple days.
- If you have been given a tetanus shot because the skin was broken, your arm may get swollen, red and warm to touch at the shot site. This is a normal response to the medicine in the shot. If you did not receive a tetanus shot today because you did not recall when your last one was given, make sure to check with your caregiver's office and determine if one is needed. Generally for a "dirty" wound, you should receive a tetanus booster if you have not had one in the last five years. If you have a "clean" wound, you should receive a tetanus booster if you have not had one within the last ten years.
- Only take over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your caregiver. Do not use aspirin as it may cause bleeding.

SEEK IMMEDIATE MEDICAL CARE IF:

- You have pain not controlled with medication.
- You develop increasing pain or swelling in the area of injury.
- An oral temperature above 102°F (38.89°C) develops.
- You develop any problems which seem worse than the problems which brought you in.

MAKE SURE YOU:

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

FOLLOW-UP INSTRUCTIONS

As Needed: your doctor in Greenville - (000)000-0000

ADDITIONAL NOTES AND INSTRUCTIONS

use lortabs at home

Exit Care Medication Reconciliation for discharged Emergency Department Patients

In the interest of patient safety and to serve your needs better during this Emergency Department visit, the ED staff reviews your medication list carefully. This includes the medications you have taken at home, those given to you in the ED, and medications/ prescriptions provided to you upon discharge from the Emergency Department. The staff relies on information given by you or your family as well as other sources (such as medical record) for the accuracy of your list. As this information can change at any time, it is important for you to know what your current medications are. The staff will do its best to inform you if changes are needed in your medications, including changing or stopping previous medications as a result of your visit. The ED staff cannot be responsible for advising you about the medications on your list that your primary doctor prescribed. You are advised to keep your doctor informed about new medications or changes in your medications as result of your visit.

Our goal is to provide patient centered, high quality care to all patients.

Thank you for letting us serve you
The Emergency Department Team

For more information regarding your diagnosis or the medication you were given, please visit our website: www.pardeehospital.org (then click on KRAMES: Patient Education (at the bottom of the screen), Type in your medication or diagnosis in the search box)

For a question regarding your treatment during your visit please call:
Pardee Emergency Department
(828) 696-4270

For any Complaints or Concerns, Please call:
Director Emergency Services, ICU
Gayle Sams, RN, CCRN, BSN, CEN
(828) 743-7389

Document Released: 8/1/2005 Document Revised: 3/16/2010 Document Reviewed: 8/18/2009

5

03/07[redacted]11 12:28 PM

M0571673 V013755396
DALEY,SEAN D 02/09/11
DOB: 06/16/1976 34 M REG ER
HENDERSONVILLE,EMERGENCY -

800 N Justice ST.
Hendersonville, NC 28791
(828) 696-1000

UNIT NO M0571673 ADMIT DATE 02/09/11 TIME 1506 ACCT. NO. V013755396

PATIENT INFORMATION

NAME DALEY,SEAN D	SEX M DOB 06/16/1976 AGE 34		EXCLUDE FROM DIRECTORY? NONE
ADDRESS GENERAL DELIVERY HENDERSONVILLE,NC 28793	RELIGION NONE		
	MAID/OTHER	RACE CA MS S	PATIENT STATUS REG ER
	EMPLOYER UNEMPLOYED		SERVICE/LOCATION EMER
PHONE (888)888-8888	ADDRESS HENDERSONVILLE,NC 28739		LAST HOSPITALIZATION
SS# 161-58-7911	PHONE		DATE:

ADVANCE DIRECTIVES		PHYSICIAN INFORMATION
ADVANCE DIRECTIVE? N	HEALTHCARE POA?	PRIMARY
RECORDED IN MEDICAL RECORDS	NAME	OTHER
ASKED TO BRING IN?	TELEPHONE NO.	ED PHYS HENDERSONVILLE,EMERGENC
	ASKED TO BRING IN?	

GUARANTOR INFORMATION	PERSON TO NOTIFY	NEXT OF KIN
NAME DALEY,SEAN D	NAME	NAME
ADDRESS GENERAL DELIVERY HENDERSONVILLE,NC 28793	ADDRESS	ADDRESS
PHONE (888)888-8888	PHONE	PHONE
SS# 161-58-7911	WORK	RELATION
RELATION 18 SELF/SAME AS	RELATION	

REASON FOR VISIT (ADMITTING COMPLAINT) FALL

TIME	THERAPEUTICS
1512	☐ O2 ☑ INT ☐ MONITOR
	☐ UPT ☐ FINGER GLUCOSE
	Dc urine for Blood. Reloaded IV 20 Infusion Yes (W
1540	Reloaded IV Now Dr Forrest/Ryan RN

DIAGNOSTICS

☑ CBC	☐ BMP	☐ CCUA
☑ PT, PTT, INR	☑ CMP	☐ CATH. UA
☐ D-DIMER	☑ AMYLASE	☐ URINE C&S
☐ T&C or T&S	☑ LIPASE	☐ QUANT. HCG
☐ HS.TROPONIN	☐ Mg	☐ QUAL HCG
☐ BNP-CHF	☐ TSH	☐ BC: 1 - 2
☐ CP OS	☐ TOX OS	☐ ECG
☐ ABD PAIN OS	☐ TRAUMA OS	☐ OLD CHART
☑ P. CXR	☐ CXR; PA/LAT	☐ ABD SERIES

CT Chest Abd. Pelvis c IVC - Trauma 15 Pt Protocol. Reloaded

POOR ORIGINAL

Clinical Impression: Contusion back

Ed Physician/PA Signature [signature] Care Transferred To: Time:

DISCHARGE DATE: 2-9-11
DISCHARGE TIME: 1727

DISPOSITION:
☑ DISCHARGED
☐ ADMITTED RM:
☐ TRANSFERRED TO:

CONDITION:
☐ UNCHANGED
☑ IMPROVED
☐ REASSURED
☐ GUARDED
☐ DECREASED

MODE:
☐ AMBULATORY ☐ SELF ☐ AMBULANCE
☐ AMBULATORY / ASST. ☐ FAMILY ☐ MORGUE
☐ WHEELCHAIR ☑ FRIEND ☐ AMA
☐ STRETCHER ☐ POLICE ☐ LPCT

Valuables:
☐ With Pt. ☐ Given to Family
☐ Other
☐ See ED Nurses Notes

Received Pardee Hospital's Notice of Privacy Practices:
_____ Yes _____ Refused
_____ Initial _____ Date

Registrar: 2AS RN Signature: [signature]

(4) 03/07/11 12:28 PM WORKMAN COMP

UPDATED

M0571673
DALEY,SEAN D
DOB: 08/16/1976 34 M
Farmer,Larry G. DO

V013765396
02/09/11
REG ER

800 N. Justice ST.
Hendersonville, NC 28791
(828) 696-1000

UNIT NO M0571673 ADMIT DATE 02/09/11 TIME 1506 ACCT. NO. V013765396

PATIENT INFORMATION

NAME DALEY,SEAN D
ADDRESS 9 ARRINGTON AVE
GREENVILLE,SC 29617
PHONE (864)990-8621
SS# 161-58-7911

SEX M DOB 08/16/1976 AGE 34
RELIGION NONE
MAID/OTHER RACE CA MS S
EMPLOYER CHAPMAN'S MACHANICAL
ADDRESS 348A FEASTER RD
GREENVILLE,SC 29617
PHONE (864)287-0725

EXCLUDE FROM DIRECTORY? NONE
PATIENT STATUS REG ER
SERVICE/LOCATION EMER

LAST HOSPITALIZATION
DATE:

ADVANCE DIRECTIVES
ADVANCE DIRECTIVE? N
RECORDED IN MEDICAL RECORDS
ASKED TO BRING IN?

HEALTHCARE POA?
NAME
TELEPHONE NO.
ASKED TO BRING IN?

PHYSICIAN INFORMATION
PRIMARY
OTHER
ED PHYS Farmer,Larry G. DO

GUARANTOR INFORMATION
NAME DALEY,SEAN D
ADDRESS 9 ARRINGTON AVE
GREENVILLE,SC 29617
PHONE (864)990-8621
SS# 161-58-7911
RELATION 18 SELF/SAME AS

PERSON TO NOTIFY
NAME WAGONER,MARY
ADDRESS 9 ARRINGTON AVE
GREENVILLE,SC 29617
PHONE (864)787-0397
WORK
RELATION 29 SIGNIFICAN

NEXT OF KIN
NAME WAGONER,MARY
ADDRESS 9 ARRINGTON AVE
GREENVILLE,SC 29617
PHONE
RELATION 29 SIGNIFICANT

REASON FOR VISIT (ADMITTING COMPLAINT) FALL

TIME	THERAPEUTICS
	☐ O2 ☐ INT ☐ MONITOR
	☐ UPT ☐ FINGER GLUCOSE

VOIDED

WORKMANS COMP

DIAGNOSTICS

☐ CBC	☐ BMP	☐ CCUA
☐ PT, PTT, INR	☐ CMP	☐ CATH. UA
☐ D-DIMER	☐ AMYLASE	☐ URINE C&S
☐ T&C or T&S	☐ LIPASE	☐ QUANT. HCG
☐ HS.TROPONIN	☐ Mg	☐ QUAL HCG
☐ BNP-CHF	☐ TSH	☐ BC: 1 - 2
☐ CP OS	☐ TOX.OS	☐ ECG
☐ ABD PAIN OS	☐ TRAUMA OS	☐ OLD CHART
☐ P CXR	☐ CXR; PA/LAT	☐ ABD SERIES

Clinical Impression:

Ed Physician/PA Signature | Care Transferred To: | Time:

DISCHARGE DATE:
DISCHARGE TIME:

DISPOSITION:
☐ DISCHARGED
☐ ADMITTED RM:
☐ TRANSFERRED TO:

CONDITION:
☐ UNCHANGED
☐ IMPROVED
☐ REASSURED
☐ GUARDED
☐ DECREASED

MODE:
☐ AMBULATORY ☐ SELF ☐ AMBULANCE
☐ AMBULATORY / ASST. ☐ FAMILY ☐ MORGUE
☐ WHEELCHAIR ☐ FRIEND ☐ AMA
☐ STRETCHER ☐ POLICE ☐ LPCT

Valuables:
☐ With Pt. ☐ Given to Family
☐ Other
☐ See ED Nurses Notes

Received Pardee Hospital's Notice of Privacy Practice:
_____ Yes _____ Refused
_____ Initial _____ Date

Registrar: 2AS RN Signature: _____

03/07/[redacted]1 12:28 PM

WORKMANS COMP

800 N. Justice ST.
Hendersonville, NC 28791
(828) 696-1000

M0571673 V013755396
DALEY,SEAN D 02/09/11
DOB: 06/16/1976 34 M REG ER
Farmer,Larry G. DO -

UNIT NO. M0571673 Admit Date: 02/09/11 ACCOUNT NO. V013755396

MEDICARE	(COPY OF CARD	☐ YES ☐ NO)	**1 - INSURANCE**	(COPY OF CARD	☐ YES ☐ NO)
BENEFITS VERIFIED		☐ YES ☐ NO	VERIFIED		☐ YES ☐ NO
ASSIGNMENT SIGNED		☐ YES ☐ NO	ASSIGNMENT SIGNED		☐ YES ☐ NO
MEDICARE REGISTRATION FORM		☐ YES ☐ NO			
PRIOR STAY DATES: 60 DAY		☐ YES ☐ NO			
MEDICAID	(COPY OF CARD	☐ YES ☐ NO)	PAC REQUIRED		☐ YES ☐ NO
VERIFIED		☐ YES ☐ NO	PAC NUMBER		
ASSIGNMENT SIGNED		☐ YES ☐ NO			
PAC REQUIRED		☐ YES ☐ NO			
PAC NUMBER			**2 - INSURANCE**	(COPY OF CARD	☐ YES ☐ NO)
CAROLINA ACCESS		☐ YES ☐ NO			
CA NUMBER			VERIFIED		☐ YES ☐ NO
			ASSIGNMENT SIGNED		☐ YES ☐ NO
BLUE CROSS	(COPY OF CARD	☐ YES ☐ NO)			
VERIFIED		☐ YES ☐ NO	PAC REQUIRED		☐ YES ☐ NO
PAC REQUIRED		☐ YES ☐ NO	PAC NUMBER		
PAC NUMBER			**PRIVATE PAY**		
			CREDIT ARRANGEMENTS		☐ YES ☐ NO

PATIENT INFORMATION
NAME DALEY,SEAN D
ADDRESS 9 ARRINGTON AVE
GREENVILLE,SC 29617
PHONE (864)990-8621
SS# 161-58-7911

DIS DATE
DOB 06/16/1976
SEX M
RACE CA
RELIGION NONE
MOTHER

PATIENT STATUS REG ER
SERVICE/LOCATION EMER
ROOM/BED
ACCOMMODATION
ADM SOURCE/PRIOR HOME/ EMER
LAST DISCH DATE

EMPLOYER INFORMATION
NAME CHAPMAN'S MACHANICAL
ADDRESS 348A FEASTER RD
GREENVILLE,SC 29617
PHONE (864)287-0725
SPOUSE EMP
SP EMP PH

PHYSICIAN INFORMATION
ADMITTING
ATTENDING Farmer,Larry G. DO
PRIM CARE
FAMILY
OTHER

NEXT OF KIN
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PHONE (864)787-0397
WORK
RELATION 29 SIGNIFICAN

INSURANCE INFORMATION
PRIMARY CHAPMAN'S MACHANICAL
ADDRESS 328A FEASTER RD
GREENVILLE SC 29617
PHONE (864)284-0725
POLICY # 161567911
GROUP #
AUTH. #
SUBSCRIBER DALEY,SEAN D
SUBSCRIBER BIRTHDATE 06/16/1976
REASON FOR VISIT
FALL

SECONDARY TRUE SELF PAY-NO INS INVO
ADDRESS
PHONE
POLICY # 161567911
GROUP #
AUTH. #
SUBSCRIBER DALEY,SEAN D
SUBSCRIBER BIRTHDATE 06/16/1976
COMMENT

TERTIARY
ADDRESS
PHONE
POLICY #
GROUP #
AUTH. #
SUBSCRIBER
SUBSCRIBER BIRTHDATE:

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M0671673 V01376
DALEY,SEAN D 02/09/11
DOB: 06/16/1976 34 M REG ER
HENDERSONVILLE,EMERGENCY

19 Margaret R. Pardee Hospital

EMERGENCY PHYSICIAN RECORD

♦ Fall ♦

DATE:_____ TIME: 1525 ☐on arrival ROOM: 4 _EMS Arrival

HISTORIAN: (patient) spouse (paramedics)_____

__HX / __EXAM LIMITED BY:_____

HPI

chief complaint: Fall injury to: Back

onset / duration:
just prior to arrival
today yesterday
_____ min / hrs / days ago

where:
home school neighbor's
park (work) street
nursing home

context: tripped / slipped (lost balance) alleged assault
became dizzy / fainted bicycle w/ helmet
fell from (standing position / from height ____) feet
ladder ~ 8' onto
PVC Pipe Fence, no fracture

severity of pain: mild (moderate) severe (1/10):

associated symptoms:
lost consciousness / dazed seizure memory impairment
duration:_____ remembers: injury coming to hospital

location of pain / injuries:
head face mouth
neck chest abdomen
(back) upper (mid- lower
radiating to R/L thigh / leg

-right-		-left-	
shldr	hip	shldr	hip
arm	thigh	arm	thigh
elbow	knee	elbow	knee
f-arm	leg	f-arm	leg
wrist	ankle	wrist	ankle
hand	foot	hand	foot

☑ Agree w / nurse's note for PFSH / ROS

ROS

dizziness_____
recent illness_____
fever / chills_____
weakness_____
numbness_____
neck / back pain_____
shortness of breath_____
LNMP_____ preg post-menop

problems urinating_____
nausea / vomiting_____
leg / ankle swelling_____
problems with vision_____
nasal drainage_____
rash_____
anxiety / depression_____
☑ all systems neg except as marked

at PMC - Pain - Tenderness

* NEURO / MS components also addressed in HPI

PAST HX

cardiac disease AMI A-Fib_____
diabetes Type 1 Type 2 _____
diet / oral / insulin_____
__old records ordered / summary: by Doc.

hepatitis / HIV_____
asthma / COPD_____

Tetanus immun. UTD / given in ED_____
Meds- __none / (see nurses note) aspirin coumadin clopidogrel___
Allergies- (NKDA) / see nurses note_____

SOCIAL HX

smoker_____ drugs_____
alcohol (recent / heavy / occasional)_____ occupation_____

FAMILY HX

__negative__

☑ Nursing Assessment Reviewed ☑ Vitals Reviewed _____

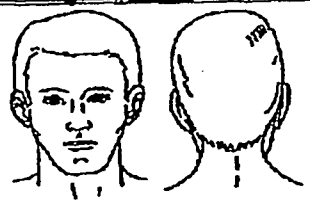
PHYSICAL EXAM

General Appearance (c-collar / backboard (PTA / in ED)_____
__no acute distress __mild / (moderate) / severe distress_____
(alert __anxious / lethargic / unconscious_____

HEAD __see diagram_____
(no evidence of trauma __raccoon eyes / Battle's sign_____

NECK __see diagram_____
(non-tender __decreased / limited ROM_____
(painless ROM __pain on movement of neck_____
__trachea midline

__Nexus criteria neg
__midline tenderness / distracting injury_____
__altered mental status / recent ETOH_____
__focal neuro deficit_____



EYES __unequal pupils R-____mm L-____mm
__PERRL __EOM entrapment / palsy_____
(EOMI __subconjunctival hemorrhage_____

ENT __hemotympanum_____
__nml external inspection __TM obscured by wax_____
__clotted nasal blood_____
(no dental / oral inj __dental injury / malocclusion_____
(airway nml

RESP / CVS (see diagram_____
__chest non-tender __rib tenderness / palpable fracture_____
__no ecchymosis __crepitus / subcutaneous emphysema_____
(breath sounds nml __splinting / paradoxical movements_____
(no resp. distress __decreased breath sounds_____
(heart sounds nml __wheezes / rales / rhonchi_____
__tachycardia / bradycardia_____

ABDOMEN (see diagram_____
(non-tender __tenderness / guarding / rebound_____
(no distension __mass_____

GENITAL / RECTAL
__perineal hematoma_____
__nml ext. inspection __blood at urethral meatus_____
__nml rectal tone __decreased rectal tone_____
__heme negative stool __vaginal bleeding_____

NEURO / PSYCH
__disoriented to person / place / time
(oriented x3 __facial asymmetry_____
(CN's nml as tested __unsteady / ataxic gait_____
(sensation nml __sensory / motor deficit_____
(motor nml __slurred speech_____
(mood / affect nml __depressed mood / affect_____



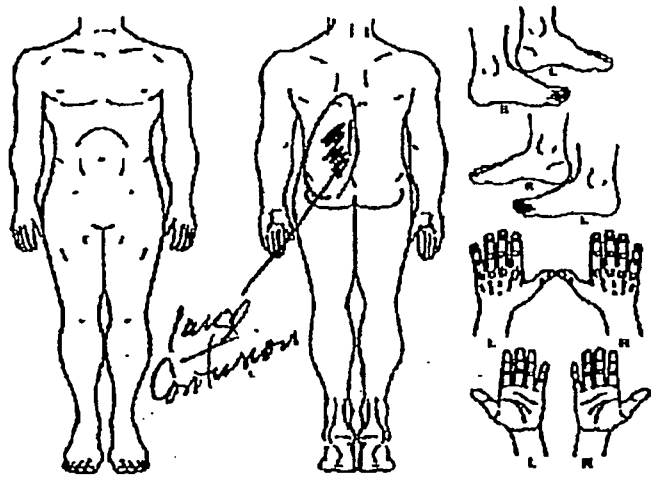
Glasgow Coma Score SCORE=_____
Eyes Open- spontaneously (4) to voice (3) to pain (2) none (1)
Speech- nml (5) disoriented (4) inapprop. (3) incoherent (2) none (1)
Motor- nml (6) localizes (5) withdraws (4) flexor (3) extens (2) none (1)

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SKIN
__intact
__warm, dry
__see diagram
__ecchymosis / laceration
__crepitus / diaphoresis
__decubitus

BACK
__no CVA tenderness
__no vertebral tenderness
__see diagram
__vertebral point / CVA tenderness
__muscle spasm / limited ROM

EXTREMITIES
__atraumatic
__pelvis stable
__hips non-tender
__no pedal edema
__nml ROM
__nml color / temp
__see diagram
__bony point-tenderness
__painful / unable to bear weight
__pulse deficit
Joint Exam:
__limited ROM / ligaments laxity
__joint effusion



T=Tenderness PT=Point Tenderness S=Swelling E=Ecchymosis B=Burn
C=Contusion L=Laceration A=Abrasion M=Muscle spasm PW=Puncture Wound
(0=without m=mild mod=moderate s=severe)

PROCEDURES

Wound Description / Repair: Time:
length ____ cm location ____
linear stellate irregular flap into: subcut / muscle
clean contaminated moderately / heavily ____
distal NVT: neurovasc intact no tendon injury
anesthesia: local topical ____ lidocaine / bupivacaine epi / bicarb
digital block ____
prep: Betadine ____
irrigated with saline debrided mod. / extensive
wound explored wound margins revised
to base / in bloodless field multiple flaps aligned
no foreign body identified ____
foreign material removed ____
repair: Wound closed with: wound adhesive / steri-strips ____
SKIN- #____ ____-0 nylon / prolene / staples ____
SUBCUT- #____ ____-0 vicryl / chromic ____
OTHER- #____ ____-0 ____

LABS

CBC	Chemistries	UA	ETOH
normal except	normal except	normal except	TOX
WBC	Gluc		
Hgb	BUN		
Hct	Creat	HCG	PT/PTT
Platelets	Na	serum / urine	INR
	K	POS NEG	
	CO2		

EKG & XRAYS

EKG __NML ☐Interp. by me ☐Reviewed by me Rate____
__NSR __nml intervals __nml axis __nml QRS __nml ST/T

XRAYS ☐Interp. by me ☐Reviewed by me ☐Discd w/ radiologist
C-spine T-spine LS-spine pelvis
__nml / NAD __no fracture __nml alignment __soft tissues nml

CXR
__nml / NAD __no pneumothorax __nml heart size __nml mediastinum

CT Scan ☐Discd w/ radiologist
head C-spine chest abdomen / pelvis
__nml / NAD

Ultrasound / FAST Exam
__nml / NAD

Other ____

PROGRESS

Time____ unchanged improved re-examined

Ant Avulsion Rib Fx 5
after fluoro spot film R rib Fx
Pt done -
1718 - feeling up, feels better

◆ Syncope – EKG ____

Discussed with Dr. ____ Additional history from:
will see patient in: ED / hospital / office family paramedics
Counseled patient / family regarding: __Rx given____
lab / rad. results diagnosis need for follow-up ____
CRIT CARE TIME (excluding separately billable procedures) ____ min

CLINICAL IMPRESSION

Abrasion ____
Concussion with LOC w/o LOC ____
Contusion R Back
Laceration ____
Fracture ____
Sprain / Strain cervical thoracic lumbosacral ____
◆ Syncope ____

DISPOSITION- ☑home ☐transferred ____
☐admitted __POA decubitus / UTI (foley) ____
CONDITION- ☐unchanged ☑improved ☐stable ____
Care transferred to Dr. ____ Time: ____

____ PA
____ PHYSICIAN
☐Template Complete ☐See Addendum (Dictated / Template #____)

03/07/11 12:28 PM

MRN: 1675 VN: 3766396
DALEY,SEAN D 02/09/11
DOB: 08/16/1976 34 M REG ER
HENDERSONVILLE,EMERGENCY

** Reassessment codes: Use Numbers - or R= Relieved U=Unchanged I=Improved

2nd RN High Risk Med Check	Time	Medication /IV Fluids	Route IV PO SQ	Amount Infused	Medication new for the PT/ If so was education given?	Start/Stop	Pain/ PRN Med Initial Assessment **	Re-assess in 1 hour **	Initials
	1522	Dilaudid 1mg	IV		Y (N) Y (N)		8		RN
	1522	Zofran 4mg	IV		Y (N) Y (N)		8		RN
	1610	Dilaudid 1mg	IV		Y (N) Y N		7/10	4/10	RN
					Y N Y N				
					Y N Y N				
					Y N Y N				
					Y N Y N				
					Y N Y N				
					Y N Y N				
					Y N Y N				
					Y N Y N				
					Y N Y N				
					Y N Y N				
					Y N Y N				
					Y N Y N				
					Y N Y N				
					Y N Y N				

Totals

	6780059		INFUSION - for 1st hour only
	6780058		INFUSION - each hour up to 7
	6780067		INFUSION - Sequential
	6780068		INFUSION - Concurrent
	6780016		INFUSION - Intraosseous
	6780061		INJECTION Admin IV
	6780060		INJECTION Admin SQ or IM
	6780022		INJECTION VACCINE (Td, rabies, flu, etc)

INITIALS	SIGNATURE
RN	RNmyers RN

INITIALS	SIGNATURE

8780-05 (12/11/2009)

Patient: DALEY,SEAN D Age/Sex: 34/M Acct No: V013755396
ED Provider: Farmer,Larry G. DO Unit No: M0571673

General Data

ED Physician: Farmer,Larry G. DO Arrival Date/Time: 02/09/11 - 1505
Practitioner: Triage Date/Time: 02/09/11 - 1506
Nurse: ROBERT MYERS

Stated Complaint: FALL
Chief Complaint: Fall Priority/Severity: 3/9

Allergies

Allergy/Adverse Reaction	Type	Severity	Date
No Known Allergies	Allergy		02/09/11

Vital Signs

Time	Systolic	Diastolic	Pulse Rate (adult)	Pulse Oximetry	User
1720	141	68	78	99	RIM

Assessment

02/09/11 1506 ED Triage Assessment *ERIC LINDBERG*

Arrival:
Visit Reason FALL APROX 8FT AT WORK WHILE SOLDERING A PIPE--1345 HRS, INITIALLY AT UC,
C/O L OW BACK PAIN
RT FLANK HEMATOMA
Mode of Arrival EMS, Stretcher
Accompanied By Self
Primary Care Physician IN GREENFILLE
Pulse:
Location Radial
Pulse Rate (adult) 88
Blood Pressure:
Location Left Arm
Systolic 134
Diastolic 84
Respiratory:
Respiratory Rate 18
Pulse Oximetry 94
Is Patient on RA or O2? Room Air
Weight:
Weight (Pounds) 210
Weight (Calculated Kilograms) 95.254399
Weight Measurement Method Pt stated
Pain:
Is Patient Currently Having Pain? Y
Pain Level and Location:
Pain Location Body Site Modifier Right, Lower
Pain Location Body Site Back
Pain Intensity 8
Scale Used Adult (0-10)
Pre-Hospital Care:
Pre-Hospital Care IV Est.(see Comment)
Comment 18G RT FOREARM FENTANYL 50MCG IV
Past Medical History:
History Given By PT

Patient: DALEY,SEAN D Age/Sex: 34/M Acct No: V013755396
ED Provider: Farmer,Larry G. DO Unit No: M0571673

Alcohol or Drug History Pt Denies
Hx Respiratory Disorders Y
Comment ASTHMA
Hx Musculoskeletal Disorders Y
Comment BACK PAIN

02/09/11 1625 ED Primary Assessment ROBERT MYERS

Level of Consciousness:
Level of Consciousness Awake, Alert, Appropriate, Follows Commands
Arousable to Alert
Speech:
Speech Pattern Clear, Normal for Age, Appropriate
Psychosocial:
Patient Behavior Appropriate, Cooperative
Respiratory:
Effort Non-Labored
Location Throughout
Lung Sound Location Modifier Bilateral
Phase Inspiratory & Expiratory
Breath Sounds Clear
Cardiovascular:
Rhythm Regular
Strength Normal
Method Palpation
Heart Tones Clear
Safety Assessment:
Is Patient at Risk for Fall? N
Is Lift Device Needed? N
Equipment Safety Checked/Alarms on and Set Y
Call Bell in Reach Y

02/09/11 1720 ED Vital Signs ROBERT MYERS

Temperature:
Temperature (Fahrenheit) 98
Temperature (Calculated Celsius) 36.6696
Source Oral
Pulse:
Pulse Rate (adult) 78
Rhythm Regular
Location Radial
Strength Normal
Method Automatic Cuff
Respirations:
Respiratory Rate 16
Depth Regular
Effort Non-Labored
Pulse Oximetry 99
Oxygen Delivery Method Room Air
Blood Pressure:
Systolic 141
Diastolic 68
Mean 92

Home Meds

Prescription/Reported Meds	Type	Issued	Provider	Entered

Patient: DALEY,SEAN D Age/Sex: 34/M Acct No: V013755396
ED Provider: Farmer,Larry G. DO Unit No: M0571673

Prescription/Reported Meds	Type	Issued	Provider	Entered
[LORTAB]	Reported			02/09/11
[MOBIC]	Reported			02/09/11
[FLEXERIL]	Reported			02/09/11

Placed Orders

Ordered	Procedure Name	Ordering Provider	E-Signed
02/09/11 1515	HYDROMORPHONE HCL (DILAUDID)	HENDERSONVILLE,EMERGENCY CONS	N/A
02/09/11 1516	ONDANSETRON HCL INJ (ZOFRAN...	HENDERSONVILLE,EMERGENCY CONS	N/A
02/09/11 1519	Amylase	Farmer,Larry G. DO	N/A
02/09/11 1519	Complete Blood Count	Farmer,Larry G. DO	N/A
02/09/11 1519	Comprehensive Metabolic Panel	Farmer,Larry G. DO	N/A
02/09/11 1519	Lipase	Farmer,Larry G. DO	N/A
02/09/11 1519	Prothrombin Time	Farmer,Larry G. DO	N/A
02/09/11 1519	Partial Thromboplastin Time	Farmer,Larry G. DO	N/A
02/09/11 1519	Chest 1 View Portable 71010	Farmer,Larry G. DO	N/A
02/09/11 1519	Abd & pelvis w contrast 74177	Farmer,Larry G. DO	N/A
02/09/11 1519	Thorax w/ contrast 71260	Farmer,Larry G. DO	N/A
02/09/11 1610	HYDROMORPHONE HCL (DILAUDID)	HENDERSONVILLE,EMERGENCY CONS	N/A

Nursing Notes

Entered by SUSAN HYDER on 02/09/11 at 1726
round on patient/visitor

Entered by MYRANA Y ROBERSON on 02/09/11 at 1724
COFFEE TO FAMILY IN WAITING AREA

Entered by ROBERT MYERS on 02/09/11 at 1720
PT DISCHARGED TO HOME AFTER REVIEW OF RX AND FOLLOW UP INSTRUCTIONS. PT VERBALIZED UNDERSTANDING OF ALL
F/U MD:PCP
INT REMOVED WNL. DC IN CARE OF FRIEND.

Entered by ROBERT MYERS on 02/09/11 at 1714
DR FARMER TO BEDSIDE.

Entered by SUSAN HYDER on 02/09/11 at 1641
ROUND ON PATIENT AND VISITOR

Entered by MYRANA Y ROBERSON on 02/09/11 at 1633
visitor to room

Entered by SUSAN HYDER on 02/09/11 at 1536
NOURISHMENT OFFERED VISITORS IN FRONT WAIT ROOM

Entered by MYRANA Y ROBERSON on 02/09/11 at 1535
ROUNDS NO NEEDS

Entered by KAREN JOHNSON on 02/09/11 at 1531
TO CT VIA STRETCHER

Entered by ERIC LINDBERG on 02/09/11 at 1520
DR FARMER REMOVES PT FROM BACKBOARD AND C-COLLAR
PT HAS LARGE BRUISE ON RT FLANK AREA, GRIMACES IN PAIN

Patient: DALEY,SEAN D Age/Sex: 34/M Acct No: V013755396
ED Provider: Farmer,Larry G. DO Unit No: M0571673

Entered by SUSAN HYDER on 02/09/11 at 1518
MSG GIVEN TO PATIENT FROM CO-WORKER IN FRONT WAIT ROOM/TOOK VISITOR TO REGISTRATION FOR ADDITIONAL NEEDED INFORMATION

Nursing Treatments

02/09/11	*1525* *ED Blood Draw from IV Insert*	*ERIC LINDBERG*
02/09/11	*1531* *ED EMS Arrival*	*KAREN JOHNSON*
02/09/11	*1531* *ED Transport to Rad-max 2x*	*KAREN JOHNSON*
02/09/11	*1748* *ED Discharge Instructions*	*ROBERT MYERS*

03/07/[redacted]1 12:28 PM

Pardee

800 North Justice Street
Hendersonville, NC 28791
(828) 696-1000

PLACE BARCODE LABEL HERE

M0571673 [redacted]765386
DALEY,SEAN D 02/09/11
DOB 06/16/1976 34 M REG ER
HENDERSONVILLE,EMERGENCY -

PHYSICIAN'S ORDERS AND PROGRESS NOTES

PER A HOSPITAL STAFF RULING A GENERICALLY EQUIVALENT PRODUCT MAY BE DISPENSED UNLESS OTHERWISE SPECIFIED

DRUG ALLERGIES: _____

DATE TIME	ORDERS	DATE TIME	PROGRESS NOTES

Inpatient Interventional Radiology Procedure
Medication Reconciliation Completed

Date: 2/9 **Time** 1540 **Sign:** [signature] 28359

7210-61

Completed CT Chest Abd/Pelvis
C Contrast

POOR ORIGINAL

6100-39 (01/2010)

ORDERS BELOW THIS LINE WILL NOT BE PROCESSED. SCAN TO PHARMACY AND RETURN TO CHART

03/07/2011 12:28 PM

Margaret R. Pardee Memorial Hospital
800 N. Justice St.
Hendersonville, NC 28791
Telephone Number: (828) 696-1000

Hendersonville Radiological Consultants, P. A.
807 N. Justice St.
Hendersonville NC, 28791

Signed Radiology Report

Patient Name:	**SEAN D DALEY,**	Location/Room/Bed :	EMER
MR#:	**M0571673,**	Ordering Physician	Farmer,Larry G. DO
DOB/Age:	06/16/1976 34,	Primary Care Physician	
Address:	9 ARRINGTON AVE, GREENVILLE, SC 29617	Attending Physician.	
		Financial Number.	V013755396
Telephone:	(864)990-8621,		

Exam Ordered: 0209-0041 CT/Abd & pelvis w contrast 74177
0209-0042 CT/Thorax w/ contrast 71260

Exam Date/Time. 02/09/11 / 1517 Report Number C209-0190

REASON FOR EXAM:
FALL/TRAUMA/ RIGHT FLANK PAIN

FINDINGS
(71260, 74177) CT CHEST, ABDOMEN & PELVIS W CONTRAST, 2/9/11·

HISTORY Trauma. Fall. Right flank pain.

TECHNIQUE Spiral images of the chest, abdomen and pelvis were obtained with 95ml of Optiray 350 contrast intravenously. Sagittal and coronal reconstructions were generated.

FINDINGS: CT chest The lungs are clear with no acute focal infiltrate or pulmonary edema. There is no pleural effusion. There is no pneumothorax There is no cardiomegaly There is no pericardial effusion There is no thoracic aortic aneurysm or dissection There is no large or central pulmonary embolus There is no significant mediastinal mass or adenopathy. The visualized portions of the thyroid gland are unremarkable. The visualized bones are unremarkable with no visible fracture.

CT abdomen/pelvis The liver and spleen are unremarkable with no focal lesion or laceration The gallbladder is mostly contracted The pancreas is grossly unremarkable The kidneys have a normal appearance There is no hydronephrosis or ascites. There is no abnormal adrenal mass There is no abdominal aortic aneurysm.

There is no significant pelvic free fluid. There is no evidence of small bowel obstruction or free air or significant acute inflammatory process. There is no ventral hernia. There is no significant abnormal mass or adenopathy. There is no visible fracture on the images obtained

There is incidental note of mildly increased density in the subcutaneous soft tissues of the right flank region most compatible with contusion There is no prominent hematoma There is no visible appendicitis or diverticulitis

There is some asymmetry of increased density in the region of the penile shaft. It is unknown if this is related to injury or normal vascular engorgement during contrast injection. Clinical correlation is recommended.

IMPRESSION·

CC Report To: ~

Margaret R. Pardee Mammography and MRI Services are accredited by the American College of Radiology.

Signed Radiology Report

Patient Name: SEAN D DALEY **MR#: M0571673**

Exam Ordered: 0209-0041 CT/Abd & pelvis w contrast 74177
0209-0042 CT/Thorax w/ contrast 71260

Exam Date/Time 02/09/11 / 1517 Report Number C209-0190

1 CT chest is negative

2 CT abdomen and pelvis shows contusion in the right flank region

3. There is some asymmetry in the region of the base of the penis with increased density The etiology of this is unknown This could be simply contrast within the vascular engorgement Clinical correlation is recommended as to any injury to the region of the penis

Dictated By:	Ralph N Ricco MD	Transcribed By:	RONDA F SKALET
Electronically Signed By:	Ricco,Ralph N MD	Transcribed Date/Time:	02/09/11 1729
Electronic Signed Date/Time.	02/09/11 2148	Technologist Initials:	PLC

CC Report To: -

Margaret R. Pardee Mammography and MRI Services are accredited by the American College of Radiology.

03/07/2011 12:28 PM

Margaret R. Pardee Memorial Hospital
800 N. Justice St.
Hendersonville, NC 28791
Telephone Number: (828) 696-1000

Hendersonville Radiological Consultants, P. A.
807 N. Justice St.
Hendersonville NC, 28791

Signed Radiology Report

Patient Name:	**SEAN D DALEY,**	Location/Room/Bed	EMER
MR#:	**M0571673,**	Ordering Physician	Farmer,Larry G. DO
DOB/Age	06/16/1976 34,	Primary Care Physician	
Address	9 ARRINGTON AVE, GREENVILLE, SC 29617	Attending Physician	
		Financial Number	V013755396
Telephone.	(864)990-8621,		

Exam Ordered. 0209-0075 RAD/Chest 1 View Portable 71C10

Exam Date/Time: 02/09/11 / 1517 Report Number. C209-0160

REASON FOR EXAM:
FALL

FINDINGS
(71010) CHEST X-RAY SINGLE PORTABLE VIEW, 02/09/2011.

HISTORY Fall.

FINDINGS: The lungs are clear with no acute focal infiltrate or pulmonary edema There is no pleural effusion or pneumothorax The cardiac and mediastinal silhouettes are normal. The visualized bones are grossly unremarkable

IMPRESSION
Negative portable chest.

Dictated By:	Ralph N Ricco MD	Transcribed By:	MERYL B LIBERMAN
Electronically Signed By:	Ricco,Ralph N MD	Transcribed Date/Time:	02/09/11 1632
Electronic Signed Date/Time:	02/09/11 1653	Technologist Initials.	MPS

CC Report To: -

Margaret R. Pardee Mammography and MRI Services are accredited by the American College of Radiology.

MARGARET R. PARDEE MEMORIAL HOSPITAL
DEPARTMENT OF LABORATORY MEDICINE
HENDERSONVILLE, NORTH CAROLINA 28791-3525
(828) 696-1050

PRINT DATE: 02/28/11
TIME: 1107
PAGE: 1

Summary Report - Discharge Report

NAME: DALEY,SEAN D
ADMIT DATE: 02/09/11
PHYS: Farmer,Larry G. DO

UNIT# M0571673
DOB: 06/16/1975
SEX: M

LOCATION: EMER
ACCT#: V013755396
DSCH DATE:

CHEMISTRY

Date	2/9/11					
Time	1525				Reference	Units
GLU	136				70-115	mg/dL
BUN	18				6-20	mg/dL
CREAT	0.9				0.5-1.2	mg/dL
NA	138				135-145	mmol/L
K	4.1				3.6-5.0	mmol/L
CL	107.8				101-111	mmol/L
CO2	25.6				21.0-31.0	mmol/L
AMY	67				25-125	U/L
LIP	30				7-60	IU/L
CA	9.1				8.5-10.5	mg/dL
TP	6.7				6.7-8.2	g/dL
ALBUMIN	4.3				3.2-5.5	g/dL
GFR	> 90.0					
A/G RATIO	1.8				0.8-2.1	
AST/SGOT	30				10-42	IU/L
ALT/SGPT	26				10-60	IU/L
ALK PHOS	54				42-121	IU/L
TOTAL BILI	0.6				0.2-1.0	mg/dL

COAGULATION

Date	2/9/11					
Time	1525				Reference	Units
PTT	37.5(a)	H			20.3-33.1	SEC
PT	13.8	H			10.8-13.2	SEC

NOTES: (a) Therapeutic Range: 50-75 Seconds

Legend: L = Low, H = High, C = Critical, * = Abnormal, # = Non Formulary

PHYS Farmer,Larry G. DO
ACCT# V013755396

NAME DALEY,SEAN D
UNIT# M0571673

** CONTINUED ON NEXT PAGE **

MARGARET R. PARDEE MEMORIAL HOSPITAL
DEPARTMENT OF LABORATORY MEDICINE
HENDERSONVILLE, NORTH CAROLINA 28791-3525
(828) 696-1050

Summary Report - Discharge Report

NAME: DALEY,SEAN D
ADMIT DATE: 02/09/11
PHYS: Farmer,Larry G. DO

UNIT# M0571673
DOB: 06/16/1975
SEX: M

LOCATION: EMER
ROOM:
ACCT#: V013755396

COAGULATION

Date	2/9/11				
Time	1525			Reference	Units
INR	1.3(b)				

NOTES: (b) INR (International Normalized Ratio)
Note: INR results must be used only in conjunction with ORAL anticoagulant therapy.
Reference Ranges:
(adopted from CHEST, Vol. 119, January, 2001)

CONDITION	RECOMMENDED INR
* Prophylaxis/Treatment of Venous Thrombosis, Pulmonary Embolism	2.0 - 3.0
* Prevention of Systemic Embolism from Atrial Fibrillation	2.0 - 3.0
* Acute Myocardial Infarction	2.0 - 3.0
* Recurrent Myocardial Infarction	2.5 - 3.5
* Tissue Heart Valves	2.0 - 3.0
* Mechanical Prosthetic Heart Valves	2.5 - 3.5
* Valvular Heart Disease	2.0 - 3.0
* Bileaflet Mechanical Valve in Aortic Position	2.0 - 3.0
* Some Patients with Thrombosis and the Antiphospholipid Syndrome	>2.0 - 3.0

Legend: L = Low, H = High, C = Critical, * = Abnormal, # = Non Formulary

PHYS Farmer,Larry G DO
ACCT# V013755396

NAME DALEY,SEAN D
UNIT# M0571673

** CONTINUED ON NEXT PAGE **

MARGARET R. PARDEE MEMORIAL HOSPITAL
DEPARTMENT OF LABORATORY MEDICINE
HENDERSONVILLE, NORTH CAROLINA 28791-3525
(828) 696-1050

PRINT DATE: 02/28/11
TIME: 1107
PAGE: 3

Summary Report - Discharge Report

NAME: DALEY,SEAN D
ADMIT DATE: 02/09/11
PHYS: Farmer,Larry G. DO

UNIT# M0571673
DOB: 06/16/1975
SEX: M

LOCATION: EMER
ROOM:
ACCT#: V013755396

HEMATOLOGY - CBC

Date	2/9/11					
Time	1525				Reference	Units
WBC	7.5				4.8-10.8	K/cmm
RBC	4.74				4.70-6.10	M/cmm
HGB	14.2				14.0-18.0	g/dL
HCT	41.9	L			42.0-52.0	%
MCV	88.5				80.0-99.0	fl
MCH	29.9				27.0-31.0	pg
MCHC	33.8				32.0-36.0	%
RDW	12.9				11.0-14.0	%
PLT	266				130-400	K/cmm
MPV	7.6				7.4-10.4	fl
NEUT%	59.3				41.0-73.0	%
LYMPH%	30.7				17.4-45.4	%
MONO%	7.1				4.5-13.5	%
EOS%	2.4				0.5-9.5	%
BASO%	0.5				0.1-1.1	%
NEUT#	4.5				1.4-6.5	K/cmm
LYMPH#	2.3				1.2-5.4	k/cmm
MONO#	0.5				0.2-0.8	K/cmm
EOS#	0.2				0.0-0.7	K/cmm
BASO#	0.0				0.0-0.2	K/cmm

Legend: L = Low, H = High, C = Critical, * = Abnormal, # = Non Formulary

PHYS Farmer,Larry G. DO
ACCT# V013755396

NAME DALEY,SEAN D
UNIT# M0571673

** END OF REPORT **

6

WESTSIDE MEDICAL CENTER
3204-D WHITE HORSE ROAD
GREENVILLE, SC 29611
864-295-1066

FAMILY PRACTICE

MELVIN E. PORTER, M.D.
(ABFP 2004-2011)

INDUSTRIAL MEDICINE

DATE: 3-8-11 TIME: 9:10

PATIENT NAME: SEAN DALEY

PRESENTING COMPLAINT: PATIENT IS REFERRED HERE TODAY FOR INJURIES SUSTAINED IN A WORK RELATED ACCIDENT ON 2-9-11. HE WAS TREATED AT PARDEE HOSPITAL IN HENDERSONVILLE, NC WHERE X-RAYS WERE PERFORMED AND ALSO NORTH GREENVILLE ER. HE COMPLAINS OF PAIN IN HIS RIGHT RIBS, UPPER AND LOWER BACK.

SUBJECTIVE:HE WAS PERFORMING OVERHEAD WORK WHEN A LADDER FELL FROM UNDERNEATH HIM. HE REPORTS THAT THE LADDER WAS TOO SHORT FOR THE WORK HE WAS PERFORMING AND THE FLOOR WAS UNEVEN. HE LANDED BACKWARDS ON A 4" PIPE. HE COMPLAINS OF PAIN IN HIS RIGHT LATERAL RIB CAGE, HIS LUMBAR AND MID THORACIC SPINAL AREAS. HE HAD SOME X-RAYS PERFORMED AT A HOSPITAL IN HENDERSONVILLE BUT NONE AT N. GREENVILLE ER. THE ER DOCTOR AT PARDEE HOSPITAL DID NOT DISCUSS RESULTS OF HIS X-RAYS WITH HIM. WE ARE UNABLE TO RECEIVE ANY OF HIS X-RAY REPORTS AT THIS TIME. HE PREVIOUSLY HAD A HERNIATED DISC IN HIS L-S SPINE WHICH BOTHERED HIM SOME BEFORE THE ACCIDENT.

OBJECTIVE: ALERT, WHITE MALE. HE HAS SOME TENDERNESS TO PALPATION OF HIS RIGHT MID LATERAL RIB CAGE BUT NOT THE ACUTE TENDERNESS THAT IS SEEN IN RIB FRACTURES. HIS LUNGS ARE CLEAR. HE IS TENDER TO PALPATION OF HIS LEFT LUMBAR BACK AND HIS MID THORACIC SPINE.
X-RAY OF RIGHT RIB – NO FX NOTED
X-RAY OF L-S SPINE – NO FX
X-RAY OF THORACIC SPINE – NO FX

ASSESSMENT: STRAIN OF MID THORACIC & L-S SPINE AND CONTUSION TO LUMBAR BACK.
CONTUSION/STRAIN OF RIGHT RIB CAGE

PLAN: RX: SOMA 350 TID #30 & TYLENOL #3 QID #40 APPLY HEAT TO PAINFUL AREAS. RTO 1 WEEK.

MELVIN E. PORTER, MD

WESTSIDE MEDICAL CENTER
3204-D WHITE HORSE ROAD
GREENVILLE, SC 29611
864-295-1066

FAMILY PRACTICE | MELVIN E. PORTER, M.D. (ABFP 2004-2011) | INDUSTRIAL MEDICINE

DATE: 3-15-11 TIME: 10:40

PATIENT NAME: SEAN DALEY

PRESENTING COMPLAINT: PATIENT RETURNS TODAY FOR A FOLLOW UP VISIT OF INJURIES SUSTAINED IN A WORK RELATED ACCIDENT ON 2-9-11.

SUBJECTIVE: AS ABOVE. HIS UPPER BACK IS SOME BETTER BUT HIS LOWER BACK PAIN IS WORSE:

OBJECTIVE:ALERT. HE MOVES SLOWLY FROM SITTING TO STANDING

ASSESSMENT: STRAIN OF MID THORACIC & L-S SPINE
CONTUSION TO LUMBAR BACK

PLAN:RX: LORTAB 5MG #10 HE HAS AN APPT WITH DR. MCHENRY TOMORROW (ORTHOPEDIST) HE IS RELEASED FROM OUR CARE.

MELVIN E. PORTER, MD

7

southeastern neurosurgical and spine institute

Thoracic/Lumbar

Date: 3/10/11

Patient's Name: Sean David Daley SSN: 161-58-7911 Date of birth: 6-16-76

Where is the pain located?

- ☑ Upper back, what part of the upper back? Between Sholder Blades
  - Above the level of the shoulder blades? ☐ Midline ☐ Right ☐ Left
  - At the level of the shoulder blades? ☑ Midline ☑ Right ☑ Left
  - Below the level of the shoulder blades? ☐ Midline ☐ Right ☐ Left
  - Does the upper back pain radiate to the chest wall? ☑ Yes ☐ No
- ☑ Lower back, what part of your lower back? Hipp region

Measure the severity of the pain regarding how it affects your daily activities:

- ☐ Mild – I am aware of it when present but it doesn't interfere with daily activities
- ☐ Moderate – when present it interferes only with some daily activities
- ☑ Severe – when present it interferes with most, but not all, daily activities
- ☑ Very severe – when present I am unable to carry out any daily activities
- ☑ Other description of severity Pain Radiats Down Both legs

How long have you had the pain? 2-3 yrs. Accident has incressed the pain

Are you experiencing hip or leg pain? ☑ Yes ☐ No

☐ Left Leg ☐ Right Leg ☑ Both Legs

Where is the hip or leg pain located?

☑ Hip ☐ Groin area ☑ Thigh ☑ Knee

☐ Lower leg ☐ Ankle ☐ Feet ☐ Toes

Setting in which problem first occurred:

☐ Around the house ☐ Recreation ☐ School ☐ Fall ☑ Unknown

☑ Injury on the job

- Date of accident: 2/9/11
- Description of accident or injury: Fell off ladder onto pipe
- Was it reported to workman's comp? ☑ Yes ☐ No
- Are you off work due to the accident or injury? ☑ Yes ☐ No light Duty

☐ Motor vehicle accident

- Circumstances of accident:
- Date of accident:

List any factors that aggravate the pain: Bending over / Lifting / sitting too long / Standing too long Awkward movements

List any non-medical factors that relieve the pain: Hot showers / ice packs

Do you have: ☑ Sleep disturbance ☐ Bowel dysfunction ☐ Bladder dysfunction

List any previous tests you have had for this problem: MRI

List any previous treatments you have had: (home remedies, physical or occupational therapies, acupressure or acupuncture therapies, massage therapy, etc) and their effectiveness:

List any medications you have tried for this problem and their effectiveness: Oxycodine 30mg very effective Oxycodine 5mg Slightly effective Loritab 10mg not very effective Loritab 5mg Non effective Percicet 10mg not very effective Tylanol #3 ineffective Soma 350mg slightly effective Flexdril 10mg not very effective Mobic 15mg ineffective

southeastern neurosurgical and spine institute

Pain Sheet

Date: 3/16/11 Patient's Name: Sean Daley Patient's SSN #: 161-58-7911

Patient's Date of Birth: 6-16-76

ARE YOU CURRENTLY EXPERIENCING PAIN? Yes ⊘ No O

IF YES, LOCATION OF PAIN:

Pain intensity on a scale of 0 to 10 (0 = None – Visual analogue scale):

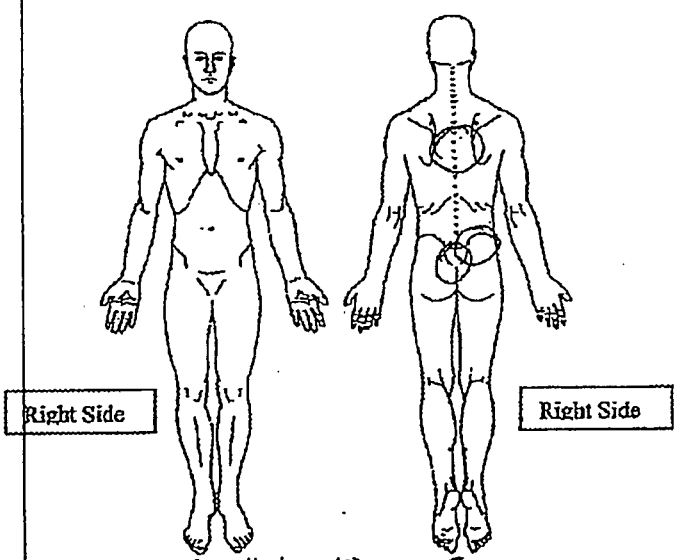
0 1 2 3 4 5 (6) 7 8 9 10

Quality:

Burn	⊘	Cramping	O
Stabbing	⊘	Radiating	O
Tingling	⊘	Weakness	O
Dull	O	Numbness	O
Throbbing	O		

Instructions:
On the body diagram below, please indicate where your pain is located at the present time. Please do not indicate areas of pain that are not related to your present injury or condition.

Body Diagram



What if any medication do you take for pain? Loritab 10mg, 5mg

Is your pain satisfactorily controlled now? Yes O No ⊘

Are you currently experiencing one of the following?
O Bowel Obstruction O Trouble Voiding O Unintentional Weight Loss O Fever/Chills ⊘ Headache O Vision Changes
O Hearing Changes

SSN: 161-58-7911
Date of Birth: 6-16-76

Have you ever been *DIAGNOSED* with any major health problems? Including but not limited to:

CHILDHOOD DISEASES:
- Measles ☐ Yes What year?_____
- German Measles ☐ Yes What year?_____
- Mumps ☐ Yes What year?_____
- Scarlet Fever ☐ Yes What year?_____

CANCER:
- Type_____ ☐ Yes What year?_____

EYES:
- Cataracts ☐ Yes What year?_____
- Glaucoma ☐ Yes What year?_____
- Retinal Detachment ☐ Yes What year?_____

EARS:
- Hearing loss from aging ☐ Yes What year?_____
- Hearing loss from trauma ☐ Yes What year?_____
- Hearing loss unknown cause ☐ Yes What year?_____

HEART & BLOOD VESSELS:
- Angina ☐ Yes What year?_____
- Cerebral Vascular Accident ☐ Yes What year?_____
- Heart Attack ☐ Yes What year?_____
- Heart Disease ☐ Yes What year?_____
- High Blood pressure ☐ Yes What year?_____
- Pericarditis ☐ Yes What year?_____
- Blood Clots in Arms or Legs ☐ Yes What year?_____

LUNGS & RESPIRATORY:
- Tuberculosis ☐ Yes What year?_____
- Asthma ☑ Yes What year? 05
- Chronic bronchitis ☐ Yes What year?_____

STOMACH & DIGESTIVE:
- Cirrhosis or enlarged liver ☐ Yes What year?_____
- Diverticulitis ☐ Yes What year?_____
- Reflux ☐ Yes What year?_____
- Hepatitis ☐ Yes What year?_____
- Hernia ☐ Yes What year?_____
- Pancreatitis ☐ Yes What year?_____
- Stomach ulcer ☐ Yes What year?_____

KIDNEY & GENDER PROBLEMS:
- Renal failure ☐ Yes What year?_____
- Prostate Enlargement ☐ Yes What year?_____
- Are you pregnant? ☐ Yes

SKIN & BREAST:
- Psoriasis ☐ Yes What year?_____
- Shingles ☐ Yes What year?_____

BRAIN & NERVOUS SYSTEM:
- Epilepsy ☐ Yes What year?_____
- Stroke ☐ Yes What year?_____

GLANDS, HORMONES, & SUGAR CONTROL PROBLEMS:
- Diabetes (Type _____) ☐ Yes What year?_____
- Goiter ☐ Yes What year?_____
- Thyroid deficiency ☐ Yes What year?_____
- Thyroid excess ☐ Yes What year?_____

BLOOD & LYMPH NODE PROBLEMS:
- Anemia ☐ Yes What year?_____

ALLERGIES, IMMUNE & INFECTIOUS PROBLEMS:
- HIV ☐ Yes What year?_____
- Infectious mononucleosis ☐ Yes What year?_____

OTHER (Please Specify): _____

SURGERIES AND HOSPITALIZATIONS

Have you been hospitalized (not for surgery)? Yes ○ No ✓
If yes, list hospitalizations, the reason for admission and the date. _____
Have you had surgery? Yes ✓ No ○
If yes, list any surgeries and when they were done. Foot Surgery on Right foot, 1996

Have you had problems with anesthesia (being numbed or put to sleep)? Yes ○ No ✓
If yes, please list what sort of problems. _____

SSN: 161-58-7911
Date of Birth: 6-16-76

FAMILY HISTORY

Specific Anesthesia Problem ☐Mother ☐Father ☐Brother ☐Sister

Heart and Blood Vessels:
Heart Disease ☐Mother ☐Father ☐Brother ☐Sister
High Blood Pressure ☐Mother ☐Father ☐Brother ☐Sister

Lungs and Respiratory:
Lung Cancer ☐Mother ☐Father ☐Brother ☐Sister
Asthma ☐Mother ☐Father ☐Brother ☐Sister

Bones, Joints & Muscles:
Arthritis ☐Mother ☐Father ☐Brother ☐Sister
Osteoporosis ☐Mother ☐Father ☐Brother ☐Sister

Brain and Nervous:
Dementia ☐Mother ☐Father ☐Brother ☐Sister
Neurotube disease ☐Mother ☐Father ☐Brother ☐Sister
Stroke ☐Mother ☐Father ☐Brother ☐Sister

Blood & Lymph Node problems:
Bleeding/clotting problem ☐Mother ☐Father ☐Brother ☐Sister

Other _____ ☐Mother ☐Father ☐Brother ☐Sister

SOCIAL HISTORY

Place of employment: Chapman Mechanical

Occupation: Plumber ☐ Check here if you are retired. Marital Status S

Do you smoke or use other type of tobacco products: Yes ☑ No ○

If yes, please complete the following:

Type of Tobacco: Cigarets

Cigarettes per day: 1 PK

Have you had any type of alcoholic beverage in the past year? Yes ○/No ☑

If yes, how many per month? _____

Hand dominance: ☑ Right ☐ Left

Living setting: ☐ Alone ☐ Spouse ☑ Children ☐ Mother ☐ Father ☐ Nursing Home ☐ Assisted living ☐ other _____

REVIEW OF SYSTEMS: List any problems you have or have recently had in the follow areas:

General Health (Fatigue, Fever, Unintentional weight loss, Unintentional weight gain, or other problems) ☑ No ☐ Yes
If yes, please list problems. _____

Eye and Ear (Loss of vision, Hearing loss, Ringing in ears, or other problems) ☑ No ☐ Yes
If yes, please list problems. _____

Heart and Blood Vessels (Chest pain, Irregular heart beat, Shortness of breath, or other problems) ☑ No ☐ Yes
If yes, please list problems. _____

Lungs and Respiratory system (Shortness of breath, Frequent cough, Wheezing, or other problems) ☐ No ☑ Yes
If yes, please list problems. Asthma

Stomach and Digestive system (Abdominal pain, Diarrhea, Heartburn, Nausea, Vomiting, or other problems) ☑ No ☐ Yes
If yes, please list problems. _____

Kidney or bladder or sexual health
Male: (Loss of sexual interest, Change in urinating pattern or other problems) ☑ No ☐ Yes
If yes, please list problems. _____

SSN: 161-58-7911
Date of Birth: 6-16-76

Female: (Unusual menstrual bleeding, Stress incontinence or other problems) ☐ No ☐ Yes
If yes, please list problems.

Bones, Joints and Muscles (Painful joints, Loss of muscle strength, Swelling of joints) ☐ No ☑ Yes
If yes, please list problems.

Skin and Breast (Discharge from nipples, Rash, or other problems) ☐ No ☐ Yes
If yes, please list problems. Knees, Both Knees have pain and weakness from time to time

Brain or Nervous system (Difficulty remembering, Loss of consciousness, Seizures, or other problems) ☑ No ☐ Yes
If yes, please list problems.

Mental and Emotional health (Nervousness, Depression, or other problems) ☑ No ☐ Yes
If yes, please list problems.

Blood or Lymph nodes (Excessive bleeding, Easy bruising, or other problems) ☑ No ☐ Yes
If yes, please list problems.

Allergies, infections, and immune system (Abnormal infections, Hives, or other problems) ☐ No ☑ Yes
If yes, please list problems. Allergies, Seasonal

This information is very important for us to have for your treatment. Thank you very much for filling out these forms completely.

SSN: 161-58-7911
Date of Birth: 6-16-76

southeastern neurosurgical and spine institute

PATIENT HEALTH HISTORY

In order for us to obtain a complete medical history, it is important for you to fill out this form as completely as possible. This is very important information. **Please fill out every item.** It is important for your doctor to know that you have carefully reviewed every area of this form. This information will be entered into the computer and you are welcomed to a copy of the report if you wish.

Patient's Last Name Daley First Sean MI D Preferred Name _____

Pharmacy Preference (include location) CVS 4102 Old Buncombe Rd. (864) 371-3651

Name of Primary Care (Family) Physician _____ Name of referring physician _____

Are you taking ANY kind of medication now? (This includes prescription, over-the-counter or herbal medications)
Yes ☑ No ○ If yes, please list below *include dosages.*
PLEASE LIST ALL MEDICATIONS CURRENTLY BEING USED *(PLEASE PRINT NEATLY)*

Medication Name	Dosage	How Often?
Mobic	15mg	1 a day
Loratab	10 mg	4 a day or 1 every 6 Hours
Soma	350mg	3 a day

Are you allergic to ANY medications? Yes ○ No ☑ If yes, please list below:

Name of Medication	Type of Reaction

NON MEDICATION ALLERGIES
Are you allergic to seafood? Yes ○ No ☑ If yes, what reaction do you have? _____

Are you allergic to things that touch your skin, such as latex, tape, metal? Yes ○ No ☑ ☐ latex ☐ tape ☐ metal

If yes, what reaction do you have? _____

Progress Notes

Patient: DALEY, SEAN DAVID
DOB: 06/16/1976 **Age:** 34 Y **Sex:** Male
Phone: 864-990-8621
Address: 9 ARRINGTON AVE, GREENVILLE, SC-29617

Provider: Timothy McHenry, MD
Date: 03/16/2011

Subjective:

CC:
1. SH NP WC LUMBAR.

HPI:
History of Present Illness:
Pain: burning, stabbing, tingling, **not satisfactorily controlled. Pain score is 6/10 today.**
HPI:
Mr. Daley is a 34 year old gentleman normally employed as a plumber who fell off a ladder about five weeks ago and sustained a low back injury. Since that time, he has had persistent pain in his low back and, to a lesser degree, in his mid back. He has also had right sided rib pain, which is where he landed. He has occasional, about once a day for five to ten minutes, sensations of what he describes as vibrations in the right anterolateral thigh. This does not go distal to the knee. He has been treated before for low back pain and was started on narcotic pain medication by Dr. Li in one of the Greenville clinics last fall. Currently, he is not taking any narcotic pain medications. He is a long standing smoker of about a pack per day for sixteen or seventeen years. He is actively trying to stop smoking. He is currently working but at light duty defined as really a sedentary type of activity level.

ROS:
CONSTITUTIONAL:
Fever no. Weight Loss no. Weight Gain no. Fatigue no. Chills no. Night Sweats no.
CARDIOVASCULAR:
Chest Pain no. Irregular Heart Beat no. Poor Circulation no. Leg/feet swelling no. Leg/foot ulcer no.
GENITOURINARY:
Blood in urine no. Pain in urinating no. Unable to urinate no. Bladder Infection no. Frequent Urination no. Difficulty with urination no.
NEUROLOGICAL:
Paralysis no. Frequent Headaches no. Seizures no. CVA/ITA no. Syncope no. Anxiety/Depression no. Tremors no. Speech Problems no. Feeling of hopelessness no. Sleep disturbance no. Vision Changes no.
-EYES:
Decreased Vision no. Cataracts no.
RESPIRATORY:
COPD no. Asthma no. Persistant Cough no. Shortness of Breath no. Wheezing no. Pneumonia no.
ENT:
Recent loss of hearing no. Sinusitis no. Headache no.
GASTROINTESTINAL:
GERD no. PUD/Gastritis no. Liver Problems no. Stomach Pain no. Diarrhea no. Abdominal Pain no. Nausea/Vomiting no. Black tar-like or bloody stool no.
SKIN:
Rash or itching no. Dryness of Skin no. Ulcer no. Cancer no. Open sores no. New Moles no. Poor wound healing no. Skin Infection no.
PSYCHIATRIC:
Depression no. Bipolar Disease no.
ENDOCRINE:
Diabetes no. Thyroid disease no. Heat intolerance no. Cold intolerance no.
HEME/LYMP:
Anemia no. Bleeding Problems no. Blood Transfusion no. Bruises no.
ALLERGIC/IMMUNOLOGIC:
Seasonal no. Iodine no. Food Allergies no.
MUSCULOSKELETAL:
Joint Swelling or Stiffness no. Muscle aches no. Joint Pain no. Pain in multiple joints no. Weakness no.

Medical History: Asthma.

Surgical History: foot surgery (right) 2006.

Hospitalization/Major Diagnostic Procedure: see list .

Family History: Non-Contributory

Social History: no Alcohol Did you have a drink containing alcohol in the past year? No, Points 0, Interpretation Negative. Smoking: yes Are you a: current smoker, How _100_ cigarettes a day do you smoke? 11-20. no Recreational drug use.

Medications: Mobic , Lortab 10 , So... , Medication List reviewed and reconciled with the patient

Allergies: N.K.D.A.

Objective:

Vitals: Ht 6', Wt lbs 208, Wt kg 94.35, BMI 28.21.

Past Orders:

Examination:

Imaging Studies:

MRI Lumbar @ GMH on 11-19-10.

SHCC-Imaging Studies:

I reviewed images from an MRI scan of the lumbar spine dated November 19, 2010 which shows lumbar spine L4-5 level with degenerative disease with a high intensity zone posteriorly, slight loss of disc space height. No malalignment. No significant neurologic impingement. There does appear to be transitional anatomy present with a likely sacralization of the L5 level.

SHCC SM Spine:

He moves with a great deal of discomfort. Stands with normal upright stance. Truncal flexion to 60 degrees but appears to be almost entirely through the hips as his lumbar spine remains in lordosis throughout the range of motion. Truncal extension is zero degrees. Able to toe walk, heel walk, and single leg stance bilaterally without apparent deficit. On sitting examination, he is motor and sensory intact at all levels of his lower extremities.

Assessment:

Assessment:

1. Degen Disc Dz, Lumbar - 722.52 (Primary)

Plan:

1. Degen Disc Dz, Lumbar

I discussed this with him and his worker's compensation case manager, Carol Powers. In the absence of malalignment, clinical instability or neurologic dysfunction, I do not think he would be well addressed by surgery. He really has mainly axial back pain from degenerative disc disease and this, in my opinion, would be best addressed non-surgically by Physical Medicine and Rehabilitation. I think it is fine for him to continue working at his current activity level. I don't see a role for surgery in his treatment at this point, but I do think he should be treated by Physical Medicine and Rehabilitation, as stated above, and they will work to arrange for that. We will provide him a work slip for continued light duty until he is seen by Physical Medicine and Rehabilitation. TM/vz.

Immunizations:

Labs:

Preventive:

Follow Up: UMR

Provider: Timothy McHenry, MD
Patient: DALEY, SEAN DAVID **DOB:** 06/16/1976 **Date:** 03/16/2011

Electronically signed by Timothy McHenry MD on 03/23/2011 at 12:51 PM EDT
Sign off status: Completed

southeastern neurosurgical
and spine institute
Office: 864-797-7150 Fax: 864-797-7155

Stephen R. Gardner, M.D., F.A.C.S.
John K. Johnson, M.D., F.A.C.S.
E. Christopher Troup, M.D.
Timothy McHenry, M.D.
105 Doctor's Drive
Greenville, S.C. 29605

Charles C. Kanos, M.D., F.A.C.S.
Alfred T. Nelson, M.D., F.A.C.S.
Philip J. Hodge, M.D., F.A.C.S.

111 Doctor's Drive
Greenville, S.C. 29605

Re: SEAN DAVID DALEY **DOB:** 06/16/1976

Date: March 16, 2011

Sean Dailey to continue light duty limited to sedentary type work until seen by Physical medicine.

Sincerely,



Progress Note

Patient: DALEY, SEAN DAVID
DOB: 06/16/1976 **Age:** 35 Y **Sex:** Male
Phone: 864-990-8621
Address: 9 ARRINGTON AVE, GREENVILLE, SC-29617

Provider: Timothy McHenry, MD
Date: 11/11/2011

Subjective:

CC:

1. SH RTO WC OK'D BY DR. MCH.

HPI:

History of Present Illness:

What: low and bilateral leg pain. Pain: burning, stabbing, tingling, constant, radiating, Severity: 5/10. Prior Treatment: percocet, zanaflex.

SPINE:

Mr. Daily returns today for reassessment after repeat MRI scan of his lumbar spine. In review, he was injured in a work-related accident about nine months ago. He has had low back pain and intermittent bilateral leg pain predominantly in the anterior thigh down to the knee level. He has been treated non-surgically through physical medicine and rehabilitation as well as physical therapy. He has had some improvement in his symptoms with nonsurgical treatment but also continues to have residual symptoms as well.

ROS:

CONSTITUTIONAL:

Fever no. Weight Loss no. Weight Gain no. Fatigue no. Chills no. Night Sweats no.

CARDIOVASCULAR:

Chest Pain no. Irregular Heart Beat no. Poor Circulation no. Leg/feet swelling no. Leg/foot ulcer no.

GENITOURINARY:

Blood in urine no. Pain in urinating no. Unable to urinate no. Bladder Infection no. Frequent Urination no. Difficulty with urination no.

NEUROLOGICAL:

Paralysis no. Frequent Headaches no. Seizures no. CVA/ITA no. Syncope no. Anxiety/Depression no. Tremors no. Speech Problems no. Feeling of hopelessness no. Sleep disturbance no. Vision Changes no.

-EYES:

Decreased Vision no. Cataracts no.

RESPIRATORY:

COPD no. Asthma no. Persistant Cough no. Shortness of Breath no. Wheezing no. Pneumonia no.

ENT:

Recent loss of hearing no. Sinusitis no. Headache no.

GASTROINTESTINAL:

GERD no. PUD/Gastritis no. Liver Problems no. Stomach Pain no. Diarrhea no. Abdominal Pain no. Nausea/Vomiting no. Black tar-like or bloody stool no.

SKIN:

Rash or itching no. Dryness of Skin no. Ulcer no. Cancer no. Open sores no. New Moles no. Poor wound healing no. Skin Infection no.

PSYCHIATRIC:

Depression no. Bipolar Disease no.

ENDOCRINE:

Diabetes no. Thyroid disease no. Heat intolerance no. Cold intolerance no.

HEME/LYMP:

Anemia no. Bleeding Problems no. Blood Transfusion no. Bruises no.

ALLERGIC/IMMUNOLOGIC:

Seasonal no. Iodine no. Food Allergies no.

MUSCULOSKELETAL:

Joint Swelling or Stiffness no. Muscle aches no. Joint Pain no. Pain in multiple joints no.

Weakness no.
No chest pain, shortness of breath, nausea, vomiting. The rest of the review of systems is negative.

Medical History: Asthma, Fatigue, Headaches, Sleep apnea, Blurry vision, Joint Pain, Muscle Pain. asthma.

Surgical History: foot surgery (right) 2006, foot surgery (right) 2006.

Hospitalization/Major Diagnostic Procedure: see list , see list .

Family History: No Family History documented.

Social History: Interpersonal/family relationships: Single, Single. no Alcohol Did you have a drink containing alcohol in the past year? No, Points 0, Interpretation Negative. Alcohol: Points: 0, Interpretation: Negative Did you have a drink containing alcohol in the past year? No, Points 0, Interpretation Negative. Smoking: yes Are you a: current smoker, How many cigarettes a day do you smoke? 11-20. Smoking: Are you a:: current smoker , How many cigarettes a day do you smoke?: 11-20 Are you a: current smoker, How many cigarettes a day do you smoke? 11-20. no Recreational drug use, no. Recreational drug use
Patient is getting married this week and going on honeymoon to Myrtle Beach for a week.

Medications: Zanaflex tablet 2 mg 1 tab 4 times daily, Lortab 10 tablet 500 mg-10 mg 1 or 2 tab(s) every 8 hours Max 3/day, Mobic , Lortab 10 , Soma , Medication List reviewed and reconciled with the patient

Allergies: N.K.D.A.

Objective:

Vitals: Ht 6 ft, Ht 6', Wt lbs 208, Wt lbs 208, Wt kg 94.35, Wt kg 94.35, BMI 28.21, BMI 28.21.

Past Orders:

Examination:
SHCC SM Spine:
On physical examination, truncal flexion is 40 degrees, truncal extension 0 degrees. Schober's test shows decreased lumbar spine excursion with an increase of 10 cm to 13.5 cm on forward flexion. Able to toe walk, heel walk and single-leg stance bilaterally without apparent deficit. On sitting examination, he is motor 5/5 at all levels of his lower extremities, and sensation is intact to light touch at all levels of his lower extremities.

Assessment:

Assessment:
1. Degen Disc Dz, Lumbar - 722.52 (Primary)
2. LBP [Low back pain] - 724.2
I reviewed his recent MRI scan of the lumbar spine that shows transitional anatomy with sacralization of the L5 level. The L4-5 disc space shows degenerative changes with a high-intensity zone posteriorly and disc desiccation. No neurologic impingement at this level or other levels. No malalignment. I discussed with him and then subsequently with his worker's compensation case manager that he has degenerative disc disease at L4-5 without evidence of instability or neurologic impingement.

Plan:

1. Degen Disc Dz, Lumbar
I do not think it is likely that he will have significant improvement with surgical treatment, and I recommended continued nonsurgical care through physical medicine and rehabilitation. They both expressed good understanding of this recommendation and agreement with my recommendations after discussion. We will have him follow up with PM&R. TM/bep.

2. Others
I, as Attending Physician participated in the care of this patient and was physically present for the key or critical components of the services provided by the Physician Assistant.

Immunizations:

Labs:
Preventive:

Med Reconciliation: Pt.Ed: Complete and current medication list reviewed and given to patient.

Follow Up: UMR

Provider: Timothy McHenry, MD
Patient: DALEY, SEAN DAVID **DOB:** 06/16/1976 **Date:** 11/11/2011

Electronically signed by Timothy McHenry MD on 11/18/2011 at 01:12 PM EST
Sign off status: Completed

8

UNIVERSITY MEDICAL GROUP

DALEY, SEAN DAVID

34 Y old Male, DOB: 06/16/1976
9 ARRINGTON AVE, GREENVILLE, SC-29617
Home: 864-990-8621
Guarantor: DALEY, SEAN DAVID
External Visit ID: 113827786
Appointment Facility: Upstate Medical Rehabilitation

04/13/2011

Progress Notes: Robert LeBlond*

Current Medications

Mobic tablet 7.5 mg 1 tab(s) once a day, stop date 03/01/2011
Lortab 10 tablet 500 mg-10 mg 1 tab(s) every 6 hours
Soma tablet 350 mg 1 tab(s) 4 times a day

Past Medical History

Asthma
Fatigue
Headaches
Sleep apnea
Blurry vision
Joint Pain
Muscle Pain

Surgical History

foot surgery (right) 2006

Social History

no Alcohol Points: 0, Interpretation: Negative.
Smoking: yes Are you a:: current smoker , How many cigarettes a day do you smoke?: 11-20.
no Recreational drug use.

Allergies

N.K.D.A.

Hospitalization/Major Diagnostic Procedure

see list

Review of Systems

No history of head injury, stroke, seizures, change in vision or swallowing. No cardiac, pulmonary, renal, GI, liver problems. No bleeding disorder. The rest of review of systems negative.

Reason for Appointment

1. Low back pain

History of Present Illness

Worker's Comp:

The patient is a 34 y/o right handed male with history of mild low back pain which was not work related. He was however able to do his normal job in plumbing, working for Chapman Mechanical, when he was injured on 02/09/11. He was up on an 8 foot ladder when the ladder gave way and he slipped and fell landing on his buttock/back. He had immediate pain He went to the ER and was treated and released. There was no puncture/laceration. He tried to see a family physician but work would not see him as he is workers' Compensation. He hired an attorney. He was eventually seen by Dr. McHenry, who recommended conservative management and was sent here. He is continued on light/modified sedentary duty, which he is having difficulty with. He notes that they are taking liberties with him and making him produce more difficult activities than he feels that he can do. He states that pain is a constant, aching to sharp, burning pain in the low back to the left and right of midline equally. It goes from the mid rib cage down to the buttock and sometime into the legs. Occasionally there is numbness, tingling and weakness in both legs. He notes no bowel or bladder trouble, except for frequency. No fever or weight loss but a few pounds of weight gain. Pain is worse in the morning than in the evening. It is worse with prolonged sitting, standing. Better with change in position. Cold and heat does not help. He had Lortab in the past which helped. He tried oxycodone which did not help. He is worried about dependency. He does smoke and mentions that he is trying to deplete that.

Date of Injury: 2/9/11. Work Status: Out of work told to stay hme to enviroment at work was told work light duty confined to seating.. Current treatment: PT No, Injections: No. Location: Lower back,, Lumbar region in the midline pain radiating down legs. Location has changed since onset. Original location was (equal on the two sides). Quality: stabbing, burning, aching constant, sore. Severity: Pain score (on a scale of 1-10): Right now 8. Effect of pain on sleeping: interferes with sleep. Trend in severity since onset: greatly increased. Investigations: MRI scan previous before his accident.

General:

Diagnostic Imaging Studies: Studies/old records reviewed including MRI from 11/10 showing DDD with disk protrusion L4/L5.

. Referring Provider: Timothy McHenry, M.D..

Examination

General Exam:

PE: General: Well developed, slim male, in no acute distress. Neurologic: Alert, oriented and follows commands. Cranial nerves II-XII are intact. Motor: 5/5. Sensation is intact. Deep tendon reflexes are brisk and equal. No clonus. Station and gait are antalgic, favoring the left. He can heel and toe walk a few steps. HEENT: Normocephalic, atraumatic. Pupils equal round and reactive. Sclerae are not injected. Oral cavity is moist. Tongue is midline. Neck is supple without adenopathy. Good range of motion. Thoracic spine without scapular winging. There is tenderness in the lower lumbar paraspinals, out laterally into the rib cage. No palpable defects. Lumbar spine with tenderness throughout the paraspinals with extreme guarding. Equivocal simulated axial rotation. There is tenderness over the SI joints to palpation. There is a pelvic obliquity. Mild pain with facet loading. Straight leg raising is negative. Extremities: No clubbing, cyanosis or edema. Brisk capillary refill. Skin: No rash.

Extremities: No cyanosis, clubbing, or edema. No wasting.

Assessments

1. Lumbar Back Pain - 724.2 (Primary)
2. Sacroiliitis - 720.2

Mechanical back pain after fall at work. He appears to have a sacroiliitis with significant myofascial pain. He is stable neurologically. He is coping fairly well although he is having trouble with work. I had a long talk with him about wanting him to continue sedentary duties if possible, limiting his lifting to 15 to 20 pounds. We will treat conservatively as outlined below.

Treatment

1. Lumbar Back Pain

Referral To:Grove Rd Proaxis Physical Therapist
Reason:Physical Theraphy eval and treat 16 visits

2. Sacroiliitis

Referral To:Grove Rd Proaxis Physical Therapist
Reason:Physical Theraphy eval and treat 16 visits

3. Others

Refill Lortab 10 tablet, 500 mg-10 mg, 1 tab(s), orally, every 8-12 hours, 10 day(s), 60
Stop Soma tablet, 350 mg, 1 tab(s), orally, 4 times a day
Start Zanaflex tablet, 2 mg, 1 tab at bedtime for a week, then 1 tab twice a day, orally, 30 day(s), 60
Start PHYSICAL THERAPY, EVALUATION AND TREAT, as directed, 16 Visits
Printed patient a work excuse and it was excused from 4/7/11 due to him being out of work with no light duties for him to perform, but he could return back with light duty restriction only. We will trial him on Lortab 10 mg one b.i.d. p.r.n. severe pain. Continue Mobic at home. He tried Tramadol which did not help. He is on Flexeril which I will

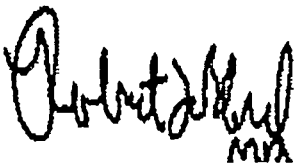
discontinue. I will trial him on Zanaflex 2 mg at bedtime for a week and then 2 mg b.i.d. Risks, benefits, driving, sedation discussed at length with medication changes. Consider further workup and/or SI joint injection, fluoroscopic guided should he not improve in the next four weeks.

Preventive Medicine

MED RECONCILIATION: Pt. Rd: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt.. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Follow Up

4 Weeks



Electronically signed by Robert LeBlond on 04/15/2011 at 12:46 PM EDT

Sign off status: Completed

Upstate Medical Rehabilitation
111 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7100
Fax: 864-241-9229

Upstate Medical Rehabilitation
111 Doctor's Drive
Greenville, SC 29605
(864) 797-7100

David L. Shallcross, MD
Ashley Mullinax, MD
Robert E. LeBlond, MD
Jyoti Math, MD

Patient Work/School Excuse

Date: April 13, 2011

Patient Name: SEAN DAVID DALEY

Date of Birth: 06/16/1976

Address: 9 ARRINGTON AVE
GREENVILLE SC 29617

To whom it may concern,

SEAN DAVID was seen in our office by: Dr. Robert LeBlond

☒ Please excuse the patient from work from 4/7/2011 due to a injury.

☒ Patient should return to work/school with the following restrictions:

Pt is restricted to sitting duties light duty work only.

☐ Special remarks:

Signature

UPSTATE MEDICAL REHABILITATION, P.C.
111 Doctors Drive
Greenville, SC 29605
Telephone: (864)-797-7100 Fax: (864) 797-7105

David L. Shallcross, M.D.
Robert E. LeBlond, M.D.
Jyoti Math, M.D.
L. Ashley Mullinax, M.D.

David Goldsmith, PA-C
Theresa Little, PA-C
April Smith, PA-C

Name Sean Daley Date 06-17-11

Address

℞ Out of work until next eval

☐ Label

Refill - 0 - 1 - 2 - 3 - 4 - PRN

DISPENSE AS WRITTEN

SUBSTITUTION PERMITTED

UPSTATE MEDICAL REHABILITATION, P.C.
111 Doctors Drive
Greenville, SC 29605
Telephone: (864) 797-7100 Fax: (864) 797-7105

David L. Shallcross, M.D.
Robert E. LeBlond, M.D.
Jyoti Math, M.D.
L. Ashley Mullinax, M.D.

David Goldsmith, PA-C
Theresa Little, PA-C
April Smith, PA-C

Name Sean Daley Date 06-17-11

Address

℞ Continue PT until goals achieved.

Dr LeBlond

☐ Label

Refill - 0 - 1 - 2 - 3 - 4 - PRN

DISPENSE AS WRITTEN

SUBSTITUTION PERMITTED

UNIVERSITY MEDICAL GROUP
UPSTATE MEDICAL REHABILITATION

Sean Daley
has an appointment with

☐ 111 Doctors Drive
Greenville, SC 29605
(864) 797-7100

☐ 200 Patewood Drive, Suite C200
Greenville, SC 29615
(864) 797-7100

Appointment Type	Weekday	Date	Time	Patient Balance
Provider / Refill	Thurs	6-30	8:40 AM / PM	
Provider / Refill	Wed	8-3	1:00 AM / PM	

There will be a $25.00 no-show fee for missed appointments.
Please bring this card with you to each appointment

111 Doctors Drive
Greenville, SC 29605
Telephone: (864) 797-7100 Fax: (864) 797-7105

David L. Shallcross, M.D	Robert S. LeBlond, M.D.	Jyoti Mehi, M.D.	L. Ashley Mullinax, M.D.
BS 1616931	BL 4575215	FM 1399220	BM 9572632

Name Sean Daley Date 7/15/14

Address

℞

May continue to work
at 15 lbs

☐ Label

Refill - 0 - 1 - 2 - 3 - 4 - PRN

DISPENSE AS WRITTEN

SUBSTITUTION PERMITTED

864-641-3148

INNERVISION MRI & IMAGING

Innervision
Innervision at Grove
Open MRI of Simpsonville

Grove One Cannon Drive Greenville, SC 29605 Phone (864) 242-4011 Fax (864) 233-2677

PATIENT: Daley, Sean
DOB: 6/16/1976
MRN: 784214
PATIENT PHONE: 864-990-8621
PHYSICIAN: Robert LeBlond, MD
DATE: 7/21/2011

EXAM: ADDENDED REPORT - MRI OF THE LUMBAR SPINE WITHOUT CONTRAST

HISTORY: Lumbalgia.

TECHNIQUE: Multisequential, multiplanar MRI of the lumbar spine without contrast performed.

COMPARISON: No previous for comparison.

FINDINGS:

Good alignment of the anterior and posterior elements. Vertebral body heights and marrow signal intensities are within normal limits. Small Schmorl's nodes are appreciated in the inferior endplates of T12 and L1.

Conus is not imaged on the provided films. It is likely at the T11-12 level. No clumping or nodularity of the nerve roots of the cauda equina are appreciated.

L1-2 through L4-5: No significant posterior disc bulging or herniation appreciated. No central or foraminal stenosis.

L5-S1: Disc narrowing and desiccation is appreciated with a central and right paracentral annular tear appreciated. There is posterior disc bulging with a superimposed right paracentral disc protrusion appreciated. This causes mild proximal foraminal stenosis at the L5-S1 level. Mild lateral recess stenosis affecting the descending right S1 nerve root cannot be excluded. No left foraminal or central stenosis is noted.

Imaged retroperitoneal structures appear grossly unremarkable. No aneurysmal dilation of the imaged aorta.

IMPRESSION:

Disc degeneration involving the L5-S1 disc as detailed above.

Christopher Sidden, M.D.
CS / DG

DD: 7/21/2011
DT: 7/21/2011
Job: 13174269

This document has been electronically reviewed and signed by Christopher Sidden, M.D.

ADDENDUM:

Previous study is now available dated 11/19/2010. Appearance of the intervertebral discs does not appear significantly changed compared to the prior study. The disc referred to as L5-S1 on the current report is referred to a L4-5 on the prior report. If surgical intervention is planned, radiographs of the spine could be considered prior to intervention for vertebral body counting.

PATIENT: Daley, Sean
MRN: 784214
EXAM: ADDENDED REPORT - MRI OF THE LUMBAR SPINE WITHOUT CONTRAST

Christopher Sidden, M.D.
CS / ch

ADDENDUM DD: 7/21/2011
ADDENDUM DT: 7/21/2011

This document has been electronically reviewed and signed by Christopher Sidden, M.D.

UNIVERSITY MEDICAL GROUP

DALEY, SEAN DAVID

35 Y old Male, DOB: 06/16/1976
9 ARRINGTON AVE, GREENVILLE, SC-29617
Home: 864-990-8621
Guarantor: DALEY, SEAN DAVID
External Visit ID: 119152361
Appointment Facility: Upstate Medical Rehabilitation

08/10/2011

Progress Notes: Robert LeBlond*

Current Medications

Lortab 10 tablet 500 mg-10 mg 1 or 2 tab(s) every 8 hours Max 3/day
Zanaflex tablet 2 mg 1 tab 4 times daily

Past Medical History

Asthma
Fatigue
Headaches
Sleep apnea
Blurry vision
Joint Pain
Muscle Pain

Review of Systems

No chest pain, shortness of breath, nausea, vomiting. The rest of the review of systems is negative.

Reason for Appointment

1. Back and leg pain

History of Present Illness

General:

The patient is a 35 y/o male who presents for follow-up of chronic work related back and leg pain. He continues to have pain in the back more in the legs, but it goes down the left leg intermittently. There is numbness in the right foot most of the time. It feels weak. He has not fallen. Pain is a constant, aching to sharp pain. No bowel or bladder trouble. No fever or weight loss. Pain is worse with prolonged sitting or standing. It is better with medications. No side effects from these. He is coping fairly well. He is trying to do home exercises regularly. Pain is around a 5 or 6. He remains out of work as he was let go.

Diagnostic Imaging Studies: MRI from 11/10 reviewed, which is of poor quality. It shows disk degenerative changes at L5/S1 disk with protrusion. I will still proceed with ESI.

MRI of the lumbar spine shows disk desiccation with paracentral tear and bulging/protrusion to the right at L5/S1 with minimal foraminal stenosis.

Examination

General Exam:

Neurologic: Motor is 5/5. Sensation intact except for slight decrease to light touch lateral aspect right foot. DTRs equal. Station and gait slightly antalgic. Back with tenderness in the paraspinals. Decreased range of motion. Straight leg raising negative. Extremities: No clubbing, cyanosis or edema. No wasting.

Assessments

1. LBP [Low back pain] - 724.2 (Primary)
2. Radiculopathy Lumbar - 724.4

Work related low back pain with mild radicular component. Believe that we are reaching MMI as he has completed therapy.

Treatment

1. Others

Refill Lortab 10 tablet, 500 mg-10 mg, 1 or 2 tab(s), orally, every 8 hours Max 3/day, 30 day supply, 90, Refills 0
Given his back and leg pain, results of MRI we should trial one ESI

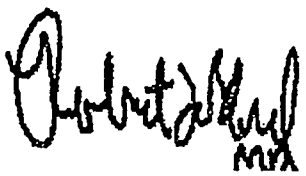
before closing the case. I will set that up ASAP, followed by FCE after this. Continue current medications. He remains able to light duty as previously stated. The patient was advised to continue all other medications as prescribed by other treating physicians/providers. REL/mbm/081011.

Preventive Medicine

MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Follow Up

2 Weeks-caudal esi



Electronically signed by Robert LeBlond on 08/18/2011 at 12:41 PM EDT

Sign off status: Completed

Upstate Medical Rehabilitation
111 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7100
Fax: 864-241-9229

UNIVERSITY MEDICAL GROUP

DALEY, SEAN DAVID

35 Y old Male, DOB: 06/16/1976
9 ARRINGTON AVE, GREENVILLE, SC-29617
Home: 864-990-8621
Guarantor: DALEY, SEAN DAVID Insurance: SELF PAY
Payer ID: 0
External Visit ID: 123314981
Appointment Facility: Upstate Medical Rehabilitation

10/24/2011

Progress Notes: Robert LeBlond*

Current Medications

Zanaflex tablet 2 mg 1 tab 4 times daily
Percocet tablet 325 mg-10 mg 1 tab(s) every 6 hours as needed
Neurontin capsule 100 mg 3 cap(s) at bedtime
Tylenol tablet 325 mg 2 tab(s) every 4 hours as needed
Medication List reviewed and reconciled with the patient

Past Medical History

Asthma
Fatigue
Headaches
Sleep apnea
Blurry vision
Joint Pain
Muscle Pain

Allergies

N.K.D.A.

Review of Systems

No chest pain, shortness of breath, nausea, vomiting. The rest of the review of systems is negative.

Reason for Appointment

1. WC F/U--WI PER DR L

History of Present Illness

General:

The patient is a 35 y/o male who presents for follow-up accompanied by a case manager. At last visit I referred him to Dr. McHenry to see if there is anything surgical as we are reaching MMI. The appointment is set for two and a half weeks from now. The patient notes pain in the back goes down the legs. It is a little more back than legs. There is numbness in the right foot. No change in strength. No bowel or bladder trouble. No fever or weight loss. He is coping well. No side effects from medications. He does note that right shoulder pain is worsening. He states that he has mentioned it before. It happened after his injury worsened on a driving trip to Tennessee. It is aching to sharp, diffusely about the knee. It is worse with range of motion, overhead activities. No numbness or tingling in the arms.

Examination

General Exam:

Neurologic: Motor is 5/5. Sensation intact. DTRs brisk and equal. Station and gait slightly antalgic. Back with tenderness in the paraspinals. Decreased range of motion with guarding. Mild pain over the SI joints to palpation. Straight leg raising equivocal on the right, negative on the left. Extremities: No clubbing, cyanosis or edema. Mild impingement right shoulder, negative drop arm.

Assessments

1. LBP [Low back pain] - 724.2 (Primary)
2. Radiculopathy Lumbar - 724.4

1. Low back pain after work injury which is largely mechanical with mild radicular component. Do believe that we should have him follow up with Dr. McHenry to see if there is anything surgical. The patient is requesting this.
2. Tendonitis right shoulder. Unsure if this is an allowed injury by Worker's Compensation. The case manager will check on this.

Treatment

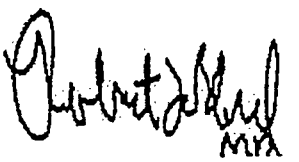
1. LBP [Low back pain]

Increase Neurontin capsule, 300 mg, 1 cap(s), orally, at bedtime, 30 day(s), 30, Refills 3

2. Others
Continue Zanaflex tablet, 2 mg, 1 tab, orally, 4 times daily
Refill Percocet tablet, 325 mg-10 mg, 1 tab(s), orally, every 6 hours as needed, 30 days, 120, Refills 0
Continue heat, home exercises and current medications. Follow up in four to six weeks, at which point I anticipate MMI unless Dr. McHenry him to be a surgical candidate. Continue Neurontin 300 mg at bedtime as he has titrated up to this and feels that it is helping. The patient was advised to continue all other medications as prescribed by other treating physicians/providers.
REL/mbm/102411.

Preventive Medicine
MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Follow Up
4 Weeks, 6 Weeks



Electronically signed by Robert LeBlond on 11/07/2011 at 04:55 PM EST

Sign off status: Completed

Upstate Medical Rehabilitation
111 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7100
Fax: 864-241-9229

UNIVERSITY MEDICAL GROUP

DALEY, SEAN DAVID

35 Y old Male, DOB: 06/16/1976
9 ARRINGTON AVE, GREENVILLE, SC-29617
Home: 864-990-8621
Guarantor: DALEY, SEAN DAVID Insurance: SELF PAY
Payer ID: 0
External Visit ID: 124990615
Appointment Facility: Upstate Medical Rehabilitation

11/21/2011 Progress Notes: Robert LeBlond*

Current Medications

Lortab 10 tablet 500 mg-10 mg 1 or 2 tab(s) every 8 hours Max 3/day, stop date 09/21/2011
Zanaflex tablet 2 mg 1 tab 4 times daily
Soma , stop date 09/21/2011
Mobic
Percocet-10/325
Neurontin

Active Problem List

724.2 LBP [Low back pain]

724.4 Radiculopathy Lumbar

Past Medical History

Asthma
Fatigue
Headaches
Sleep apnea
Blurry vision
Joint Pain
Muscle Pain. asthma

Allergies

N.K.D.A.

Review of Systems

No chest pain, shortness of breath, nausea, vomiting. The rest of the review of systems is negative.

Reason for Appointment

1. WC FOLLOW UP

History of Present Illness

General:

The patient is a 35 y/o male who presents for follow-up secondary to chronic back pain with mild radicular component. He saw Dr. McHenry who told him that he is not surgical, even though it was present in ECW to review. He continues to have pain in the back, going into the left and right leg alternating. It is aching to sharp with intermittent numbness. No bowel or bladder changes. No fever or weight loss. Medications help to keep his pain under control. No side effects.

Vital Signs

Ht 72, Wt lbs 224, Wt kg 101.61, BMI 30.38, BP 120/70, RR 73.

Examination

General Exam:

Neurologic: Motor is 5/5. Sensation intact. DTRs equal. Station and gait slightly antalgic as in the past. Back with tenderness in the paraspinals. Mild pain with facet loading. There is tenderness over the SI joint noted. Straight leg raising equivocal on the right. Extremities: No clubbing, cyanosis or edema. No wasting.

Assessments

1. LBP [Low back pain] - 724.2 (Primary)
2. Radiculopathy Lumbar - 724.4

Mechanical back pain with mild radicular component. At this point he is felt to be at MMI. We do not have the FCE for his restrictions. We will have to send him for that.

Treatment

1. LBP [Low back pain]

Refill Percocet-10/325 tablet, 325 mg-10 mg, 1, orally, every 6 hours max 4 day, 30 day supply, 120, Refills 0

2. Others

Continue heat, home exercises and current medications. He will need ongoing visits for medication management. Patient's impairment rating is based on the AMA Guide to the Evaluation of Permanent

Impairment, Fifth Edition. Using the DRE category system he is given 6% to the whole person for the lumbar spine. We will see him back in one month, after he has had his FCE for permanent work restrictions. The patient was advised to continue all other medications as prescribed by other treating physicians/providers.
REL/mbm/112111.

Preventive Medicine
MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Follow Up
4 Weeks

Electronically signed by Robert LeBlond on 12/01/2011 at 04:17 PM EST

Sign off status: Pending

Upstate Medical Rehabilitation
111 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7100
Fax: 864-241-9229

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

10361

UNIVERSITY MEDICAL GROUP

DALEY, SEAN DAVID

35 Y old Male, DOB: 06/16/1976
9 ARRINGTON AVE, GREENVILLE, SC-29617
Home: 864-990-8621
Guarantor: DALEY, SEAN DAVID Insurance: SELF PAY
Payer ID: 0
External Visit ID: 126746189
Appointment Facility: Upstate Medical Rehabilitation

12/21/2011

Progress Notes: Robert LeBlond

Current Medications

Percocet-10/325 10mg/325
Mobic , stop date 12/21/2011
Zanaflex tablet 2 mg 1 tab 4 times daily
Neurontin 300
Medication List reviewed and reconciled with the patient

Past Medical History

Asthma
Fatigue
Headaches
Sleep apnea
Blurry vision
Joint Pain
Muscle Pain asthma

Allergies

N K D A

Review of Systems

No chest pain, shortness of breath, nausea, vomiting The rest of the review of systems is negative.

Reason for Appointment

1. WC FOLLOW UP

History of Present Illness

General:

The patient is a 35 y/o male who presents for follow-up secondary to chronic back pain with mild leg pain. He states that he is doing a little bit worse as the FCE flared his pain. Fortunately the Lortab allows him to function. He takes about three per day, along with the Zanaflex and Neurontin. No side effects. No change in strength or sensation. No bowel or bladder trouble. No fever or weight loss. He is coping fairly well. He has not returned to his job with plumbing as they let him go/the company closed.

Examination

General Exam:

Neurologic: Motor is 5/5. Sensation intact. DTRs equal. Station and gait slightly antalgic. Back with tenderness in the paraspinals. Mild pain with facet loading. Straight leg raising equivocal on the right. There is tenderness over the SI joints again noted.

Assessments

1. LBP [Low back pain] - 724.2 (Primary)
2. Radiculopathy Lumbar - 724.4

Chronic back pain with radicular component, stable except for slight flare with FCE, which should calm down in a few days. He remains at MMI. His FCE has been completed, which places him at the light duty category with no lifting greater than 15 lbs. He may do constant sit or stand. He may do frequent ladder climb, transfers, occasional squat, kneel, crawl, overhead activity, repetitive lumbar flexion and walk.

Treatment

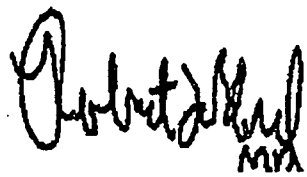
1. Others

Start Percocet-10/325 tablet, 325 mg-10 mg, 1 tab(s), orally, every 6 hours, 30 day(s), 120, Refills 0
Continue heat, home exercises and current medications. I will see the patient back in three months for medication management, sooner if needed. The patient was advised to continue all other medications as prescribed by other treating physicians/providers.
REL/mbm/122111.

01/05/2012 11:56 AM

Preventive Medicine
MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Follow Up
3 Months



Electronically signed by Robert LeBlond on 12/28/2011 at 08:14 AM EST

Sign off status: Completed

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9

Greenville Proaxis Therapy
111 Doctors Drive
Greenville, SC USA 29605
Phone: (864) 797-7020
Fax: (864) 797-7025

proaxistherapy

Acct #:	0012139		
Physician:	ROBERT LEBLOND	Patient:	SEAN DALEY
Phy Phone:	(864) 797-7100	Visit Date:	Jun 09, 2011
Phy Fax:	(864) 797-7105	DOB:	Jun 16, 1976
Clinician:	Thomas R. Denninger	SSN:	XXX-XX-XXXX
Case Mgr:	CAROL POWERS	FSC:	Workers Compensation
Inj. Date:	Feb 09, 2011	Payor:	
Surg. Date:		Pol/Claim#:	STN010361
Visits:	15	Name of Insured:	CHAPMAN MECHANICAL
Cxl/Ns:	2	Employer:	

Daily Note

11:30 pt appt available

Diagnoses

Spine

7246	DISORDERS OF SACRUM
7242	LUMBAGO
7241	PAIN IN THORACIC SPINE

General Information

Disease/Disorder/Condition:

- PMH: Asthma, Right Metatarsal Fx with Pin Surgical Placement. MEDICATIONS: Lortab.

History of Injury:

- Client is a 34 year old male who presents with complaints of low back, hips, and mid back pain. He reports rib pain primarily on the right. He reports pain down into the posterior part of his legs with numbness and tingling from buttocks posteriorly to about the knee, left > right. Client reports that on 2/9/11 he fell off an 8 ft ladder onto a 4 in. PVC pipe on ground. He reports having an X-Ray on his ribs that per client was negative for fracture and CT on his abdominal area that per client was negative for internal bleeding. Client does reports one new occurance that occurred recently on a 4.5 hr car, he reports that after sitting for approximately 3.5 hrs he had increased pain in his upper back and right shoulder pain from right arm down to right wrist.

Never experienced before
4 in care for chronic
problems based on seats
S+T's & Prolonged period
& time will change alignment

Patient 6/7/11

Initial Evaluation:

- Date 04/25/2011

Occupation:

- Plumber

Patient / Concerns / Goals:

- 1. Eliminate Pain and Return to Prior Level fo Function.

Treatment Guidelines:

- Evaluate and Treat

Additional Detail: As per Rx

Subjective Examination

ADL / Functional Status:

- Current status: Work status: Full time / Light duty.

Chief Complaint:

- Pain:
  - Severity at Worst: 9/10. (At Initial Evaluation). Current Severity: 8/10. (At Initial Evaluation). Effect on Activity: Client reports difficulty with all activity. He reports difficulty with bending/lifting, sitting too long, and standing or walking too long. He reports difficulty with stairs/steps. (At Initial Evaluation)
- Weakness: Location: Bilateral Lower Extremities. He reports difficulty fully weight bearing through left leg while walking.

Questionnaires: Additional:

• Test Name	Oswestry
• Date	06/09/2011

• Raw Score	20/50
• Percentage	40.00%

Objective Examination

Gait/Locomotion: Abnormal Gait Pattern: Antalgic:
• Severe. Client demonstrated decreased gait left weight bearing. decreased heel to toe.

Posture:
• Laterally: Lumbar Lordosis: 5 deg Trunk in Forward Flexion

Range of Motion: Lumbar Degrees:

• Active Extension	10 Degrees
• Active Flexion	40 Degrees
• Active Side Bend Left	30 Degrees
• Active Side Bend Right	30 Degrees

Special Tests: Lumbar:	**Left**	**Right**
• Slump	Reproduces/Aggravates Symptoms	Reproduces/Aggravates Symptoms
• Straight Leg Raise	85 deg: Hamstring Tightness Noted	75 deg: Hamstring Tightness

Treatments

Exercise Activities: Stabilization Training: Supine Position:	
• Abdominal Brace	Time Elapsed: 4 Minutes, Body Position: Supine, Additional Detail: TrA Instruction with Biofeedback, Charge As: Therapeutic Activities, Billing Code: 97530.
• Bridging(This visit)	Did Not Perform: This visit
• Marching In Place	Time Elapsed: 4 Minutes, Charge As: Therapeutic Activities, Billing Code: 97530.
• Stabilization Training 1(This visit)	Did Not Perform: This visit
• Stabilization Training 2(This visit)	Did Not Perform: This visit
• Stabilization Training 3(This visit)	Did Not Perform: This visit
Exercise Activities: Flexibility(L. Quarter):	
• Gastrocnemius Slantboard(This visit)	Did Not Perform: This visit
• Hamstring Muscle(This visit)	Did Not Perform: This visit
• Piriformis Muscle(This visit)	Did Not Perform: This visit
Exercise Activities: Isotonics(L. Quarter):	
• Squats (Body Weight)(This visit)	Did Not Perform: This visit
• Straight Leg Raises-Abduction(This visit)	Did Not Perform: This visit
Exercise Activities: Aerobic Conditioning:	
• Treadmill	Time Elapsed: 6 Minutes, Speed (mph): 1.2, Elevation: 0 %, Charge As: Therapeutic Exercise, Billing Code: 97110.
Exercise Activities: Machines/Wts.(L. Quarter):	
• Leg Press/Bilateral(This visit)	Did Not Perform: This visit
Exercise Activities: Tubing/Bands(L. Quarter):	
• Hip Abduction (Tubing)(This visit)	Did Not Perform: This visit

Exercise Activities: Dynamic Training: C-K-C Activity (L. Quarter):
- Step Ups: Forward(This visit) — Did Not Perform: This visit

Exercise Activities: Stabilization Training: Prone Position:
- Alternating UE/LE Lift(This visit) — Did Not Perform: This visit

Exercise Activities: Range of Motion:
- ROM Activity 1 — Time Elapsed: 4 Minutes, Technique: Active, Description: Lower Trunk Rotation, Charge As: Therapeutic Exercise, Billing Code: 97110.
- ROM Activity 2 — Time Elapsed: 3 Minutes, Side: Bilateral, Technique: Active, Description: SKC, Charge As: Therapeutic Exercise, Billing Code: 97110.
- ROM Activity 3 — Time Elapsed: 6 Minutes, Side: Bilateral, Technique: Active, Description: Pelvic Clock, Charge As: Therapeutic Exercise, Billing Code: 97110.
- ROM Activity 4 — Time Elapsed: 4 Minutes, Side: Bilateral, Technique: Active, Description: quadraped sit back, Charge As: Therapeutic Exercise, Billing Code: 97110.
- ROM Activity 5 — Time Elapsed: 4 Minutes, Side: Bilateral, Technique: Active, Description: cat/camel, Charge As: Therapeutic Exercise, Billing Code: 97110.

Exercise Activities: Tubing/Bands(U. Quarter):
- Tubing/Bands 1 — Time Elapsed: 4 Minutes, Tubing/Band Color: green, Resistance: Concentric/Eccentric, Description: Unilateral trunk rotation, Charge As: Therapeutic Exercise, Billing Code: 97110.

Manual Interventions: Vertebral Joint Segments:
- Thoracic Spine — Time Elapsed: 8 Minutes, Grade: II/III, Body Position: Prone, Pressure: Oscillatory, Technique 1: Rotation, Charge As: Manual Therapy Techniques, Billing Code: 97140.
- Lumbosacral Spine(This visit) — Did Not Perform: This visit
- Sacroiliac(This visit) — Did Not Perform: This visit

Manual Interventions: Lower Quarter Soft Tissue:
- Erector Spinae — Time Elapsed: 8 Minutes, Technique: instrumented, Charge As: Manual Therapy Techniques, Billing Code: 97140.

Modalities:
- Electric Stim, Unattended(This visit) — Did Not Perform: This visit

Assessment

Patient tolerated treatment well, progress to WBING LOAD ACTIVITIES

Plan

Daily Plan:
- Continue w/ Current Rehabilitation Program. Progression Under Current Plan.



Thomas R. Denninger, PT(SC Lic: 5958)

Greenville Proaxis Therapy
111 Doctors Drive
Greenville, SC USA 29605
Phone: (864) 797-7020
Fax: (864) 797-7025

Acct #:	0012139		
Physician:	ROBERT LEBLOND	Patient:	SEAN DALEY
Phy Phone:	(864) 797-7100	Visit Date:	Jun 28, 2011
Phy Fax:	(864) 797-7105	DOB:	Jun 16, 1976
Clinician:	Thomas R. Denninger	SSN:	XXX-XX-XXXX
Case Mgr:	CAROL POWERS	FSC:	Workers Compensation
Inj. Date:	Feb 09, 2011	Payor:	
Surg. Date:		Pol/Claim#:	STN010361
Visits:	17	Name of Insured:	CHAPMAN MECHANICAL
Cxl/Ns:	2	Employer:	

Plan of Care

Diagnoses

Spine

7246	DISORDERS OF SACRUM
7242	LUMBAGO
7241	PAIN IN THORACIC SPINE

Assessment

Patient demonstrates objective improvements in range of motion and quality of gait and transitional movements. Patient reports good improvement on global rating of change instrument, however, not on oswestry disability index since last reevaluation one month ago. Patient demonstrates extremely high fear avoidance socres on the FABQ showing poor prognosis as per Fritz 2000. Patient comments about current state and resentment toward former employer potentially demonstrates psychosocial barriers preventing further improvement.

Problems & Goals

Problem #1 **ADL / Functional Status: Current status: Work status: Unable to work secondary to dysfunction.**

LTG Achieve by May 30, 2011.

Functional Improvements In:

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

Problem #2 **Questionnaires: Additional.**

- Date 06/28/2011
- Percentage 40.00%
- Raw Score 20/50
- Test Name Oswestry

LTG Achieve by Jul 19, 2011.

Questionnaire Improvements: Disability Index:

- Percentage 30.00%

Goal Achieved Jun 28, 2011.

Questionnaire Improvements: Disability Index:

- Percentage 45.00%

Problem #3 **Posture: Laterally: Lumbar Lordosis: 5 deg Trunk in Forward Flexion**

LTG Achieve by Jul 11, 2011. Progress: Some progress. To assist w/return to all work related activit

Biomechanical Improvements:

- In Posture, Decreasing: Client will demonstrate ability to consistently demonstrate an upright posture, no forward flexion in posture (0 deg).

Problem #4 **Range of Motion: Lumbar Degrees.**

- Active Extension(pain in TL junction) 10 Degrees

Please sign and return

I have reviewed this Plan of Care and certify that the skilled therapy services identified are required to meet the patient's need. Comments and/or revisions to this Plan of Care are noted below.

Comments/Revisions

Physician Signature Date

- Active Flexion(pain at end range L5-S1 region) 65 Degrees
- Active Side Bend Left 30 Degrees
- Active Side Bend Right 30 Degrees

LTG Achieve by Jul 11, 2011. Progress: Some progress. To assist w/return to all work related activit

Range of Motion Improvements to: Lumbar:

- Active Flexion 50 Degrees
- Active Side Bend Left 40 Degrees
- Active Side Bend Right 40 Degrees

Plan

The goals and plan were discussed with the patient and/or family and they concur. The patient and/or family were instructed to call therapist regarding problems or questions. The patient was instructed in the independent performance of a home exercise program that addresses the problems and achieving the goals outlined in the plan of care.

Consult with:

- Physician. Case manager.

Daily Plan:

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

Thomas R. Denninger, PT(SC Lic: 5968)

JUL-15-2011 10:20 From:864+797+7025 Page:18/22

Greenville Proaxis Therapy
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Greenville, SC USA 29605
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proaxistherapy

Acct #:	0012139		
Physician:	ROBERT LEBLOND	Patient:	SEAN DALEY
Phy Phone:	(864) 797-7100	Visit Date:	Jun 28, 2011
Phy Fax:	(864) 797-7105	DOB:	Jun 16, 1976
Clinician:	Thomas R. Denninger	SSN:	XXX-XX-XXXX
Case Mgr:	CAROL POWERS	FSC:	Workers Compensation
Inj. Date:	Feb 09, 2011	Payor:	
Surg. Date:		Pol/Claim#:	STN010361
Visits:	17	Name of Insured:	CHAPMAN MECHANICAL
Cxl/Ns:	2	Employer:	

Re-Evaluation

Diagnoses

Spine

7246	DISORDERS OF SACRUM
7242	LUMBAGO
7241	PAIN IN THORACIC SPINE

General Information

Disease/Disorder/Condition:

- PMH: Asthma, Right Metatarsal Fx with Pin Surgical Placement. MEDICATIONS: Lortab.

History of Injury:

- Client is a 34 year old male who presents with complaints of low back, hips, and mid back pain. He reports rib pain primarily on the right. He reports pain down into the posterior part of his legs with numbness and tingling from buttocks posteriorly to about the knee, left > right. Client reports that on 2/9/11 he fell off an 8 ft ladder onto a 4 in. PVC pipe on ground. He reports having an X-Ray on his ribs that per client was negative for fracture and CT on his abdominal area that per client was negative for internal bleeding. Client does reports one new occurance that occurred recently on a 4.5 hr car, he reports that after sitting for approximately 3.5 hrs he had increased pain in his upper back and right shoulder pain from right arm down to right wrist.

Initial Evaluation:

- Date 04/25/2011

Occupation:

- Plumber

Patient / Concerns / Goals:

- 1. Eliminate Pain and Return to Prior Level fo Function.

Treatment Guidelines:

- Evaluate and Treat — Additional Detail: As per Rx

Subjective Examination

ADL / Functional Status:

- Current status: Work status: Unable to work secondary to dysfunction.

Chief Complaint: Pain:

- Severity at Worst: 6/10. (Reevaluation). Current Severity: 4/10. (Reevaluation). Effect on Activity: Patient reports being able to walk slowly with breaks upto 40 minutes, still severely limited with prolonged positions or repeated motions

Questionnaires: Additional:

• Test Name	Oswestry
• Date	06/28/2011
• Raw Score	20/50
• Percentage	40.00%

Questionnaires: Fear Avoidance:

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From:864+797+7025
JUL-15-2011 10:20

• Date	06/28/2011
• Assessment	Initial
• Total Score.	88
• Physical Activity Score	27
• Work Score	29

Questionnaires:
- Global Rating of Change= +6 (A great deal better

Objective Examination

Gait/Locomotion:
- Abnormal Gait Pattern: Antalgic: Moderate. (decreased hip extension, improved roation).

Posture:
- Laterally: Lumbar Lordosis: 5 deg Trunk in Forward Flexion

Range of Motion: Lumbar Degrees:	Jun 02, 2011	Jun 28, 2011
• Active Extension(pain in TL junction)	10 Degrees	10 Degrees
• Active Flexion(pain at end range L5-S1 region)	40 Degrees	65 Degrees
• Active Side Bend Left	30 Degrees	30 Degrees
• Active Side Bend Right	30 Degrees	30 Degrees
Special Tests: Lumbar:	Left	Right
• Slump(LB without radiation)	Aggravates Symptoms	Aggravates Symptoms
• Straight Leg Raise	85 deg: Hamstring Tightness Noted	75 deg: Hamstring Tightness

Treatments

Exercise Activities: Stabilization Training: Supine Position:	
• Abdominal Brace(This visit)	Did Not Perform: This visit
• Bridging(This visit)	Did Not Perform: This visit
• Marching In Place	Time Elapsed: 4 Minutes, Charge As: Therapeutic Activities, Billing Code: 97530.
• Stabilization Training 1	Time Elapsed: 4 Minutes, Repetitions: 10, Additional Detail: standing lateral walk to antorotation force, Charge As: Therapeutic Activities, Billing Code: 97530.
• Stabilization Training 2	Time Elapsed: 4 Minutes, Additional Detail: scapular depression with alternate march, Charge As: Therapeutic Activities, Billing Code: 97530.
• Stabilization Training 3(This visit)	Did Not Perform: This visit
Exercise Activities: Flexibility(L. Quarter):	
• Gastrocnemius Slantboard(This visit)	Did Not Perform: This visit
• Hamstring Muscle(This visit)	Did Not Perform: This visit
• Piriformis Muscle(This visit)	Did Not Perform: This visit
• Psoas Musculature	Time Elapsed: 4 Minutes, Technique: Active Assistive, Body Position: Half Kneeling, Charge As: Therapeutic Exercise, Billing Code: 97110.
Exercise Activities: Isotonics(L. Quarter):	

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• Squats (Body Weight)	Time Elapsed: 4 Minutes, Repetitions: 10, Sets: 2, Charge As: Therapeutic Activities, Billing Code: 97530.
• Straight Leg Raises-Abduction(This visit)	Did Not Perform: This visit
Exercise Activities: Aerobic Conditioning:	
• Treadmill	Time Elapsed: 7 Minutes, Speed (mph): 1.2, Elevation: 0 %, Charge As: Therapeutic Exercise, Billing Code: 97110.
Exercise Activities: Machines/Wts.(L. Quarter):	
• Leg Press/Bilateral(This visit)	Did Not Perform: This visit
Exercise Activities: Tubing/Bands(L. Quarter):	
• Hip Abduction (Tubing)(This visit)	Did Not Perform: This visit
Exercise Activities: Dynamic Training: C-K-C Activity (L. Quarter):	
• Step Ups: Forward(This visit)	Did Not Perform: This visit
Exercise Activities: Stabilization Training: Prone Position:	
• Alternating UE/LE Lift	Time Elapsed: 4 Minutes, Charge As: Therapeutic Activities, Billing Code: 97530.
Exercise Activities: Range of Motion:	
• ROM Activity 1	Time Elapsed: 4 Minutes, Technique: Active, Description: Lower Trunk Rotation, Charge As: Therapeutic Exercise, Billing Code: 97110.
• ROM Activity 2(This visit)	Did Not Perform: This visit
• ROM Activity 3(This visit)	Did Not Perform: This visit
• ROM Activity 4	Time Elapsed: 4 Minutes, Side: Bilateral, Technique: Active, Description: quadraped sit back, Charge As: Therapeutic Exercise, Billing Code: 97110.
• ROM Activity 5	Time Elapsed: 4 Minutes, Side: Bilateral, Technique: Active, Description: cat/camel, Charge As: Therapeutic Exercise, Billing Code: 97110.
Exercise Activities: Tubing/Bands(U. Quarter):	
• Tubing/Bands 1	Time Elapsed: 4 Minutes, Tubing/Band Color: green, Resistance: Concentric/Eccentric, Description: Unilateral trunk rotation, Charge As: Therapeutic Activities, Billing Code: 97530.
Manual Interventions: Vertebral Joint Segments:	
• Thoracic Spine(This visit)	Did Not Perform: This visit
• Lumbosacral Spine(This visit)	Did Not Perform: This visit
• Sacroiliac(This visit)	Did Not Perform: This visit
Manual Interventions: Lower Quarter Soft Tissue:	
• Erector Spinae(This visit)	Did Not Perform: This visit
Modalities:	
• Electric Stim, Unattended(This visit)	Did Not Perform: This visit

Assessment

Patient demonstrates objective improvements in range of motion and quality of gait and transitional movements. Patient reports good improvement on global rating of change instrument, however, not on oswestry disability index since last reevaluation one month ago. Patient demonstrates extremely high fear avoidance socres on the FABQ showing poor prognosis as per Fritz 2000. Patient comments about current state and resentment toward former employer potentially demonstrates psychosocial barriers preventing

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further improvement.

Problems & Goals

Problem #1 **ADL / Functional Status: Current status: Work status: Unable to work secondary to dysfunction.**

LTG Achieve by May 30, 2011.

Functional Improvements In:

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

Problem #2 **Questionnaires: Additional.**

LTG Achieve by Jul 19, 2011.

Questionnaire Improvements: Disability Index:

- Percentage 30.00%

Goal Achieved Jun 28, 2011.

Questionnaire Improvements: Disability Index:

- Percentage 45.00%

Problem #3 **Posture: Laterally: Lumbar Lordosis: 5 deg Trunk in Forward Flexion**

LTG Achieve by Jul 11, 2011. Progress: Some progress. To assist w/return to all work related activit

Biomechanical Improvements:

- In Posture, Decreasing: Client will demonstrate ability to consistently demonstrate an upright posture, no forward flexion in posture (0 deg).

Problem #4 **Range of Motion: Lumbar Degrees.**

LTG Achieve by Jul 11, 2011. Progress: Some progress. To assist w/return to all work related activit

Range of Motion Improvements to: Lumbar:

• Active Flexion	50 Degrees
• Active Side Bend Left	40 Degrees
• Active Side Bend Right	40 Degrees

Plan

The goals and plan were discussed with the patient and/or family and they concur. The patient and/or family were instructed to call therapist regarding problems or questions. The patient was instructed in the independent performance of a home exercise program that addresses the problems and achieving the goals outlined in the plan of care.

Consult with:

- Physician. Case manager.

Daily Plan:

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

Thomas R. Denninger, PT(SC Lic: 5968)

Greenville Proaxis Therapy
111 Doctors Drive
Greenville, SC USA 29605
Phone: (864) 797-7020
Fax: (864) 797-7025

Acct #:	0012139		
Physician:	ROBERT LEBLOND	Patient:	SEAN DALEY
Phy Phone:	(864) 797-7100	Visit Date:	Jun 30, 2011
Phy Fax:	(864) 797-7105	DOB:	Jun 16, 1976
Clinician:	Thomas R. Denninger	SSN:	XXX-XX-XXXX
Case Mgr:	CAROL POWERS	FSC:	Workers Compensation
Inj. Date:	Feb 09, 2011	Payor:	
Surg. Date:		Pol/Claim#:	STN010361
Visits:	18	Name of Insured:	CHAPMAN MECHANICAL
Cxl/Ns:	2	Employer:	

Daily Note

Diagnoses

Spine

7246	DISORDERS OF SACRUM
7242	LUMBAGO
7241	PAIN IN THORACIC SPINE

General Information

Disease/Disorder/Condition:
- PMH: Asthma, Right Metatarsal Fx with Pin Surgical Placement. MEDICATIONS: Lortab.

History of Injury:
- Client is a 34 year old male who presents with complaints of low back, hips, and mid back pain. He reports rib pain primarily on the right. He reports pain down into the posterior part of his legs with numbness and tingling from buttocks posteriorly to about the knee, left > right. Client reports that on 2/9/11 he fell off an 8 ft ladder onto a 4 in. PVC pipe on ground. He reports having an X-Ray on his ribs that per client was negative for fracture and CT on his abdominal area that per client was negative for internal bleeding. Client does reports one new occurance that occured recently on a 4.5 hr car, he reports that after sitting for approximately 3.5 hrs he had increased pain in his upper back and right shoulder pain from right arm down to right wrist.

Initial Evaluation:
- Date 04/25/2011

Occupation:
- Plumber

Patient / Concerns / Goals:
- 1. Eliminate Pain and Return to Prior Level fo Function.

Treatment Guidelines:
- Evaluate and Treat

Additional Detail: As per Rx

Subjective Examination

Patient status consistent with last visit

ADL / Functional Status:
- Current status: Work status: Unable to work secondary to dysfunction.

Chief Complaint: Pain:
- Severity at Worst: 6/10. (Reevaluation). Current Severity: 4/10. (Reevaluation). Effect on Activity: Patient reports being able to walk slowly with breaks upto 40 minutes, still severely limited with prolonged positions or repeated motions

Questionnaires: Additional:

Test Name	Oswestry
Date	06/28/2011
Raw Score	20/50
Percentage	40.00%

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Objective Examination

Gait/Locomotion:
- Abnormal Gait Pattern: Antalgic: Moderate. (decreased hip extension, improved roation).

Posture:
- Laterally: Lumbar Lordosis: 5 deg Trunk in Forward Flexion

Range of Motion: Lumbar Degrees:

• Active Extension(pain in TL junction)	10 Degrees
• Active Flexion(pain at end range L5-S1 region)	65 Degrees
• Active Side Bend Left	30 Degrees
• Active Side Bend Right	30 Degrees

Special Tests: Lumbar:

	Left	Right
• Slump(LB without radiation)	Aggravates Symptoms	Aggravates Symptoms
• Straight Leg Raise	85 deg: Hamstring Tightness Noted	75 deg: Hamstring Tightness

Treatments

Exercise Activities: Stabilization Training: Supine Position:

• Abdominal Brace(This visit)	Did Not Perform: This visit
• Bridging(This visit)	Did Not Perform: This visit
• Marching In Place	Time Elapsed: 4 Minutes, Charge As: Therapeutic Activities, Billing Code: 97530.
• Stabilization Training 1	Time Elapsed: 4 Minutes, Repetitions: 10, Additional Detail: standing lateral walk to antorotation force, Charge As: Therapeutic Activities, Billing Code: 97530.
• Stabilization Training 2	Time Elapsed: 4 Minutes, Additional Detail: scapular depression with alternate march, Charge As: Therapeutic Activities, Billing Code: 97530.
• Stabilization Training 3(This visit)	Did Not Perform: This visit

Exercise Activities: Flexibility(L. Quarter):

• Gastrocnemius Slantboard(This visit)	Did Not Perform: This visit
• Hamstring Muscle(This visit)	Did Not Perform: This visit
• Piriformis Muscle(This visit)	Did Not Perform: This visit
• Psoas Musculature	Time Elapsed: 4 Minutes, Technique: Active Assistive, Body Position: Half Kneeling, Charge As: Therapeutic Exercise, Billing Code: 97110.

Exercise Activities: Isotonics(L. Quarter):

• Squats (Body Weight)	Time Elapsed: 4 Minutes, Repetitions: 10, Sets: 2, Charge As: Therapeutic Activities, Billing Code: 97530.
• Straight Leg Raises-Abduction(This visit)	Did Not Perform: This visit

Exercise Activities: Aerobic Conditioning:

• Treadmill	Time Elapsed: 7 Minutes, Speed (mph): 1.2, Elevation: 0 %, Charge As: Therapeutic Exercise, Billing Code: 97110,

Exercise Activities: Machines/Wts.(L. Quarter):

• Leg Press/Bilateral(This visit)	Did Not Perform: This visit

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Exercise Activities: Tubing/Bands(L. Quarter):
- Hip Abduction (Tubing)(This visit) — Did Not Perform: This visit

Exercise Activities: Dynamic Training: C-K-C Activity (L. Quarter):
- Step Ups: Forward(This visit) — Did Not Perform: This visit

Exercise Activities: Stabilization Training: Prone Position:
- Alternating UE/LE Lift — Time Elapsed: 4 Minutes, Charge As: Therapeutic Activities, Billing Code: 97530.

Exercise Activities: Range of Motion:
- ROM Activity 1 — Time Elapsed: 4 Minutes, Technique: Active, Description: Lower Trunk Rotation, Charge As: Therapeutic Exercise, Billing Code: 97110.
- ROM Activity 2(This visit) — Did Not Perform: This visit
- ROM Activity 3(This visit) — Did Not Perform: This visit
- ROM Activity 4 — Time Elapsed: 4 Minutes, Side: Bilateral, Technique: Active, Description: quadraped sit back, Charge As: Therapeutic Exercise, Billing Code: 97110.
- ROM Activity 5 — Time Elapsed: 4 Minutes, Side: Bilateral, Technique: Active, Description: cat/camel, Charge As: Therapeutic Exercise, Billing Code: 97110.

Exercise Activities: Tubing/Bands(U. Quarter):
- Tubing/Bands 1 — Time Elapsed: 4 Minutes, Tubing/Band Color: green, Resistance: Concentric/Eccentric, Description: Unilateral trunk rotation, Charge As: Therapeutic Activities, Billing Code: 97530.

Manual Interventions: Vertebral Joint Segments:
- Thoracic Spine(This visit) — Did Not Perform: This visit
- Lumbosacral Spine(This visit) — Did Not Perform: This visit
- Sacroiliac(This visit) — Did Not Perform: This visit

Manual Interventions: Lower Quarter Soft Tissue:
- Erector Spinae(This visit) — Did Not Perform: This visit

Modalities:
- Electric Stim, Unattended(This visit) — Did Not Perform: This visit

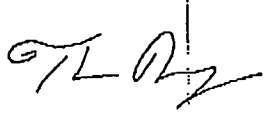
Assessment

Patient progressing to WBing activity more closely resembling work activity at intnsity below flare up threshold.

Plan

Daily Plan:
- Continue w/ Current Rehabilitation Program. Progression Under Current Plan.

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Thomas R. Denninger, PT(SC Lic: 5968)

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Greenville Proaxis Therapy
111 Doctors Drive
Greenville, SC USA 29605
Phone: (864) 797-7020
Fax: (864) 797-7025

Acct #:	0012139		
Physician:	ROBERT LEBLOND	Patient:	SEAN DALEY
Phy Phone:	(864) 797-7100	Visit Date:	Jul 05, 2011
Phy Fax:	(864) 797-7105	DOB:	Jun 16, 1976
Clinician:	Thomas R. Denninger	SSN:	XXX-XX-XXXX
Case Mgr:	CAROL POWERS	FSC:	Workers Compensation
Inj. Date:	Feb 09, 2011	Payor:	
Surg. Date:		Pol/Claim#:	STN010361
Visits:	19	Name of Insured:	CHAPMAN MECHANICAL
Cxl/Ns:	2	Employer:	

Daily Note

Diagnoses

Spine

7246	DISORDERS OF SACRUM
7242	LUMBAGO
7241	PAIN IN THORACIC SPINE

General Information

Disease/Disorder/Condition:
- PMH: Asthma, Right Metatarsal Fx with Pin Surgical Placement. MEDICATIONS: Lortab.

History of Injury:
- Client is a 34 year old male who presents with complaints of low back, hips, and mid back pain. He reports rib pain primarily on the right. He reports pain down into the posterior part of his legs with numbness and tingling from buttocks posteriorly to about the knee, left > right. Client reports that on 2/9/11 he fell off an 8 ft ladder onto a 4 in. PVC pipe on ground. He reports having an X-Ray on his ribs that per client was negative for fracture and CT on his abdominal area that per client was negative for internal bleeding. Client does reports one new occurance that occured recently on a 4.5 hr car, he reports that after sitting for approximately 3.5 hrs he had increased pain in his upper back and right shoulder pain from right arm down to right wrist.

Initial Evaluation:
- Date 04/25/2011

Occupation:
- Plumber

Patient / Concerns / Goals:
- 1. Eliminate Pain and Return to Prior Level fo Function.

Treatment Guidelines:
- Evaluate and Treat — Additional Detail: As per Rx

Subjective Examination

pATIENT STATES SORENESS TODAY BUT DOING OKAY

ADL / Functional Status:
- Current status: Work status: Unable to work secondary to dysfunction.

Chief Complaint: Pain:
- Severity at Worst: 6/10. (Reevaluation). Current Severity: 4/10. (Reevaluation). Effect on Activity: Patient reports being able to walk slowly with breaks upto 40 minutes, still severely limited with prolonged positions or repeated motions

Questionnaires: Additional:

• Test Name	Oswestry
• Date	06/28/2011
• Raw Score	20/50
• Percentage	40.00%

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Objective Examination

Gait/Locomotion:
- Abnormal Gait Pattern: Antalgic: Moderate. (decreased hip extension, improved roation).

Posture:
- Laterally: Lumbar Lordosis: 5 deg Trunk in Forward Flexion

Range of Motion: Lumbar Degrees:

• Active Extension(pain in TL junction)	10 Degrees
• Active Flexion(pain at end range L5-S1 region)	65 Degrees
• Active Side Bend Left	30 Degrees
• Active Side Bend Right	30 Degrees

Special Tests: Lumbar:

	Left	Right
• Slump(LB without radiation)	Aggravates Symptoms	Aggravates Symptoms
• Straight Leg Raise	85 deg: Hamstring Tightness Noted	75 deg: Hamstring Tightness

Treatments

Exercise Activities: Stabilization Training: Supine Position:

• Abdominal Brace(This visit)	Did Not Perform: This visit
• Bridging(This visit)	Did Not Perform: This visit
• Marching In Place(This visit)	Did Not Perform: This visit
• Stabilization Training 1	Time Elapsed: 4 Minutes, Repetitions: 10, Additional Detail: standing lateral walk to antorotation force, Charge As: Therapeutic Activities, Billing Code: 97530.
• Stabilization Training 2	Time Elapsed: 4 Minutes, Additional Detail: scapular depression with alternate march, Charge As: Therapeutic Activities, Billing Code: 97530.
• Stabilization Training 3(This visit)	Did Not Perform: This visit

Exercise Activities: Flexibility(L. Quarter):

• Gastrocnemius Slantboard(This visit)	Did Not Perform: This visit
• Hamstring Muscle(This visit)	Did Not Perform: This visit
• Piriformis Muscle(This visit)	Did Not Perform: This visit
• Psoas Musculature	Time Elapsed: 4 Minutes, Technique: Active Assistive, Body Position: Half Kneeling, Charge As: Therapeutic Exercise, Billing Code: 97110.

Exercise Activities: Isotonics(L. Quarter):

• Squats (Body Weight)	Time Elapsed: 4 Minutes, Repetitions: 10, Sets: 2, Charge As: Therapeutic Activities, Billing Code: 97530.
• Straight Leg Raises-Abduction(This visit)	Did Not Perform: This visit

Exercise Activities: Aerobic Conditioning:

• Treadmill	Time Elapsed: 7 Minutes, Speed (mph): 1.2, Elevation: 0 %, Charge As: Therapeutic Exercise, Billing Code: 97110.

Exercise Activities: Machines/Wts.(L. Quarter):

• Leg Press/Bilateral(This visit)	Did Not Perform: This visit

Exercise Activities: Tubing/Bands(L. Quarter):

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• Hip Abduction (Tubing)(This visit)	Did Not Perform: This visit
Exercise Activities: Dynamic Training: C-K-C Activity (L. Quarter):	
• Step Ups: Forward	Time Elapsed: 5 Minutes, Repetitions: 20, Sets: 2, Charge As: Therapeutic Exercise, Billing Code: 97110.
Exercise Activities: Stabilization Training: Prone Position:	
• Alternating UE/LE Lift	Time Elapsed: 4 Minutes, Charge As: Therapeutic Activities, Billing Code: 97530.
Exercise Activities: Range of Motion:	
• ROM Activity 1	Time Elapsed: 4 Minutes, Technique: Active, Description: Lower Trunk Rotation, Charge As: Therapeutic Exercise, Billing Code: 97110.
• ROM Activity 2(This visit)	Did Not Perform: This visit
• ROM Activity 3(This visit)	Did Not Perform: This visit
• ROM Activity 4	Time Elapsed: 4 Minutes, Side: Bilateral, Technique: Active, Description: quadraped sit back, Charge As: Therapeutic Exercise, Billing Code: 97110.
• ROM Activity 5	Time Elapsed: 4 Minutes, Side: Bilateral, Technique: Active, Description: cat/camel, Charge As: Therapeutic Exercise, Billing Code: 97110.
Exercise Activities: Tubing/Bands(U. Quarter):	
• Tubing/Bands 1	Time Elapsed: 4 Minutes, Tubing/Band Color: green, Resistance: Concentric/Eccentric, Description: Unilateral trunk rotation, Charge As: Therapeutic Activities, Billing Code: 97530.
• Tubing/Bands 2	Time Elapsed: 3 Minutes, Tubing/Band Color: green, Resistance: Concentric/Eccentric, Description: lateral bnd walking, Charge As: Therapeutic Activities, Billing Code: 97530.
Manual Interventions: Vertebral Joint Segments:	
• Thoracic Spine(This visit)	Did Not Perform: This visit
• Lumbosacral Spine(This visit)	Did Not Perform: This visit
• Sacroiliac(This visit)	Did Not Perform: This visit
Manual Interventions: Lower Quarter Soft Tissue:	
• Erector Spinae(This visit)	Did Not Perform: This visit
Modalities:	
• Electric Stim, Unattended(This visit)	Did Not Perform: This visit

Assessment

Patient continues to progress slwoly toward normal mobility and resumption of work activity, however, yellow flags continue to serve as barriers to recovery.

Plan

The goals and plan were discussed with the patient and/or family and they concur. The patient and/or family were instructed to call therapist regarding problems or questions. The patient was instructed in the independent performance of a home exercise program that addresses the problems and achieving the goals outlined in the plan of care.
Daily Plan:

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- Continue w/ Current Rehabilitation Program. Progression Under Current Plan.

Thomas R. Denninger, PT(SC Lic: 5968)

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Greenville Proaxis Therapy
111 Doctors Drive
Greenville, SC USA 29605
Phone: (864) 797-7020
Fax: (864) 797-7025

Acct #:	0012139		
Physician:	ROBERT LEBLOND	Patient:	SEAN DALEY
Phy Phone:	(864) 797-7100	Visit Date:	Jul 07, 2011
Phy Fax:	(864) 797-7105	DOB:	Jun 16, 1976
Clinician:	Thomas R. Denninger	SSN:	XXX-XX-XXXX
Case Mgr:	CAROL POWERS	FSC:	Workers Compensation
Inj. Date:	Feb 09, 2011	Payor:	
Surg. Date:		Pol/Claim#:	STN010361
Visits:	20	Name of Insured:	CHAPMAN MECHANICAL
Cxl/Ns:	2	Employer:	

Daily Note

Diagnoses

Spine

7246	DISORDERS OF SACRUM
7242	LUMBAGO
7241	PAIN IN THORACIC SPINE

General Information

Disease/Disorder/Condition:
- PMH: Asthma, Right Metatarsal Fx with Pin Surgical Placement. MEDICATIONS: Lortab.

History of Injury:
- Client is a 34 year old male who presents with complaints of low back, hips, and mid back pain. He reports rib pain primarily on the right. He reports pain down into the posterior part of his legs with numbness and tingling from buttocks posteriorly to about the knee, left > right. Client reports that on 2/9/11 he fell off an 8 ft ladder onto a 4 in. PVC pipe on ground. He reports having an X-Ray on his ribs that per client was negative for fracture and CT on his abdominal area that per client was negative for internal bleeding. Client does reports one new occurance that occurred recently on a 4.5 hr car, he reports that after sitting for approximately 3.5 hrs he had increased pain in his upper back and right shoulder pain from right arm down to right wrist.

Initial Evaluation:
- Date 04/25/2011

Occupation:
- Plumber

Patient / Concerns / Goals:
- 1. Eliminate Pain and Return to Prior Level fo Function.

Treatment Guidelines:
- Evaluate and Treat — Additional Detail: As per Rx

Subjective Examination

patient reports slow progression for improvement, has resumed regular walks

ADL / Functional Status:
- Current status: Work status: Unable to work secondary to dysfunction.

Chief Complaint: Pain:
- Severity at Worst: 6/10. (Reevaluation). Current Severity: 4/10. (Reevaluation). Effect on Activity: Patient reports being able to walk slowly with breaks upto 40 minutes, still severely limited with prolonged positions or repeated motions

Questionnaires: Additional:

• Test Name	Oswestry
• Date	06/28/2011
• Raw Score	20/50
• Percentage	40.00%

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Objective Examination

Gait/Locomotion:
- Abnormal Gait Pattern: Antalgic: Moderate. (decreased hip extension, improved roation).

Posture:
- Laterally: Lumbar Lordosis: 5 deg Trunk in Forward Flexion

Range of Motion: Lumbar Degrees:

• Active Extension(pain in TL junction)	10 Degrees
• Active Flexion(pain at end range L5-S1 region)	65 Degrees
• Active Side Bend Left	30 Degrees
• Active Side Bend Right	30 Degrees

Special Tests: Lumbar:

	Left	Right
• Slump(LB without radiation)	Aggravates Symptoms	Aggravates Symptoms
• Straight Leg Raise	85 deg: Hamstring Tightness Noted	75 deg: Hamstring Tightness

Treatments

Exercise Activities: Stabilization Training: Supine Position:

• Abdominal Brace(This visit)	Did Not Perform: This visit
• Bridging(This visit)	Did Not Perform: This visit
• Marching In Place(This visit)	Did Not Perform: This visit
• Stabilization Training 1	Time Elapsed: 4 Minutes, Repetitions: 10, Additional Detail: standing lateral walk to antorotation force, Charge As: Therapeutic Activities, Billing Code: 97530.
• Stabilization Training 2	Time Elapsed: 4 Minutes, Additional Detail: scapular depression with alternate march, Charge As: Therapeutic Activities, Billing Code: 97530.
• Stabilization Training 3(This visit)	Did Not Perform: This visit

Exercise Activities: Flexibility(L. Quarter):

• Gastrocnemius Slantboard(This visit)	Did Not Perform: This visit
• Hamstring Muscle(This visit)	Did Not Perform: This visit
• Piriformis Muscle(This visit)	Did Not Perform: This visit
• Psoas Musculature	Time Elapsed: 4 Minutes, Technique: Active Assistive, Body Position: Half Kneeling, Charge As: Therapeutic Exercise, Billing Code: 97110.

Exercise Activities: Isotonics(L. Quarter):

• Squats (Body Weight)	Time Elapsed: 4 Minutes, Repetitions: 10, Sets: 2, Charge As: Therapeutic Activities, Billing Code: 97530.
• Straight Leg Raises-Abduction(This visit)	Did Not Perform: This visit

Exercise Activities: Aerobic Conditioning:

• Treadmill	Time Elapsed: 7 Minutes, Speed (mph): 1.2, Elevation: 0 %, Charge As: Therapeutic Exercise, Billing Code: 97110.

Exercise Activities: Machines/Wts.(L. Quarter):

• Leg Press/Bilateral(This visit)	Did Not Perform: This visit

Exercise Activities: Tubing/Bands(L. Quarter):

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• Hip Abduction (Tubing)(This visit)	Did Not Perform: This visit
Exercise Activities: Dynamic Training: C-K-C Activity (L. Quarter):	
• Step Ups: Forward	Time Elapsed: 5 Minutes, Repetitions: 20, Sets: 2, Charge As: Therapeutic Exercise, Billing Code: 97110.
Exercise Activities: Stabilization Training: Prone Position:	
• Alternating UE/LE Lift	Time Elapsed: 4 Minutes, Charge As: Therapeutic Activities, Billing Code: 97530.
Exercise Activities: Range of Motion:	
• ROM Activity 1(This visit)	Did Not Perform: This visit
• ROM Activity 2(This visit)	Did Not Perform: This visit
• ROM Activity 3(This visit)	Did Not Perform: This visit
• ROM Activity 4	Time Elapsed: 4 Minutes, Side: Bilateral, Technique: Active, Description: quadraped sit back, Charge As: Therapeutic Exercise, Billing Code: 97110.
• ROM Activity 5	Time Elapsed: 4 Minutes, Side: Bilateral, Technique: Active, Description: cat/camel, Charge As: Therapeutic Exercise, Billing Code: 97110.
Exercise Activities: Tubing/Bands(U. Quarter):	
• D1 Flexion.	Time Elapsed: 3 Minutes, Tubing/Band Color: red, Resistance: Concentric/Eccentric, Charge As: Therapeutic Exercise, Billing Code: 97110.
• Tubing/Bands 1	Time Elapsed: 4 Minutes, Tubing/Band Color: green, Resistance: Concentric/Eccentric, Description: Unilateral trunk rotation, Charge As: Therapeutic Activities, Billing Code: 97530.
• Tubing/Bands 2	Time Elapsed: 3 Minutes, Tubing/Band Color: green, Resistance: Concentric/Eccentric, Description: lateral bnd walking, Charge As: Therapeutic Activities, Billing Code: 97530.
Manual Interventions: Vertebral Joint Segments:	
• Thoracic Spine(This visit)	Did Not Perform: This visit
• Lumbosacral Spine(This visit)	Did Not Perform: This visit
• Sacroiliac(This visit)	Did Not Perform: This visit
Manual Interventions: Lower Quarter Soft Tissue:	
• Erector Spinae(This visit)	Did Not Perform: This visit
Modalities:	
• Electric Stim, Unattended(This visit)	Did Not Perform: This visit

Assessment

Patient kept upright all of visit to move toward work threshold. Patient tolerated well with min complaint

Plan

Daily Plan:

- Continue w/ Current Rehabilitation Program. Progression Under Current Plan.

Thomas R. Denninger, PT(SC Lic: 5968)

JUL-15-2011 10:17 From:864+797+7025 Page:8/22

Greenville Proaxis Therapy
111 Doctors Drive
Greenville, SC USA 29605
Phone: (864) 797-7020
Fax: (864) 797-7025

Acct #:	0012139		
Physician:	ROBERT LEBLOND	Patient:	SEAN DALEY
Phy Phone:	(864) 797-7100	Visit Date:	Jul 12, 2011
Phy Fax:	(864) 797-7105	DOB:	Jun 16, 1976
Clinician:	Thomas R. Denninger	SSN:	XXX-XX-XXXX
Case Mgr:	CAROL POWERS	FSC:	Workers Compensation
Inj. Date:	Feb 09, 2011	Payor:	
Surg. Date:		Pol/Claim#:	STN010361
Visits:	21	Name of Insured:	CHAPMAN MECHANICAL
Cxl/Ns:	2	Employer:	

Daily Note

Diagnoses

Spine

7246	DISORDERS OF SACRUM
7242	LUMBAGO
7241	PAIN IN THORACIC SPINE

General Information

Disease/Disorder/Condition:
- PMH: Asthma, Right Metatarsal Fx with Pin Surgical Placement. MEDICATIONS: Lortab.

History of Injury:
- Client is a 34 year old male who presents with complaints of low back, hips, and mid back pain. He reports rib pain primarily on the right. He reports pain down into the posterior part of his legs with numbness and tingling from buttocks posteriorly to about the knee, left > right. Client reports that on 2/9/11 he fell off an 8 ft ladder onto a 4 in. PVC pipe on ground. He reports having an X-Ray on his ribs that per client was negative for fracture and CT on his abdominal area that per client was negative for internal bleeding. Client does reports one new occurance that occured recently on a 4.5 hr car, he reports that after sitting for approximately 3.5 hrs he had increased pain in his upper back and right shoulder pain from right arm down to right wrist.

Initial Evaluation:
- Date 04/25/2011

Occupation:
- Plumber

Patient / Concerns / Goals:
- 1. Eliminate Pain and Return to Prior Level fo Function.

Treatment Guidelines:
- Evaluate and Treat — Additional Detail: As per Rx

Subjective Examination

Patient reports consistent soreness, notes he has resumed walking program but is still having much pain and difficulty with home activities

ADL / Functional Status:
- Current status: Work status: Unable to work secondary to dysfunction.

Chief Complaint: Pain:
- Severity at Worst: 6/10. (Reevaluation). Current Severity: 4/10. (Reevaluation). Effect on Activity: Patient reports being able to walk slowly with breaks upto 40 minutes, still severely limited with prolonged positions or repeated motions

Questionnaires: Additional:

Test Name	Oswestry
Date	06/28/2011
Raw Score	20/50

JUL-15-2011 10:15 From:864+797+7025 Page:1/22

• Percentage	40.00%

Objective Examination

Gait/Locomotion:
- Abnormal Gait Pattern: Antalgic: Moderate. (decreased hip extension, improved roation).

Posture:
- Laterally: Lumbar Lordosis: 5 deg Trunk in Forward Flexion

Range of Motion: Lumbar Degrees:

• Active Extension(pain in TL junction)	10 Degrees
• Active Flexion(pain at end range L5-S1 region)	65 Degrees
• Active Side Bend Left	30 Degrees
• Active Side Bend Right	30 Degrees

Special Tests: Lumbar:	Left	Right
• Slump(LB without radiation)	Aggravates Symptoms	Aggravates Symptoms
• Straight Leg Raise	85 deg: Hamstring Tightness Noted	75 deg: Hamstring Tightness

Treatments

Exercise Activities: Stabilization Training: Supine Position:

• Abdominal Brace(This visit)	Did Not Perform: This visit
• Bridging(This visit)	Did Not Perform: This visit
• Marching In Place(This visit)	Did Not Perform: This visit
• Stabilization Training 1	Time Elapsed: 4 Minutes, Repetitions: 10, Additional Detail: standing lateral walk to antorotation force, Charge As: Therapeutic Activities, Billing Code: 97530.
• Stabilization Training 2	Time Elapsed: 4 Minutes, Additional Detail: scapular depression with alternate march, Charge As: Therapeutic Activities, Billing Code: 97530.
• Stabilization Training 3(This visit)	Did Not Perform: This visit

Exercise Activities: Flexibility(L. Quarter):

• Gastrocnemius Slantboard(This visit)	Did Not Perform: This visit
• Hamstring Muscle(This visit)	Did Not Perform: This visit
• Piriformis Muscle(This visit)	Did Not Perform: This visit
• Psoas Musculature	Time Elapsed: 4 Minutes, Technique: Active Assistive, Body Position: Half Kneeling, Charge As: Therapeutic Exercise, Billing Code: 97110.

Exercise Activities: Isotonics(L. Quarter):

• Squats (Body Weight)	Time Elapsed: 4 Minutes, Repetitions: 10, Sets: 2, Charge As: Therapeutic Activities, Billing Code: 97530.
• Straight Leg Raises-Abduction(This visit)	Did Not Perform: This visit

Exercise Activities: Aerobic Conditioning:

• Treadmill	Time Elapsed: 7 Minutes, Speed (mph): 1.2, Elevation: 0 %, Charge As: Therapeutic Exercise, Billing Code: 97110.

Exercise Activities: Machines/Wts.(L. Quarter):

• Leg Press/Bilateral(This visit)	Did Not Perform: This visit
Exercise Activities: Tubing/Bands(L. Quarter):	
• Hip Abduction (Tubing)(This visit)	Did Not Perform: This visit
Exercise Activities: Dynamic Training: C-K-C Activity (L. Quarter):	
• Step Ups: Forward	Time Elapsed: 5 Minutes, Repetitions: 20, Sets: 2, Charge As: Therapeutic Exercise, Billing Code: 97110.
Exercise Activities: Stabilization Training: Prone Position:	
• Alternating UE/LE Lift	Time Elapsed: 4 Minutes, Charge As: Therapeutic Activities, Billing Code: 97530.
Exercise Activities: Range of Motion:	
• ROM Activity 1(This visit)	Did Not Perform: This visit
• ROM Activity 2(This visit)	Did Not Perform: This visit
• ROM Activity 3(This visit)	Did Not Perform: This visit
• ROM Activity 4	Time Elapsed: 4 Minutes, Side: Bilateral, Technique: Active, Description: quadraped sit back, Charge As: Therapeutic Exercise, Billing Code: 97110.
• ROM Activity 5	Time Elapsed: 4 Minutes, Side: Bilateral, Technique: Active, Description: cat/camel, Charge As: Therapeutic Exercise, Billing Code: 97110.
Exercise Activities: Tubing/Bands(U. Quarter):	
• D1 Flexion.	Time Elapsed: 3 Minutes, Tubing/Band Color: red, Resistance: Concentric/Eccentric, Charge As: Therapeutic Exercise, Billing Code: 97110.
• Tubing/Bands 1	Time Elapsed: 4 Minutes, Tubing/Band Color: green, Resistance: Concentric/Eccentric, Description: Unilateral trunk rotation, Charge As: Therapeutic Activities, Billing Code: 97530.
• Tubing/Bands 2	Time Elapsed: 3 Minutes, Tubing/Band Color: green, Resistance: Concentric/Eccentric, Description: lateral bnd walking, Charge As: Therapeutic Activities, Billing Code: 97530.
Manual Interventions: Vertebral Joint Segments:	
• Thoracic Spine(This visit)	Did Not Perform: This visit
• Lumbosacral Spine(This visit)	Did Not Perform: This visit
• Sacroiliac(This visit)	Did Not Perform: This visit
Manual Interventions: Lower Quarter Soft Tissue:	
• Erector Spinae(This visit)	Did Not Perform: This visit
Modalities:	
• Electric Stim, Unattended(This visit)	Did Not Perform: This visit

Assessment

Patient continues progress with weight bearing graded activity that is non-pain determined.

Plan

Daily Plan:

- Continue w/ Current Rehabilitation Program. Progression Under Current Plan.

JUL-15-2011 10:16 From:864+797+7025 Page:3/22

Thomas R. Denninger, PT(SC Lic: 5968)

proaxistherapy

CASE MANAGER &/OR ADJUSTER COMMUNICATION

To: Carol Powers From: Tom

Fax: 888.244.0845 Pages: _____

Phone: _____ Date: 7.14.11

RE Client: Sean Daley 6.16.76

Attached Documentation: Request for Authorization
Initial Evaluation Status Report Discharge Summary Missed visit Notification

- This client cancelled Today's appointment. The reason for cancellation was _____.
  This is the client's _____ cancellation.
- This client did not show for Today's appointment.
  I was unable to reach the client for explanation.
  I called the client and the client's reason for cancellation was _____.
  This is the _____ excused and/or the _____ unexcused absence.

Scheduled Visits this Week: 2 Attended Visits this week: 2

SPECIFIC COMPLIANCE / INCONSISTENCIES / CONCERNS NOTED:
Near maximal level FABQ scores indicating poor prognosis and fear of physical activity.

WEEKLY STATUS UPDATE:
Patient demonstrates adequate compliance / effort despite consistent complaints of pain. Patient activity tolerance minimally improved over past 1-2 weeks. Patient / I'd talking about upcoming deposition

Our goal is to ensure that you have current information regarding your client's program. A response is not necessary, but please feel free to call if you have any questions or concerns. Proaxistherapy would also like to extend an offer to all case managers to stop in at any one of our 7 locations at any time to get a cup of coffee, use the phone as needed. We are here as a resource for you!

JUL-14-2011 15:19 From:864+797+7825 Page:1/1

10



ELITE PHYSICAL THERAPY

1003 Grove Road, Suite F
Greenville, SC 29605
P: 864.233.5128
F: 864.271.2599

Functional Capacity Evaluation

Client Information

Patient Name: Sean Daley

Address: 9 Arrington Ave
Greenville, SC 29617

Date of FCE: 12/15/11

Date of Birth: 06/16/1976

Referring Physician: Dr. LeBlond

Employer: Chapman Mechanical Center

Attorney: Jeffrey Ezell

Rehabilitation Consultant: Janet Smith

Insurance: Stonewood Insurance

Primary Diagnosis: Low Back Pain

Secondary Diagnosis: Lumbar Radiculopathy

Name: Sean Daley

Date: 12/15/11

Subjective Data: FCE Elite Physical Therapy

History Present Illness: Patient reports injurying his low back after falling at work on 2/9/11. He saw a doctor about 1 month after his injury and was referred to pain management and PT. He reports getting some relief from physical therapy but then his progress plateaued. He did have an ESI about 3-4 months ago with little changes.

Past Medical History: Asthma. Right foot surgery 3 years ago.

Medications: Percocet, Mobic, Soma, Zanaflex, Lortab, Neurotin

Pain Location: Patient with low back pain across his beltline and into both hips. He does complain of LE symptoms, right greater than left.

Pain Nature: Patient with complaints of burning, bruised sensation throughout low back which is aggravated with prolonged standing or walking. He complains of intermittent numbness in right foot usually with sitting or sleeping in awkward position.

Severity (Visual Analogue Scale): Current 5-6/10
Best - Worst (1 month): 5-7/10

Current Functional Levels (per patient):

Sitting: 20-30 min
Walking: 1 hr
Static Standing: 30 min
Other: NA

Lifting from floor: 15-20 lbs.
Driving: 45-60 min

Name: Sean Daley Date: 12/15/11

Employment Information:

Job Title: Plumber

Shift/Hours per day: 10 hours a day/4-5 days a week

Description of Job Duties: Patient reports performing routine commercial plumbing tasks along with lifting, carrrying, crawling, squatting, kneeling, and negotiating ladders. He reports a maximum of 60-80# lifting; anything above this he was able to get help with.

Current Work Status: Unemployed

Anticipated Return to Work Date (if applicable):NA

Time off Work: Has not worked since 4/2011

Name: Sean Daley

Date: 12/15/11

Objective Evaluation:

Blood Pressure: 115/78

Heart Rate: Pre-FCE 90 BPM Post-FCE 113 BPM

Weight: 225 lbs.

Height: 6'0"

Gait:
Limited left hip extension. Decreased stance time on left LE during stance phase of gait.

Posture:
Left lateral deviation in standing.

Coordination:
☒ Within Normal Limits

☐ Other:

Movement Characteristics:
☒ Within Normal Limits

☐ Other

Atrophy:
☒ None Noted

☐ Atrophy Noted:

Reflexes:
☒ Normal

☐ Other

Name: Sean Daley

Date: 12/15/11

Segment	Motion	ROM	Strength
Cervical	Flexion	WFL	5
	Extension	WFL	5
	Rotation	WFL L WFL R	5 L 5 R
	Sidebend	WFL L WFL R	5 L 5 R
Shoulder	Flexion	WFL L WFL R	5 L 5 R
	Abduction	WFL L WFL R	5 L 5 R
	Ext Rot	WFL L WFL R	5 L 5 R
	Int Rot	WFL L WFL R	5 L 5 R
	Extension	WFL L WFL R	5 L 5 R
	Hz. Abduct	WFL L WFL R	5 L 5 R
Elbow	Flexion	WFL L WFL R	5 L 5 R
	Extension	WFL L WFL R	5 L 5 R
Wrist	Flexion	WFL L WFL R	5 L 5 R
	Extension	WFL L WFL R	5 L 5 R
	Pronation	WFL L WFL R	5 L 5 R
	Supination	WFL L WFL R	5 L 5 R
	Rad Dev	WFL L WFL R	5 L 5 R
Lumbar	Flexion	50 %	5
	Extension	20 %	5
	Sidebend	25% L 25% R	5 L 5 R
Thoracic	Rotation	WFL L WFL R	5 L 5 R
Hip	Flexion	90 L 90 R	5 L 5 R
	Extension	NT L NT R	5 L 5 R
	Ext Rot	35 L 35 R	5 L 5 R
	Int Rot	28 L 30 R	5 L 5 R
	Adduction	NT L NT R	5 L 5 R
	Abduction	NT L NT R	5 L 5 R
	SLR	48 L 50 R	
Knee	Flexion	WFL L WFL R	5 L 5 R
	Extension	WFL L WFL R	5 L 5 R
	Pop.Angle	NT L NT R	
			5 L 5 R
Ankle	Dorsiflex	WFL L WFL R	5 L 5 R
	Plantarflex	WFL L WFL R	5 L 5 R
	Inversion	WFL L WFL R	5 L 5 R
	Eversion	WFL L WFL R	5 L 5 R
Great Toe	Extension	WFL L WFL R	5 L 5 R

Name: Sean Daley

Date: 12/15/11

Functional Testing

Knee squats (10 reps): Patient demonstrated the ability to perform 10 squats indicating a occasional level. The following compensations were noted: increased symptoms and increased time (taking intermittent rest breaks) 10 repetitions with knee flexion to only 70 degrees and weight shifted on to toes.

Heel raises (10 reps): Patient demonstrated the ability to perform 10 heel raises. The following compensations were noted: slight knee flexion.

Single Leg Balance (10 seconds):
Patient demonstrated the ability to stand on the left for 8 seconds and 5 seconds on the right. The following compensations were noted: intermittent resting of foot on floor. No external assistance.

Sitting (30 min): Patient demonstrated the ability to sit for 30 minutes indicating a constant level. The following compensations were noted: none.

Walking (20 min): Patient demonstrated the ability to walk 5:22 minutes indicating a occasional level. Unable to calculate aerobic capacity due to patient terminating test because of low back pain. Patient reported the speed (2.0MPH) was too fast for his tolerance. The following compensations were observed: increased limp. Peripheralization of symptoms.

Static Standing (30 min): Patient demonstrated the ability to stand for 30 minutes indicating a constant level. The following compensations were noted: none.

Overhead Activity (2 min): Patient demonstrated the ability to perform an overhead activity (less than 1lb.) for 38 seconds indicating a occasional level. The following compensations were noted: patient terminated test due to mid to low back pain. Intermittent resting of wrists on shelf.

Floor to Waist: Patient demonstrated the ability to lift 15 lbs. from floor to waist. The following compensations were noted: limited squat ROM, both hips and knees. Slight trunk flexion and rotation in attempt to reach box.

Waist to Overhead: Patient demonstrated the ability to lift 20 lbs. from waist to overhead. The following compensations were noted: none. Attempted 25# but terminated test due to low back "pinch".

Kneeling (2 min): Patient demonstrated the ability to kneel for 57 seconds indicating a occasional level. The following compensations were noted: none. Patient terminated test due to pain in low back.

Repetitive lumbar flexion (20 reps): Patient demonstrated the ability to forward bend 8 times indicating a occasional level. The following compensations were noted: slow speed and peripheralization of symptoms.

Crawl (25 feet): Patient demonstrated the ability to crawl 13 feet indicating a occasional level. The following compensations were noted: Decreased with increased distance. Patient terminated test due to back pain.

Name: Sean Daley

Date: 12/15/11

Trunk Rotation (30 reps):
Patient demonstrated the ability to rotate their trunk 30 times for side to side indicating a occasional level. The following compensations were noted: decreased speed and ROM with increased repetitions. Resting intermittently due to back pain.

Double Carry (100 ft): Patient demonstrated the ability to carry 20 lbs 100 feet. The following compensations were noted: none. Patient declined further weight due to pain and peripheralization of symptoms.

Single Carry (40ft):
Patient demonstrated the ability to carry 15 lbs. 40 feet. The following compensations were noted: none. Patient declined further weight due to pain and peripheralization of symptoms .

Ladder (2 stepsx10): Patient demonstrated the ability to climb ladder 2 rungs 10 times indicating a frequent level. The following compensations were noted: decreased speed with increased repetitions. Complaints of increased low back symptoms.

Transfers: Patient demonstrated transfers from sit to stand and floor to stand throughout the FCE indicating a frequent level. The following compensations were noted: external assistance with floor to standing and standing to floor transfer.

Static Tests (measured in lbs):

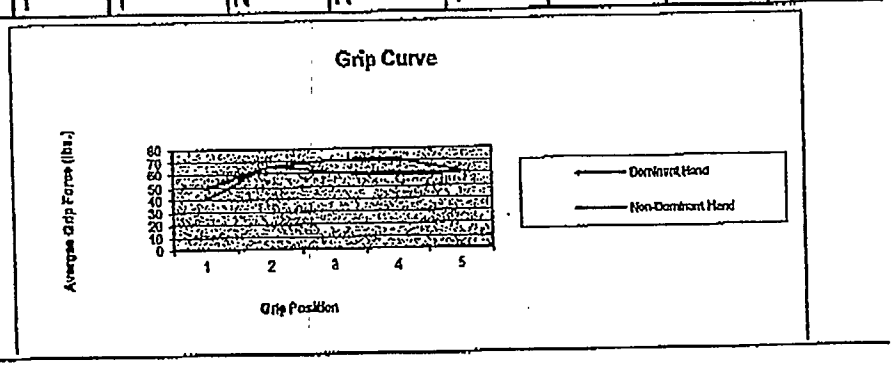
	Push	Pull	Arm Curl	Squat
Trial 1	51	61	50	84
Trial 2	52	54	37	54
Trial 3	49	50	47	59
Trial 4	38	53	39	61
CoVar	13.59%	8.54%	14.42%	20.67%

Name: Sean Daley

Date: 12/15/11

Hand Grip (measured in lbs): Right Dominant

	L1		L2		L3		L4		L5	
	Dom	Non-Dom	Dom	Non-Dom	Dom	Non-Dom	Dom	Non-Dom	Dom	Non-Dom
Trial 1	54	45	70	65	67	65	71	62	70	70
Trial 2	54	46	62	63	56	62	75	62	55	50
Trial 3	40	30	65	71	90	55	68	50	58	58
CoVar	16.38%	22.22%	6.15%	6.28%	24.44%	8.46%	4.92%	11.95%	13.01%	16.97%
wfl M	N	N	Y	Y	N	Y	Y	N	N	N
wfl F	N	N	Y	Y	N	N	Y	N	N	Y



Name: Sean Daley Date: 12/15/11

Functional Capacity Evaluation
Observation and Assessment

Correlation between pain rating and observed behavior: Mr. Daley expressed complaints of increased low back pain with all above activities. He demonstrated decreased speed of task along with complaints of increased pain. According to the Pact Sort test, Mr. Daley's perceived abilities did not approximate the actual PDC level performed, scoring 41. There was a high pain focus noted according to the McGill Pain Questionnaire (scoring 33), the Million Visual Analog Scale (scoring 100.8) and the Dallas pain Questionnaire (4/4 categories scoring greater than 50 %).

Observed body mechanics and material handling ability: Mr. Daley demonstrated good understanding of safe body mechanics and material handling, requiring only minimal verbal cues with placing box on shelf with lifting and squatting form.

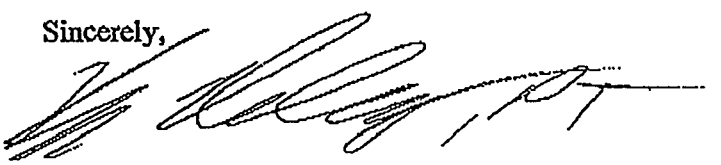
Observed Gross Coordination: WNL.

Are Observed Efforts consistent from task to task? Yes. The Coefficient of Variation for 3/4 static tests were found to be below the accepted cutoff of 15% indicating consistent effort. The coefficient of variation was below the accepted cutoff for grip testing on 4/10 trials indicating inconsistent effort. The curve formed by the grip testing did not approximate the expected bell shaped curve for 2/2 trials indicating inconsistent effort.

Summary:
Mr. Daley achieved a PDC level of Light with a floor to waist lift of 15 pounds. Mr. Daley demonstrated the ability to perform the following activities at a constant level: sitting, standing. The following activities were demonstrated at a frequent level: ladder climbing, transfers. The following activities were demonstrated at an occasional level: squatting, kneeling, crawling, overhead activity, standing trunk rotation, walking, repetitive lumbar flexion. Unable to calculate aerobic capacity due to patient terminating test because of low back pain. Patient reported the speed (2.0MPH) was too fast for his tolerance.

Thank you for the referral of your patient to physical therapy at Elite Physical Therapy. We look forward to assisting you in the care of your patients.

Sincerely,



Ben Roling, PT, DPT, OCS

11

Carolina Case Management
& Rehabilitation Services, Inc.

March 4, 2011

Jeffery Ezell
Attorney at Law
Ezell Law Firm
15 North Irvine Street
Greenville, SC 29601

RE: Sean Daley
CCM #STN010361
Claim #11-217M

Dear Mr. Ezell,

I have been advised by Sean Daley that you are now representing him related to his work injury on 2/9/11. He was notified on 3/2/11 that he has an appointment with Dr. Phinizy McHenry, Orthopedic Surgeon, on 3/16/11 at 8:30 AM. Dr. McHenry is at 111 Doctors Drive, Greenville, SC 29615.

I will attend the scheduled appointment and meet with Mr. Daley *(unless I hear otherwise from you)* and Dr. McHenry to address the following issues:

- The causation and diagnosis related to his work injury of 2/9/11
- Mr. Daley's current complaints and Dr. McHenry's objective findings related to the work injury
- Discuss a goal oriented/time specific plan of care
- Address his work ability for full duty or modified duty; if unable to return to work full duty, I will ask hs projection for full duty release
- Request his projections for maximum medical improvement and PPI
- Request that he complete Form 14B upon his reaching maximum medical improvement

I have included a copy of the Carolina Case Management release of information form for you to have Mr. Daley sign and return to me. Please be advised Section 42-15-95A states *any employee who seeks treatment under WC is thereby giving consent for the release of these medical records to the certified rehab professional – a signed consent is not needed to obtain records for the work injury.*

I have also included a copy of the Form 14B which I will ask the MD to complete once Mr. Daley is deemed at maximum medical improvement.

Kind regards,

Carol S. Powers, RN CCM
Case Manager

CP/mw

cc: Lucia Gonzales – Chapman Mechanical: Lucia.gonzalez@chapmanmech.com
Raymond Burkart – Chapman Mechanical: raymond.burkart@chapmanmech.com
Christina Walden - Adjuster, Stonewood Insurance: cwalden@stonewoodins.com

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

Physician's Statement

Claimant's Name: Sean Daley
Employer's Name: Chapman Mechanical Inc.
Physician's Name: Dr. Phinizy McHenry
Insurance Carrier: Stonewood Insurance
Practice/Clinic: Steadman Hawkins Clinic of the Carolina's
SCWCC File No: _____
Preparer's Name: _____
Phone: (864) 797 - 7159

The undersigned physician has been authorized by the Employer/Carrier to treat this Claimant for his or her injury by accident pursuant to**§§42-15-60, 42-1-172 or 42-11-10.**

Date of Injury or Illness: _____

Date of first office visit: _____ Date of last visit: _____

Diagnosis or nature of injury or illness: _____

Body part(s) injured: _____ Body part(s) affected: _____

Date of **Maximum Medical Improvement**: _____

Based on the **AMA Guidelines**, the claimant has sustained a _____**% loss of use to** _____ injured body part(s) and a _____**% loss of use** to _____ other affected body part(s).

_____The claimant is **able to return to work** without restriction.

_____The claimant is **able** to return to work **with the following restrictions:**

_____

_____

_____The claimant is **unable to return to work** at his or her current employment.

As of the date I last saw this patient, it is **my professional medical opinion** the claimant:

____**will not** need future medical care related to his or her work related injury or illness based on a reasonable degree of medical certainty (more likely than not).

_____**will** need future medical care and treatment related to his or her work related injury or illness based on a reasonable degree of medical certainty (more likely than not) and that medical care and treatment including medication is as follows:

_____

_____

_____

_____ _____
Treating Physician **Date**

Carolina Case Management & Rehabilitation Services, Inc.

SC/03

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

I hereby authorize the release of any and all medical, education, vocational and any other relevant information related to my injury or illness to the representative of Carolina Case Management & Rehabilitation Services, Inc. (CCM). CCM is hereby permitted to review and obtain information and copies of all hospital, medical, employment, vocational and other related records and to discuss pertinent information with professionals involved in my rehabilitation program. I hereby give permission for the CCM representative to share and release the information with healthcare providers, third party administrators, State Workers Compensation Boards if required by law, employers and insurers who may be involved in my treatment, rehabilitation assessment or plan as needed. I hereby release CCM from any liability or loss due to the release of any such information.

This authorization for the release of information shall remain in effect for one year (or the time limited by applicable law, if less) from the date of signature, although I recognize that CCM will retain the right to keep all of the aforementioned documents and records in perpetuity.

I also understand that I may revoke this authorization (except to the extent that action has been taken reliance thereon) at any time by written, dated communication. I certify this authorization has been made voluntarily and that the information given herein is accurate to the best of my knowledge.

A PHOTOCOPY OF THIS AUTHOIRZATION SHALL HAVE THE SAME VALIDITY AS THE ORIGINAL.

Signature: _____ Date: _____

Print Name: Sean Daley SSN#: 161-58-7911

Address: 9 Arrington Avenue
Greenville, SC 29617

Witness: _____

Carolina Case Management
& Rehabilitation Services, Inc.

REGULAR AND CERTIFIED MAIL
7010 2780 0003 4655 2378

March 2, 2011

Sean Daley
9 Arrington Avenue
Greenville, SC 29617

RE: Appointment
CCM #11-217M
FILE #STN010361

Dear Mr. Daley

As per our conversation, you have been scheduled for an orthopedic appointment as requested by your employer and the insurance carrier. The appointment is as follows:

Wednesday, March 16, 2011 at 8:30 AM
Dr. Phinizy McHenry
111 Doctors Drive
Greenville, SC 29615
(864) 757-7150 please call the physician's office for directions

I plan to meet you at this appointment to discuss with you and MD your diagnosis, prognosis, treatment recommendations and return to work issues.

Please notify me within 24 hours of the appointment if you are not able to attend. You may reach me at (864) 595 0285.

As discussed, please bring your MRI film with you to this appointment.

Sincerely,

Carol S. Powers, RN CCM
Case Manager

CP/mw

Cc: Christina Walden – Adjuster, Stonewood Insurance
Jeffrey Ezell – Plaintiff Attorney, Ezell Law Firm (jezell@bellsouth.net)

Carol Powers

From: Carol Powers [powersprn@gmail.com]
Sent: Wednesday, March 02, 2011 8:37 PM
To: 'Sean'
Subject: Sean Daley: Claim #: STN010361; CCM# 11-217M - APPOINTMENT DATE FOR INITIAL VISIT AND MD

Importance: High

Sean, Thank you for the information. I will plan to meet you at your office at 10:30 AM for our initial interview.

Additionally, your appointment with the doctor is as follows:

Wednesday; March 16, 2011 at 8: 30 AM
Dr. Phinizy McHenry
111 Doctors Drive
Greenville, SC
(864) 797-7150 Please contact the physician's office for directions if needed.

Let me know you received this message; thank you!

Carol Powers, RN CCM
Carolina Case Management and Rehab Services
118 Wind Chime Court
Raleigh, NC 27615
Ph: (864) 595-0285
Fx: (864) 641-3148

Confidential Notice: This e-mail and any attachments may contain confidential & privileged information for use of designated recipients named above. If you are not the named recipient, you have received this in error and disclosure, distribution, and copying is prohibited. If received in error, please destroy all copies and notify sender immediately. Thank you.

Christina Walden

From: Carol Powers [powersprn@gmail.com]
Sent: Friday, March 04, 2011 12:18 PM
To: J. Ezell; J. Spruell, Paralegal to J. Ezell
Cc: 'Lucia Gonzalez'; 'Ray Burkart'; Christina Walden
Subject: Sean Daley: Claim #: STN010361; CCM# 11-217M
Attachments: daleyS, Form 14B, 3-4-11.pdf; daleyS, consent, 3-4-11.doc; daleyS, Letter to PLT ATTY 3-4-11.doc; JOB DESCRIPTION PLUMBING MECHANIC.pdf

Mr. Ezell,
Here is a copy of the job description received from Mr. Daley's employer. I have also included the consent and the Form 14B to go along with the letter sent this AM. The job description will also be discussed with Dr. McHenry at the appointment on 3/23/11.

Carol Powers, RN CCM
Carolina Case Management and Rehab Services
118 Wind Chime Court
Raleigh, NC 27615
Ph: (864) 595-0285
Fx: (864) 641-3148

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INITIAL MEDICAL REPORT # 1

CLIENT: Sean Daley
DIAGNOSIS: Lower back bruise
DOI: 2/9/2011
CCM FILE#: 11-217M
REPORT DATE: 03/15/2011

ACCOUNT: Stonewood Insurance
ADDRESS: PO Box 97308
Raleigh, North Carolina 27624-7308
ADJUSTER: Christina Walden
CLAIM #: STN010361
EMPLOYER(EOI): Chapman Mechanical Inc.

REFERRAL GOAL: *MEDICAL MANAGEMENT*

APPROVED TREATING PHYSICIAN/PHYSICIANS:

Dr. Timothy McHenry
Steadman Hawkins Clinic of the Carolinas
111 Doctor's Drive
Greenville, SC 29615

PHYSICIANS SEEN TO DATE:

Dr. David Li (his family MD no longer seeing for previous injury)
New Horizon Family Health Services
130 Mallard Street
Greenville, SC 29601

Pardee Hospital Emergency Room
800 North Justice Street
Hendersonville, SC 28791

North Greenville Hospital
Department of Emergency Medicine
N. Main Street
Travelers Rest, SC 29690

DIAGNOSIS:

- Right flank subcutaneous hematoma and back spasms status post fall

MEDICAL/SURGICAL HISTORY:

- Mr. Daley is a 31 year old male who reports falling about 10 feet from a ladder at work on 2/9/11. He reports a history of chronic low back pain radiating down his legs; now experiencing back and rib pain after the fall. Prior to injury, notes reveal he receives #30 Lortab (to take at night) from Dr. Li.
- He provided a prior MRI report of the lumbar spine taken on 11/19/10: focal posterior central disc extrusion which barley migrates inferiorly behind the

superior endplate of L5 attenuates fat in the anterior epidural space; situated between both traversing S1 nerve roots without clear cut displacement of either nerve root. Questions what is responsible for bilateral leg pain (prior lumbar plain films 10/28/10).

- He was transported via ambulance to Pardee Emergency in Hendersonville, NC; treated and released. CT of the chest, abdomen and pelvis were reported as negative.
- He was seen at North Greenville Hospital Emergency Room on 2/10 and o n 2/21/11; diagnosed as status post fall with right subcutaneous hematoma and back spasms. He was given Demerol 50 mg injection and Phenergan 25 mg injection. He was seen by Dr. Prasun H. Mehta and attended by Dr. John O'Connell. Prescriptions given for Percocet 10/325 #20 every 4 hours and Soma 350 mg: 1 table twice a day. Upon discharge he was told to see WC doctor for this injury.
- He is scheduled for evaluation and treatment with Dr. Timothy McHenry on 3/16/11.

MEDICATIONS:

- Mr. Daley reported he had prescriptions for pain medications but he was now out of them
- No regular medications per attorney

MEDICAL INFORMATION:

2/23/2011

- File Review
- Contacted Mr. Daley, discussed CM role and that I have to obtain medical records before I coordinate appointment for him. He reports his back still hurts and ribs hurt when he wakes in the morning. He had to go to North Greenville Hospital to obtain pain medication; given Percocet. Helping only for short time. Requested he pick his MRI disc up to bring with him to the appointment. He agreed to fax a copy of the MRI report (prior to his injury) to me so that this can be sent to the MD for review.
- Contacted employer, spoke with Lucia Gonzales in Greenwood, NC office. She gave me Mr. Jimmy Champion's phone number in the Greenville, SC office to contact regarding return to work and medical issues. Assured her that I will copy her on all correspondence. Requested copy of job analysis; she is to email to me.
- Email request for medical record for date of service 2/9/11 to Pardee Hospital; copied all parties.
- Email request for job analysis to employer as requested by Lucia; copied to adjuster. Provided with contact information.
- Call to and from Jimmy Champion, Mr. Daley's supervisor. Spoke with him about Mr. Daley indicating to them that he wants to return to work full duty. I told him I spoke with him and he is still complaining of a lot of symptoms. Informed I am in process of getting him an appointment with orthopedic doctor.
- Faxed request for ER notes from Greenville Hospital System Medical records
- Email to employer confirming request for job description and that Mr. Daley is working light duty sedentary position reviewing invoices; copied to adjuster.
- Email from adjuster requesting that updates be faxed to her.
- Contacted adjuster, discussed file direction; to coordinate appointment with local

orthopedic.

2/25/2011

- Email to and from adjuster requesting whether she would like email updates or fax all correspondence; she prefers updates be faxed to her.

2/28/2011

- Spoke with Mr. Daley. He inquired about whether I made his appointment I told him that I was still waiting on obtaining his medical records and would inform him when I coordinate the appointment.
- Email employer asking whether she prefers fax or email updates. Received an email from the employer, Lucia Gonzales that she is OK with email of updates.

3/1/2011

- Email to Pardee requesting notes. Copied all parties.

3/2/2011

- Call from employer at 7:16 PM on 3/1/11, requested call back. Returned call and left message and gave him my number to call back
- Call to Mr. Daley; he wanted to know when he would be able to get an appointment. I told him I am at the MD office now to request an appointment. He said he "did not tell his employer that he was ready to return to work full duty"; he told them he would "like" to return to work full duty but he wants to see the doctor to determine what is going on with his back first.
- Talked to Nancy Easley at MD office while attending another clients appointment regarding appointment w/ Dr. McHenry as soon as possible. She requested that I send what medicals I have via email and she would see if Dr. McHenry would agree to see him at the earliest appointment.
- Reviewed email from Pardee Hospital sent this AM. Diagnosis is blunt force trauma right CVA, questionable kidney trauma and fractured ribs
- Reviewed notes from North Greenville Hospital system.
- Email again to Pardee Hospital requesting records. Reply from Susan Lawrence that they were forwarded to the carrier on 2/14/11. Email to employer that I received notes from Mr. Daley along with the previous MRI report. Will call ER again to obtain notes
- Spoke with Nancy at Dr. McHenry's office; scheduled appointment for 3/16/11 at 8:30 AM.
- Email from employer, Ms. Bralley, thanking me for expediting appointment. Indicated she had received copies of the medical notes from Pardee Urgent Care, North Greenville Hospital and waiting on Pardee Hospital to fax to me.
- Email to Mr. Daley informing him of the appointment to meet with him at his office on 3/16/11. Email from Mr. Daley informing me that he has retained an attorney, Jeffery Ezell.
- Email to Mr. Daley thanking for sending the medical notes and informing him of the agreed upon initial visit at the office. Also notified of the appointment with Dr. McHenry.
- Letter to Mr. Daley to notify of appointment with Dr. McHenry; regular and certified and copied to all parties.

3/3/2011

- Email from Mr. Burkart that Mr. Daley is now represented. Asked to direct Mr. Daley's inquires to myself.

3/4/2011

- Email letter to Dr. McHenry related to questions I will ask at the appointment on 3/16/11; sent copy to all parties. Attached job description and copied to all parties.
- Letter to Mr. Daley's attorney to verify notification of his representation and provided with date of appointment with Dr. McHenry. Questions that will be discussed with Dr. McHenry provided.
- Call from adjuster requesting whether I have a letter of representation from client's attorney. I did not but told her I would call and obtain one.
- Call to Mr. Ezell to inquire about the letter of representation; his secretary is out and he will send an email to me regarding his representation.
- Received email from Mr. Daley's attorney re: representation and stipulations with working with Mr. Daley. Email to adjuster requesting whether this was sufficient notification of representation; she indicated it was.
- Email from Caroline, CM, with job description.
- Copy of job description sent to all parties.
- Email from client's attorney indicating he is not pleased with my communication with Dr. McHenry and withdraws his approval for me to work with Mr. Daley. Requests all communication must be made through his office.
- Email from carrier. CM provided with PT notes.
- Reviewed job description.
- Asked the account and employer who they would like to have copied on all correspondence. Reply from Mr. Burkhart requesting to copy Jenny Bralley, Jimmy Champion, Lucia Gonzalez and himself on all correspondence.
- Email to client's attorney with copy of the job description that I will share with Dr. McHenry on 3/16/11 appointment. Also notified him that I would send the Form 14B at a later date. Copied to all parties.
- Copy of job description to Dr. McHenry and questions that will be addressed at the MD appointment on 3/16/11. Copy to all others.

3/6/2011

- Email to Mr. Ezell on 3/4/11 regarding response to his letter regarding the communications with the MD. Provided with rehab rules I will comply with. On 3/6/11 he responded that he was only upset about discussing causation and MMI with Dr. McHenry on the first appointment.

3/7/2011

- Email from Jenny Bralley at Chapman Mechanical informing me that the attorney and Mr. Daley were waiting for me to arrive at the meeting.
- Called Chapman Mechanical and spoke with Jimmy Champion and Mr. Ezell. I explained that I was told by the attorney that I was not to have contact with Mr. Daley. He did not indicate the initial appointment at the office would take place. Discussed sending the Form 14B and the rehab rules with employer and attorney. I offered to

set up appointment. Mr. Ezell reported I could meet at his office for the initial interview. He asked that I call his office and set up an appointment to meet at his office.

3/8/2011

- I met with Mr. Jeffery Ezell, Mr. Daley's attorney, at the attorney office. Mr. Daley was not present. Discussed case management role, obtained permission to meet with Mr. Daley at the MD appointment in the presence of the MD, otherwise all communications will be through Mr. Ezell. Consent form can be signed by Mr. Daley at the appointment per Mr. Ezell.

3/15/2011

- Several calls from and to Mr. Raymond Burkhart requesting call back.
- Contacted Mr. Ezell's office to schedule appointment for initial appointment. Meeting set for 3/8/11.
- Email from adjuster request to add defense attorney to correspondence. Steve Rudisill with Rudisill, White and Kaplan, Ste. 1440, 212 S. Tryon St., Charlotte NC 28281.

TREATMENT RECOMMENDATIONS/PLAN:

- Take medications as prescribed; no driving on Roxicodone
- No lifting or heavy exertion
- Off work x 2 days
- See private MD in one week
- Return if worse
- Future treatment plan per Dr. McHenry's recommendations

MMI PROJECTION:

- To be determined by Dr. McHenry

PPI PROJECTION:

- To be determined by Dr. McHenry

RETURN TO WORK DATE OR PROJECTION:

- Mr. Daley returned to work light duty; full duty to be discussed with Dr. McHenry on 3/16/11

POSITION HELD PRIOR TO INJURY:

- The employer reports Mr. Daley is employed as a plumber

MODIFIED DUTY AVAILABILITY:

- Yes, per employer

EDUCATION:

- Unknown per attorney

TRANSPORTATION/DRIVING ABILITY ISSUES:

- No per attorney

ADDITIONAL PERTINENT INFORMATION:

- Mr. Daley has retained an attorney who only allows communication with him through his office; I can meet with him in the presence of the physician at the appointments.

CASE MANAGEMENT PLAN/RECOMMENDATIONS:

- Attend the appointment on 3/16/11 at 8:30 with Dr. McHenry to address the following: treatment plan, return to work issues, MMI outlook
- Discuss recommended plan of care with adjuster and employer
- Coordinate treatment approved by the carrier
- Update all parties simultaneously after each appointment
- You can anticipate the next report by 3/21/11

SINCERELY,

Carol Powers RN, CCM
Case Manager

Tonya Ballard MS, CDMS
Supervisor

Enc.:

Email to client 3-2-11
Email from er, 3-3-11
Email from adjuster; 3-15-11

cc:

Raymond Burkart; Champion Mechanical:raymond.burkart@chapmanmech.com
Jenny Bralley; Champion Mechanical: jennifer.bralley@chapmanmech.com
Jimmy Champion: Champion Mechanical: Jimmy.Champion@chapmanmech.com
Lucia Gonzalez Champion Mechanical: Lucia.gonzalez@chapmanmech.com
Jeffery Ezell, Attorney at Law: jezell@bellsouth.net
Janet Spruell: Paralegal to J. Ezell: janetspruell@bellsouth.net
Steve Rudisill, Attorney at Law: steverudisill@rwklawfirm.com

MEDICAL PROGRESS REPORT # 2

CLIENT: Sean Daley
DOI: 2/9/2011
CCM FILE#: 11-217M
REPORT DATE: 04/01/2011

ACCOUNT: Stonewood Insurance
ADDRESS: PO Box 97308
Raleigh, North Carolina 27624-7308
ADJUSTER: Christina Walden
CLAIM #: STN010361
EMPLOYER(EOI): Chapman Mechanical Inc.

DIAGNOSIS: Axial low back pain from degenerative disc disease

PERTINENT INFORMATION THIS REPORT PERIOD:

- Mr. Daley was evaluated by Dr. Timothy McHenry, orthopedic Spine Surgeon, on 3/16/11
- He is not a surgical candidate at this time
- Referred to pain management for evaluation and treatment
- His initial appointment with Dr. Robert LeBlond, PMR, is 4/22/11 at 8:00 AM
- He is working sedentary duty

SPECIFIC MEDICAL INFORMATION:

3/16/2011

- I attended the appointment at the office of Dr. Timothy McHenry, Orthopedic Surgeon. Mr. Daley had been taken to a room when I arrived. After considerable wait, Dr. McHenry came to get me and take me into the examination room with Mr. Daley. He asked him some questions and reviewed the MRI disk Mr. Daley brought with him then he asked him to stand up for him to examine him. When questioned, Dr. McHenry indicated he had not met with Mr. Daley or examined him before he brought me back. I then excused myself from the room and told him that I would return when he had seen him in private. After the examination was complete, the MD called me back to the examination room. Dr. McHenry reported:
    - Mr. Daley reported to him that he has been treated for low back pain in the past
    - He has been on Lortab since November 1, 2010 1 times a day; prescribed by Dr. Daniel Li - GP
    - His pain is worse since the injury he is now having a great deal of discomfort with persistent pain in low back, mid back and right sided rib pain and a vibrating sensation going down his left leg 1-2 times a day lasting for 5-10 minutes intermittently
    - He also noted he complained of left knee pain but was told it is an old injury which has been bothering him before the work accident

- He has not been taking any medications since he ran out of the medications prescribed from North Greenville, SC Hospital emergency room.
- He told the MD that the medications that he reported on his intake sheet were ones that he has had prescribed for him in the past. (Dr. Li had been prescribing 30 Lortab a month; his attorney sent him to a Dr. on 3/15/11; he thinks Dr. Porter, who gave him a prescription for 10 Lortab)
- Dr. McHenry's observation: his spine is Lordotic (an inward curvature of a portion of the veterbral column), he is doing an awful lot of splinting due to the discomfort, he shows poor range of motion to the back; sensory is intact to lower extremities, there are no impingement signs and no neurological dysfunction
- Previous MRI shows degenerative disc disease at L4-5 level with slight loss of disc space
- He is a smoker (trying to stop per Mr. Daley)
- Diagnosis: Axial back pain exacerbated by the fall with pain in the right ribs and upper back
- Not well addressed by surgery: this would be best addressed non-surgically with Physical Medicine and Rehabilitation physician
- He would not prescribe narcotics at this time and stated the goal would be to get off narcotics at this point and take over the counter medications as directed
- He may continue light duty limited to sedentary type work until seen by Physical Medicine and Rehabilitation
- Mr. Daley signed the consent form (as permitted by his attorney)
- When we left the office, the receptionist provided me an out of work note until Mr. Daley is seen by the PMR. When questioned, Kathy, Dr. McHenry's assistant clarified the work status and provided the appropriate form as discussed during the meeting with Mr. Daley and the MD

- Left message and request to call back with Tina Walden regarding the outcome of the appointment with Dr. McHenry and his referral to PMR.
- Contacted employer and had a lengthy conversation with Lucia regarding the work status and outcome of Mr. Daley's appointment with Dr. McHenry and the client's attorney's conversation. Told her I do have a call in to the adjuster to discuss the recommended treatment plan and will call her once I hear from her.
- After the appointment, I received several calls from the client's attorney indicating that I need to contact him immediately as he has some serious issues which he was unhappy about that Mr. Daley told him regarding the appointment (he was in his office at the time) He said he did not think we were on the same page yet and it was urgent that I contact him immediately.

the carrier before I could forward but would notify him as soon as I knew.

- Emailed update regarding the MD appointment to all parties along with work note and consent.
- Faxed update to carrier with work note and consent attached. Request call to discuss referral to PMR.
- Call from adjuster, authorizes Dr. David Shallcross at Upstate Medical Rehab and ProAxis therapy for if recommended.
- Call to Ann at Upstate Medical Rehab; request call back.
- Email consent and work note to all parties.
- Faxed update to adjuster as requested

3/17/2011

- Call from Ann at Upstate Medical Rehab office attempted to schedule appointment with Dr. Shallcross but he is not available until May 2011' appointment scheduled for Dr. Robert LeBlond. Discussed availability of medical notes: they are able to see notes in GHS electronic medical records.
- Email copied to me from Mr. Ezell, Mr. Daley's attorney.

3/18/2011

- Email to all parties that I have emailed the records to Ann at Dr. Shallcross' office and Mr. Ezell said he would notify Sean of the appointment.
- On 3/17/11 I emailed all parties that I have scheduled an appointment with Dr. Robert LeBlond for April 22, 2011 at 8:00 AM. Received email back from attorney that he would notify Mr. Daley of the appointment.

3/21/2011

- Email to and from client attorney about my calling Dr. LeBlond's office Dr. Shallcross' office; explained they are in the same practice and that is what I usually call it apologized for confusion.

4/1/2011

- Received and reviewed Dr. McHenry's 3/16/11 office note; confirms appointment outcome.
- Faxed MD note to adjuster as requested.
- Emailed copy of MD note to all parties.

1. CURRENT RETURN TO WORK STATUS/CAPABILITIES

- Per Dr. McHenry, Mr. Daley may work light duty at sedentary position until seen by the Dr. LeBlond
    - Mr. Daley is working light duty

2. RESULTS OF EMPLOYER CONTACT THIS REPORTING PERIOD

- Updated on outcome of appointment with Dr. McHenry, notified of appointment with Dr. Robert LeBlond
- Contacted to discuss current work status; pending return call

Date: 04/1/11

Name of Contact: Lucia Gor[illegible]lez

Title of Contact: WC Coordinator

3. JOB ANALYSIS

- Job description provided to Dr. LeBlond via EMR with Greenville Hospital Systems

ADDITIONAL INFORMATION/ASSESSMENTS:

- Mr. Daley is represented by attorney who will not allow direct contact with him

CASE MANAGEMENT PLAN/RECOMMENDATIONS:

- I will attend the appointment with Dr. Robert LeBlond on 4/22/11 at 8:00 AM, to obtain information as follows:
- Current medical status, goal oriented/time specific plan of care, readdress work ability for modified and full duty as well as projections for maximum medical improvement and PPI rating:
- Provide and discuss recommendations with adjuster and employer; coordinate care as indicated
- Obtain completed Form 14B once Mr. Daley has reached maximum medical improvement
- Submit reports to all parties simultaneously
- Next report to be completed by 4/27/11 or before as file activity indicates

SINCERELY,

Carol Powers RN, CCM
Case Manager

Tonya Ballard MS, CDMS
Supervisor

Enclosures:

Email to all parties and from attorney, 3-17-11

cc:

Raymond Burkart; Champion Mechanical:raymond.burkart@chapmanmech.com
Jenny Bralley; Champion Mechanical: jennifer.bralley@chapmanmech.com
Jimmy Champion: Champion Mechanical: Jimmy.Champion@chapmanmech.com
Lucia Gonzalez Champion Mechanical: Lucia.gonzalez@chapmanmech.com
Jeffery Ezell, Attorney at Law: jezell@bellsouth.net
Janet Spruell: Paralegal to J. Ezell: janetspruell@bellsouth.net
Steve Rudisill, Attorney at Law: steverudisill@rwklawfirm.com

MEDICAL PROGRESS REPORT # 3

CLIENT: Sean Daley
DOI: 2/9/2011
CCM FILE#: 11-217M
REPORT DATE: 05/16/2011

ACCOUNT: Stonewood Insurance
ADDRESS: PO Box 97308
Raleigh, North Carolina 27624-7308
ADJUSTER: Christina Walden
CLAIM #: STN010361
EMPLOYER(EOI): Chapman Mechanical Inc.

DIAGNOSIS: Mechanical back pain; sacroiliitis with significant myofascial pain; neurologically stable

PERTINENT INFORMATION THIS REPORT PERIOD:

- Mr. Daley was evaluated by Dr. Robert LeBlond on 4-13-11 for pain management as recommended by Dr. McHenry
- He was returned to work with restrictions (sedentary with no lifting more that 20 lbs) awaiting confirmation from employer whether they are able to accommodate with description of light duty job
- He was transferred to ProAxis Spine Center location at the request of the PA
- Dr. LeBlond indicated he may consider further work up and/or fluoroscopic guided SI joint injection should he not improve within the next month
- His next appointment is with David Goldsmith, PA on 5/25/11

SPECIFIC MEDICAL INFORMATION:

3/16/2011

- Spoke with adjuster and instructed to make appointment with Dr. LeBlond.
- I attended the appointment at the office of Dr. Timothy McHenry. Mr. Daley had been taken to a room when I arrived.
- After considerable wait, Dr. McHenry came to get me to take me into the examination room with Mr. Daley.
- He asked him some questions and reviewed the MRI disk Mr. Daley brought with him then he asked him to stand up for him to examine him. When questioned, Dr. McHenry indicated he had not met with Mr. Daley or examined him before he brought me back. I then excused myself from the room and told him that I would return when he had seen him in private. After the examination was complete, the MD called me back to the examination room. Dr. McHenry reported:
    - Mr. Daley reported to him that he has been treated for low back pain in the past
    - His pain is worse since the injury he is now having a great deal of discomfort with persistent pain in low back, mid back and right sided rib

pain and interm[illegible]nt anterior lateral thigh "vibrations" si[illegible] the injury [illegible]

- He also noted left knee pain but he told Dr. McHenry it is an old injury which has been bothering him before the injury
- He has not been taking any medications since he ran out of the medications prescribed from North Greenville, SC Hospital emergency room.
- He told the MD that the medications that he reported on his intake sheet were ones that he has had prescribed for him in the past. (Dr. Li had been prescribing 30 Lortab a month; his attorney sent him to a Dr. on 3/15/11; he thinks Dr. Porter, who gave him a prescription for 10 Lortab)
- His observation: his spine is Lordotic (an inward curvature of a portion of the vertebral column), he is doing an awful lot of splinting due to the discomfort, he shows poor range of motion to the back; sensory is intact to lower extremities, there are no impingement signs and no neurological dysfunction
- Previous MRI shows degenerative disc disease at L4-5 level with slight loss of disc space
- He is a smoker (trying to stop per Mr. Daley)
- Diagnosis: Axial back pain exacerbated by the fall with pain in the right ribs and upper back
- Not well addressed by surgery: this would be best addressed non-surgically with Physical Medicine and Rehabilitation physician
- He would not prescribe narcotics at this time and stated the goal would be to get off narcotics at this point and take over the counter medications as directed
- He may continue light duty limited to sedentary type work until seen by Physical Medicine and Rehabilitation
- Mr. Daley signed the consent form (as permitted by his attorney)

3/17/2011

- Spoke with Ann at Dr. Shallcross' office; he is not able to see him until May. Dr. Robert LeBlond can see him on April 22, 2011 at 8:00 AM. The other MD in his office does not have an appointment until April either. Told her I will contact her after discussing with the carrier.

3/18/2011

- Emailed copy of records to Ann at Dr. LeBlond's office.
- Email to all parties and from attorney regarding notification and request attorney inform Mr. Daley of appointment with Dr. LeBlond. Acknowledge from Mr. Daley's attorney that he will notify him of the appointment.

4/1/2011

- Call to Ann at Dr. LeBlond's office; appointment scheduled for evaluation and treatment for 4/22/11 at 8:00 AM.
- Left message with Lucia to inquire about Mr. Daley's current work status in sedentary position.

4/7/2011

- Called Mr. Rudisill to discuss issues related to light duty. He asked me to let him contact the client's attorney back to discuss. He will be on vacation for 2 weeks after that but will have someone covering for him.

- Email to client attorney response from his request to call about light duty; I told him the defense attorney will be contacting him.
- Call from attorney requesting call back to discuss issues regarding light duty job
- Email to and from attorney regarding the job issues for light duty; and informed him that the defense attorney will be contacting him to discuss further. Copied all parties.

4/13/2011

- Email from paralegal; Janet Spruell, Mr. Daley came to office after seeing Dr. LeBlond. Prescribed PT at ProAxis on Grove Road. Also provided with RX for Lortab 10 and Zanaflex 2 mg for pain. Request expedite for approval with authorization for medications at CVS on Old Buncombe Road 864-371-3651. Replied to her that the appointment was scheduled for the following week and I would have to obtain authorization from the adjuster before coordinating the plan of care.
- Email to Ann at Dr. LeBlond's office, requesting MD note. Ann indicated would send when available in few days.
- Email from client attorney explaining earlier appointment. Request contact if run into any resistance in getting plan of care coordinated.

4/15/2011

- Email from carrier requesting client pick up medications as before and have them billed. To get back with me on PT.

4/18/2011

- Email from Ann at MD office, appointment rescheduled as the MD office closed for Good Friday. Notified all parties of same.

4/19/2011

- Received and reviewed Dr. LeBlond's note.
- Diagnosis: Mechanical back pain after fall at work, Sacroiliitis with significant myofascial pain.
- Plan of care: physical therapy at Grove Road ProAxis 2 times a week for 4 weeks, Lortab 10/500 mg 1 tab every 8-12 hours #60, Soma Tablet 350 mg four times a day, Zanaflex 2 mg one at bedtime for one week then 1 tab twice a day #30, continue Mobic, Discontinue Flexeril, Consider further work up and/or SI joint injection, fluoroscopic guided should he not improve over the four weeks.
- Return to work: "excused from 4/7/11 due to him being out of work with no light duties for him to perform". He can return to light duty restriction only: sedentary duties limiting his lifting to 15-20 lbs
- Emailed MD note to all parties. Request if PT is authorized and if light duty can be accommodated.
- Efaxed update to adjuster, request if PT approved.
- Email from Carrier, approved PT.
- Prepare fax to PT
- Faxed authorization for 16 visits PT through ProAxis on Grove Road as requested by Dr. Robert LeBlond.
- Email confirmation for approved therapy at Grove Road ProAxis to all parties.

4/20/2011

- Voice message from client attorney requesting call back to discuss issues regarding light duty job.

5/16/2011

- Call to MDO for next follow up appointment. Left voice message requesting call back. Also contacted PT; told Mr. Daley saw David Goldsmith at Dr. LeBlond's office of 5/11/11 and was referred to ProAxis Spine Center for manual therapy as the therapist at Grove Road had not been able to help him. I spoke with Macala who is to fax a copy of the new RX to me. He is scheduled to be seen three times a week T-T-F this week. With reevaluation by therapist on 5/17/11.
- Email to employer to ascertain if they were able to provide a light duty job description and accommodate MD restrictions; copied all parties. Also requested to change appointments or attend PT appointment due to scheduling conflict; awaiting response from client attorney.

1. CURRENT RETURN TO WORK STATUS/CAPABILITIES

- Per Dr. LeBlond he may work sedentary with no lifting over 20 lbs.
    - Awaiting confirmation from employer regarding accommodation of light duty.

2. RESULTS OF EMPLOYER CONTACT THIS REPORTING PERIOD

- Updated on outcome of appointment with Dr. Robert LeBlond on 4/20/11 per MD notes as Mr. Daley's appointment was rescheduled by Dr. LeBlonds office.
- Contacted to confirm current work status

Date: 5/16/11

Name of Contact: Lucia Gonzalez

Title of Contact: WC Coordinator

3. JOB ANALYSIS

- Job description provided to Dr. LeBlond

ADDITIONAL INFORMATION/ASSESSMENTS:

- Mr. Daley is represented by attorney who will not allow direct contact with his client.
- Current medications: Lortab 10 mg every 8-12 hrs for severe pain, Continue Mobic, Zanaflex 2 mg at bedtime for one week then 1 twice daily

CASE MANAGEMENT PLAN/RECOMMENDATIONS:

- I will arrange coverage for the appointment with the PA, David Goldsmith on 5/25/11 if attorney will not agree to change in the appointment due to a scheduling conflict
- Will discuss the following: progress towards goals in therapy, current medical status, goal oriented/time specific plan of care, readdress work ability for modified and full duty as well as projections for maximum medical improvement and PPI.
- Attend PT appointment prior to the next MD appointment to discuss any issues and obtain progress toward goals
- Provide and discuss recommendations with adjuster and employer; coordinate care as

indicated

- Obtain completed Form 14B once Mr. Daley has reached maximum medical improvement
- Submit reports to all parties simultaneously
- Next report to be completed by 5/29/11 or before as file activity indicates

SINCERELY,

Carol Powers RN, CCM
Case Manager

Tonya Ballard MS, CDMS
Supervisor

Enclosures:

cc:

Bradley Smith, Attorney at Law: Rudisil, White and Kaplan: bradleysmith@rwklawfirm.com
Raymond Burkart; Champion Mechanical:raymond.burkart@chapmanmech.com
Jenny Bralley; Champion Mechanical: jennifer.bralley@chapmanmech.com
Jimmy Champion: Champion Mechanical: Jimmy.Champion@chapmanmech.com
Lucia Gonzalez Champion Mechanical: Lucia.gonzalez@chapmanmech.com
Jeffery Ezell, Attorney at Law: jeff@jeffezelllawfirm.com
Janet Spruell: Paralegal to J. Ezell: janet@jeffezelllawfirm.com

MEDICAL PROGRESS REPORT # 4

CLIENT: Sean Daley
DOI: 2/9/2011
CCM FILE#: 11-217M
REPORT DATE: 05/25/2011

ACCOUNT: Stonewood Insurance
ADDRESS: PO Box 97308
Raleigh, North Carolina 27624-7308
ADJUSTER: Christina Walden
CLAIM #: STN010361
EMPLOYER(EOI): Chapman Mechanical Inc.

DIAGNOSIS: Mechanical back pain; sacroiliitis with significant myofascial pain; neurologically stable

PERTINENT INFORMATION THIS REPORT PERIOD:

- Mr. Daley was evaluated by Dr. Robert LeBlond's PA, David Goldsmith on 5/25/11
- Medications changed
- Recommends continue with PT at the Spine Center
- Restrictions (sedentary with no lifting more that 20 lbs) remain the same
- David indicated Dr. LeBlond may consider further work up and/or fluoroscopic guided SI joint injection should he not improve with therapy
- His next appointment is with David Goldsmith, PA on June 17, 2010 at 11:15 AM

SPECIFIC MEDICAL INFORMATION:

5/17/2011

- Email from employer: Mr. Daley is no longer employed by Chapman. Copied to all parties. Email back from client attorney withdrawing contact with Mr. Daley and with providers only in the client presence.
- Email from MD office: appointment scheduled for 05-25-11 @ 1:00 to see the PA, David Goldsmith
- Reviewed email from client attorney, he has copied all parties regarding 5/25/11 appointment and job status.
- Email response to client attorney indicating the carrier has requested continued CM with file.

5/25/2011

- Received and reviewed PT update from the Spine Center. Overall he exhibits improvement in mobility and gait. He is to continue with goal to decrease spasms, education, manual and active treatment.
- I attended the appointment at the office of Upstate Medical Rehab. Mr. Daley was seen in private prior to my meeting with the PA, David Goldsmith in Sean's presence.

No communication was made with Mr. Daley per attorney request. The PA reported:

- Sean was only to be seen for medication refill nothing else has changed from Dr. LeBlond's plan of care
- Sean has only had two visits with Tom at the Spine Center but he feels he is making some progress with the new therapist
- He will be seen again by the PA for the next two months for medication refills and then he will see Dr. LeBlond for reevaluation (he agreed to reevaluate him in 4 weeks to determine if he has reached his goals in therapy and to determine if further work up or SI injection is needed per Dr. LeBlond's initial plan of care)
- Prescriptions were changed as they are helping but he would like to increase them for full benefit: He is to take Zanaflex 2 mg four times a day #120 and Lortab three a day #90
- Since Mr. Daley had early intervention, his prognosis is good
- He is to continue with PT three times a week until seen for reevaluation on June 17, 2011 at 11:15 AM
- I will attend this appointment and discuss with the PA Mr. Daley's progress towards goals in physical therapy, response to the medications and his future plan of care
- I will address projections for return to work at that time

- Emailed appointment update to all parties. Received acknowledgement of update from employer, Ray Burkhart
- Update faxed to adjuster.

1. CURRENT RETURN TO WORK STATUS/CAPABILITIES

- Per Dr. LeBlond he may work sedentary with no lifting over 20 lbs.
  - He has been terminated from the employer and is not working

2. RESULTS OF EMPLOYER CONTACT THIS REPORTING PERIOD

- Updated on outcome of appointment with PA 5/25/11

Date: 5/25/11

Name of Contact: Lucia Gonzalez

Title of Contact: WC Coordinator

3. JOB ANALYSIS

- Job description provided to Dr. LeBlond

ADDITIONAL INFORMATION/ASSESSMENTS:

- Mr. Daley is represented by attorney who will not allow direct contact with his client.
- Mr. Daley indicated he was getting married and taking a trip to the beach in June

CASE MANAGEMENT PLAN/RECOMMENDATIONS:

- Obtain PT update prior to next appointment
- Attend appointment with the PA, David Goldsmith on 6/17/11 at 11:15 AM
- Will discuss the following: progress towards goals in therapy, current medical

status, future plan of care as well as projections for return to work
- Provide and discuss recommendations with adjuster and employer, coordinate care as indicated
- Obtain completed Form 14B once Mr. Daley has reached maximum medical improvement
- Submit reports to all parties simultaneously
- Next report to be completed by 6/22/11 or before as file activity indicates

SINCERELY,

Carol S. Powers, RN CCM

Carol Powers RN, CCM
Case Manager

Tonya Ballard, MS, CDMS

Tonya Ballard MS, CDMS
Supervisor

Enclosures:

cc:

Bradley Smith, Attorney at Law: Rudisil, White and Kaplan: bradleysmith@rwklawfirm.com
Raymond Burkart; Champion Mechanical:raymond.burkart@chapmanmech.com
Lucia Gonzalez Champion Mechanical: Lucia.gonzalez@chapmanmech.com
Jeffery Ezell, Attorney at Law: jeff@jeffezelllawfirm.com
Janet Spruell: Paralegal to J. Ezell: janet@jeffezelllawfirm.com

Steve Rudisill

From: Kris Losee
Sent: Friday, June 17, 2011 4:08 PM
To: Steve Rudisill
Subject: Update from Carol Powers and MRs
Attachments: daleyS, pt rx, 6-17-11.pdf; daleyS, wk note, 6-17-11.pdf; daleyS, pt note 6-9-11.pdf

---

From: Carol Powers [mailto:powersprn@gmail.com]
Sent: Friday, June 17, 2011 4:06 PM
Cc: Brad Smith; J. Ezell; 'Lucia Gonzalez'; Paralegal to J. Ezell J. Spruell; 'Ray Burkart'; 'Tina Walden'
Subject: Sean Daley: Claim #: STN010361; CCM# 11-217M

I met with Mr. Daley at the appointment with David Goldsmith for reevaluation. After he was seen in private by the PA, I met with Mr. Daley in the PA's presence at the attorney request. Addressed progress in physical therapy from note on 6/9/11 which I picked up before the appointment. David reported:

- Sean indicated the previous medications changes have been helpful although he continues to experience low back pain
- David will continue to see him monthly for medication refills
- He would like him to continue physical therapy as he is benefiting from therapy
- He had not addressed the problem Mr. Daley had reported to the therapist. (that he had a recent occurrence which he had never experienced before, from sitting for an extended car ride when his upper back and right shoulder started hurting from the right arm to the right wrist)
- David explained to him that could be from the spinal alignment from sitting in the car for prolonged period
- Mr. Daley will miss a week of therapy as he has a long standing plan and reservations for his wedding; David encouraged him to continue his home exercise program that the therapist instructed him to continue
- He will see him in two weeks for medication refill
- Dr. LeBlond will see him for reevaluation on August 3, 2011 at 1 PM
- He is to remain out of work until seen by Dr. LeBlond

Carol S. Powers, RN CCM
Medical Case Manager
Carolina Case Management and Rehab Services
118 Wind Chime Court
Raleigh, NC 27615
Ph: (864) 909-0121 *(number change)*
Fx: (864) 641-3148

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MEDICAL PROGRESS REPORT # 5

CLIENT: Sean Daley
DOI: 2/9/2011
CCM FILE#: 11-217M
REPORT DATE: 06/20/2011

ACCOUNT: Stonewood Insurance
ADDRESS: PO Box 97308
Raleigh, North Carolina 27624-7308
ADJUSTER: Christina Walden
CLAIM #: STN010361
EMPLOYER(EOI): Chapman Mechanical Inc.

DIAGNOSIS: Mechanical back pain; sacroiliitis with significant myofascial pain; neurologically stable

PERTINENT INFORMATION THIS REPORT PERIOD:

- Mr. Daley was evaluated by Dr. Robert LeBlond's PA, David Goldsmith on 6/17/11
- Medications remain the same
- Recommends continue with PT at the Spine Center
- Restrictions (sedentary with no lifting more that 20 lbs) remain the same
- David indicated Dr. LeBlond may consider further work up and/or fluoroscopic guided SI joint injection should he not improve with therapy
- His next appointment is with David Goldsmith, PA in two weeks for medication refills only
- To follow up with Dr. LeBlond August 3, 2011 at 1 PM
- Projections for return to work and MMI to be addressed at next appointment

SPECIFIC MEDICAL INFORMATION:

6/17/2011

- I met with Mr. Daley at the appointment with David Goldsmith for reevaluation. After he was seen in private by the PA, I met with Mr. Daley in the PA's presence at the attorney request. Addressed progress in physical therapy from note on 6/9/11 which I picked up before the appointment. David reported:
    - Sean indicated the previous medications changes have been helpful although he continues to experience low back pain
    - David will continue to see him monthly for medication refills
    - He would like him to continue physical therapy as he is benefiting from therapy
    - He had not addressed the problem Mr. Daley had reported to the therapist. (that he had a recent occurrence which he had never experienced before, from sitting for an extended car ride when his upper back and right shoulder started hurting from the right arm to the right wrist)
    - David explained to him that could be from the spinal alignment from

sitting in the c[illegible]or prolonged period
    - Mr. Daley will miss a week of therapy as he has a long standing plan and reservations for his wedding; David encouraged him to continue his home exercise program that the therapist instructed him to continue
    - He will see him in two weeks for medication refill
    - Dr. LeBlond will see him for reevaluation on August 3, 2011 at 1 PM
    - He is to remain out of work until seen by Dr. LeBlond
- Emailed update to all parties related to appointment with PA, David Goldsmith. Copy of PT note and prescription, work note.
- Reviewed 6-9-11 PT notes.

1. CURRENT RETURN TO WORK STATUS/CAPABILITIES

- Per Dr. LeBlond he may work sedentary with no lifting over 20 lbs.
    - He has been terminated from the employer and is not working per employer

2. RESULTS OF EMPLOYER CONTACT THIS REPORTING PERIOD

- Employer updated on outcome of appointment

Date: 6/17/11

Name of Contact: Lucia Gonzalez

Title of Contact: WC Coordinator

3. JOB ANALYSIS

- Job description provided to Dr. LeBlond

ADDITIONAL INFORMATION/ASSESSMENTS:

- Mr. Daley is represented by attorney who will not allow direct contact with his client.
- Mr. Daley indicated he was getting married and will be at the beach for a week - he is to continue his home exercise program

CASE MANAGEMENT PLAN/RECOMMENDATIONS:

- Obtain PT update prior to next appointment
- Attend appointment with Dr. Robert LeBlond on Augusta 3, 2011 at 1 PM to discuss his progress towards goals in therapy, current medical status, future plan of care as well as projections for return to work and MMI
- Provide and discuss recommendations with adjuster and employer; coordinate care as indicated
- Obtain completed Form 14B once Mr. Daley has reached maximum medical improvement
- Report simultaneously to all parties.
- Next report to be completed by 7/20/11 or before as file activity indicates

SINCERELY,

Carol S. Powers, RN CCM

Tonya Ballard, MS, CDMS

Carol Powers RN, CCM

Tonya Ballard MS, CDMS

118 Wind Chime Court • Raleigh, NC 27615 • Tel: 800-546-9636

Case Manager Supervisor

Enclosures:

cc:

Bradley Smith, Attorney at Law: Rudisil, White and Kaplan: bradleysmith@rwklawfirm.com
Raymond Burkart; Champion Mechanical:raymond.burkart@chapmanmech.com
Lucia Gonzalez Champion Mechanical: Lucia.gonzalez@chapmanmech.com
Jeffery Ezell, Attorney at Law: jeff@jeffezelllawfirm.com
Janet Spruell: Paralegal to J. Ezell: janet@jeffezelllawfirm.com

Steve Rudisill

From: Carol Powers [powersprn@gmail.com]
Sent: Friday, July 15, 2011 2:33 PM
To: 'Tina Walden'
Cc: J. Ezell; 'Lucia Gonzalez'; Paralegal to J. Ezell J. Spruell; 'Ray Burkart'; Steve Rudisill
Subject: RE: Sean Daley: Claim #: STN010361; CCM# 11-217M

This is regarding Sean Daley

Carol S. Powers, RN CCM
Medical Case Manager
Carolina Case Management and Rehab Services
118 Wind Chime Court
Raleigh, NC 27615
Ph: (864) 909-0121 *(number changed)*
Fx: (864) 641-3148

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From: Carol Powers [mailto:powersprn@gmail.com]
Sent: Friday, July 15, 2011 2:18 PM
To: 'Tina Walden'
Cc: J. Ezell (jeff@jeffezelllawfirm.com); 'Lucia Gonzalez'; Paralegal to J. Ezell J. Spruell (janet.spruell@jeffezelllawfirm.com); 'Ray Burkart'; 'Steve Rudisill'
Subject:

I met with Dr. LeBlond in the presence of Mr. Daley after he had evaluated Mr. Daley in private. Dr. LeBlond reported:

- Mr. Daley continues to complain of pain in spite of continued
- He spoke with the therapist and they could not justify continued physical therapy
- He would like to obtain MRI of the lumbar spine to make sure they are not missing anything
- He will reevaluate him after the MRI is completed to see if he is a candidate for SI joint injection; if not he will be at maximum medical improvement, rated after a functional capacity evaluation
- He may continue to work; with 15 lbs (lifting restriction)
- He remains out of work; has been terminated by the employer

I will forward the MD note when it becomes available.

MRI pending authorization from carrier.

Carol S. Powers, RN CCM
Medical Case Manager
Carolina Case Management and Rehab Services
118 Wind Chime Court
Raleigh, NC 27615
Ph: (864) 909-0121 *(number changed)*
Fx: (864) 641-3148

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MEDICAL PROGRESS REPORT # 6

CLIENT: Sean Daley
DOI: 2/9/2011
CCM FILE#: 11-217M
REPORT DATE: 07/26/2011

ACCOUNT: Stonewood Insurance
ADDRESS: PO Box 97308
Raleigh, North Carolina 27624-7308
ADJUSTER: Christina Walden
CLAIM #: STN010361
EMPLOYER(EOI): Chapman Mechanical Inc.

DIAGNOSIS: Mechanical back pain; sacroiliitis with significant myofascial pain; neurologically stable

PERTINENT INFORMATION THIS REPORT PERIOD:

- Mr. Daley was evaluated by Dr. Robert LeBlond's PA, David Goldsmith 7/15/11
- Medications remain the same
- Recommended discontinue PT
- Obtain MRI of the lumbar spine
- Restrictions may work with 15 lb lifting restrictions
- He is no longer working for the employer; remains out of work
- To follow up with Dr. LeBlond August 10, 2011 at 2:30 PM

SPECIFIC MEDICAL INFORMATION:

6/28/2011

- Received and reviewed PT notes

6/30/2011

- Email copy of PT note to all parties.

7/1/2011

- Call to PT to obtain update
- Call to MD office, spoke with Ann. Rescheduled appointment for Dr. LeBlond
- Received and reviewed PT note
- Email to attorney to notify of conversation with PT receptionist, reschedule appointment with Dr. LeBlond and requested he notify Mr. Daley. Copy of PT update and attorney letter to CM attached.
- Received letter from client attorney regarding his concern about PT; sent response with copy to all others.

7/14/2011

- Received subpoena to attend hearing on 7/25/11.

7/15/2011

- Call to PT to request all notes
- Received and reviewed PT notes 95 pages
- I met with Dr. LeBlond in the presence of Mr. Daley after he had evaluated Mr. Daley in private. Dr. LeBlond reported:
    - Mr. Daley continues to complain of pain in spite of continued conservative therapy
    - He spoke with the therapist and they could not justify continued physical therapy
    - He would like to obtain MRI of the lumbar spine to make sure they are not missing anything
    - He will reevaluate him after the MRI is completed to see if he is a candidate for SI joint injection; if not
    - He will be at maximum medical improvement, rated after a functional capacity evaluation
    - He may continue to work; with 15 lbs (lifting restriction)
    - He remains out of work; has been terminated by the employer
- Updated all parties regarding outcome of MD appointment

7/18/2011

- Email from and to client attorney paralegal requesting if I received the notification of the subpoena; responded I did

7/19/2011

- Coordinate MRI and received scheduling from vendor

7/21/2011

- Prepared records and reviewed file for hearing on 7/25/11

7/22/2011

- Voice message from client's attorney releasing me from 7/25/11 hearing.
- Call from Steve Rudisill, defense attorney, confirming release from hearing. Discussed case status and MRI. Has discussed with adjuster.
- Email from client attorney releasing me from hearing

7/25/2011

- Reviewed MRI report
- Emailed copy of MRI to all parties.
- Email to and from Ann at MD office; scheduled appointment with Dr. LeBlond for 8/10/11 at 2:30 PM
- Call defense attorney, to inform MRI has been sent. Also notified of next appointment.
- Emailed copy of MRI to all parties and provided with next appointment date. Request attorney notify Mr. Daley, received acknowledgment from attorney.

7/26/2011

- Forwarded email from client attorney clearing me from hearing to all parties.

1. CURRENT RETURN TO WORK STATUS/CAPABILITIES

- Per Dr. LeBlond he may work with no lifting over 15 lbs.
    - He has been terminated from the employer

2. RESULTS OF EMPLOYER CONTACT THIS REPORTING PERIOD

- Employer updated on outcome of appointment

Date: 07/15/11

Name of Contact: Lucia Gonzalez

Title of Contact: WC Coordinator

3. JOB ANALYSIS

- Job description provided to Dr. LeBlond

ADDITIONAL INFORMATION/ASSESSMENTS:

- Mr. Daley is represented by attorney who will not allow direct contact with his client.
- Per Steve Rudisill, the 7/25/11 hearing has been rescheduled to August 30, 2011 and I am not to attend.

CASE MANAGEMENT PLAN/RECOMMENDATIONS:

- Attend appointment with Dr. Robert LeBlond on Augusta 8, 2011 at 2:30 PM to discuss results of the MRI future, current medical status, future plan of care as well as projections for return to work and MMI
- Provide and discuss recommendations with adjuster and employer; coordinate care as indicated
- Obtain completed Form 14B once Mr. Daley has reached maximum medical improvement
- Send report to all parties simultaneously
- Next report due in 30 days or before if activity indicates

SINCERELY,

Carol Stowers, RN CCM

Carol Powers RN, CCM
Case Manager

Tonya Ballard, MS, CDMS

Tonya Ballard MS, CDMS
Supervisor

Enclosures:

Email from client attorney: Release from Subpoena 7/22/11

cc:

Steve Rudisill, Attorney at Law: Rudisill, White and Kaplan: steverudisill@rwklawfirm.com
Raymond Burkart; Champion Mechanical:raymond.burkart@chapmanmech.com
Lucia Gonzalez Champion Mechanical: Lucia.gonzalez@chapmanmech.com
Jeffery Ezell, Attorney at Law: jeff@jeffezelllawfirm.com
Janet Spruell: Paralegal to J. Ezell: janet@jeffezelllawfirm.com

MEDICAL PROGRESS REPORT # 7

CLIENT: Sean Daley
DOI: 2/9/2011
CCM FILE#: 11-217M
REPORT DATE: 08/11/2011

ACCOUNT: Stonewood Insurance
ADDRESS: PO Box 97308
Raleigh, North Carolina 27624-7308
ADJUSTER: Christina Walden
CLAIM #: STN010361
EMPLOYER(EOI): Chapman Mechanical Inc.

DIAGNOSIS: Lumbar disc protrusion L4-L5

PERTINENT INFORMATION THIS REPORT PERIOD:

- Mr. Daley was evaluated by Dr. Robert LeBlond on 8/10/11
- MRI revealed disc protrusion at L4-L5
- Medications remain the same
- Recommends Lumbar epidural steroid injection
- Restrictions may work with 15 lb lifting restrictions
- He is no longer working for the employer; remains out of work
- Next appointment pending approval for ESI

SPECIFIC MEDICAL INFORMATION:

8/1/2011

- Voice message from client attorney requesting copy of the job description.

8/10/2011

- I met with Dr. Robert LeBlond in Mr. Daley's presence to discuss the results of the MRI of the lumbar spine and to obtain his future plan of care. He reported:
  - The MRI shows a bulging disc at L4-5
  - He continues to complain of pain
  - He recommends a lumbar epidural steroid injection
  - If this is not helpful, he will do an FCE to determine his permanent restrictions
  - No other changes in the plan of care
- Left message on voice mail with Ann @ Dr. Leblond's office requesting work note.
- Updated all parties regarding the appointment outcome with Dr. LeBlond. Request authorization for lumbar ESI from adjuster. Notified of file transfer to Susan Clayton.

1. CURRENT RETURN TO WORK STATUS/CAPABILITIES

- Per Dr. LeBlond he may work with no lifting over 15 lbs.
    - He has been terminated from the employer

2. RESULTS OF EMPLOYER CONTACT THIS REPORTING PERIOD

- Employer updated on outcome of appointment

Date: 8/10/11

Name of Contact: Lucia Gonzalez

Title of Contact: WC Coordinator

3. JOB ANALYSIS

- Job description provided to Dr. LeBlond

ADDITIONAL INFORMATION/ASSESSMENTS:

- Mr. Daley is represented by attorney who will not allow direct contact with his client; may meet with him in the presence of the treating physician.

CASE MANAGEMENT PLAN/RECOMMENDATIONS:

- Coordinate appointment for ESI once approved
- Notify all parties of same
- Schedule follow up appointment with Dr. LeBlond to discuss Mr. Daley's response to the ESI, readdress future plan of care, readdress return to work and MMI
- Obtain completed Form 14B once Mr. Daley has reached maximum medical improvement
- Send report to all parties simultaneously
- Next report due in 30 days or before if activity indicates

SINCERELY,

Carol S. Powers, RN CCM

Carol Powers RN, CCM
Case Manager

Tonya Ballard, MS, CDMS

Tonya Ballard MS, CDMS
Supervisor

cc:

Steve Rudisill, Attorney at Law: Rudisill, White and Kaplan: steverudisill@rwklawfirm.com
Raymond Burkart; Champion Mechanical:raymond.burkart@chapmanmech.com
Lucia Gonzalez Champion Mechanical: Lucia.gonzalez@chapmanmech.com
Jeffery Ezell, Attorney at Law: jeff@jeffezelllawfirm.com
Janet Spruell: Paralegal to J. Ezell: janet@jeffezelllawfirm.com

Front of File

Steve Rudisill

From: Susan Clayton [sclayton@carolinacasemgmt.com]
Sent: Monday, October 24, 2011 1:45 PM
To: cwalden@stonewoodins.com; Steve Rudisill; jeff@jeffezelllawfirm.com
Subject: RE: Sean Daley Claim number: STN010361

Please see below the update from Mr. Daley's appointment with Dr. LeBlond on this date: 10/24/11

Dr. LeBlond informed:

Mr. Daley is not at MMI.
Mr. Daley informed his shoulder is hurting but Dr. LeBlond informed he was not authorized at this point to treat his shoulder. Dr. LeBlond informed Mr. Daley informed he mentioned his shoulder hurting when the accident took place and now the pain is worse. Dr. LeBlond informed most likely it's tendinitis but for the nurse case manager to check with the insurance company to see if they would authorize treatment.
Dr. LeBlond provided a refill for Percocet 10 mg every 6 hours for pain as needed, Neurontin 300 mg at night with 3 refills, Zanaflex, Mr. Daley, already has three refills left for this medication.
Dr. LeBlond is aware of the date Mr. Daley will see Dr. McHenry on 11/11/11 at 8:45 a.m.
Dr. LeBlond scheduled a follow up with Mr. Daley for 11/21/11 at 11:45 a.m.
Dr. LeBlond will address work status on 11/21/11.

Thank you,
Susan

Please note new email address, thank you.

Susan Clayton, RN, BSN, CCM
Carolina Case Management
118 Wind Chime Court
Raleigh, NC 27615
Cell: 864-426-3148
Fax: 1-866-416-8207
sclayton@carolinacasemgmt.com

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MEDICAL PROGRESS REPORT # 9

CLIENT: Sean Daley
DOI: 2/9/2011
CCM FILE#: 11-217M
REPORT DATE: 10/24/2011

ACCOUNT: Stonewood Insurance
ADDRESS: PO Box 97308
Raleigh, North Carolina 27624-7308
ADJUSTER: Christina Walden
CLAIM #: STN010361
EMPLOYER(EOI): Chapman Mechanical Inc.

DIAGNOSIS: Lumbar disc protrusion L4-L5

PERTINENT INFORMATION THIS REPORT PERIOD:

- Mr. Daley was evaluated by Dr. Robert LeBlond on 10/24/11.
- Dr. LeBlond recommended Mr. Daley see Dr. McHenry for a surgical evaluation to review the most current MRI.
- Mr. Daley is scheduled to see Dr. McHenry on 11/11/11 at 8:45 a.m.
- Mr. Daley is scheduled to follow up with Dr. LeBlond on 11/21/11 at 11:45 a.m.
- Dr. LeBlond informed if Dr. McHenry does not recommend surgery for the nurse case manager to move forward with scheduling an FCE for Mr. Daley and follow up with him after the FCE is complete.
- Current work restrictions are with a 15 lb lifting restrictions.
- He is no longer working for the employer; remains out of work.

SPECIFIC MEDICAL INFORMATION:

9/26/2011

- I met with Dr. LeBlond in Mr. Daley's presence to discuss the treatment plan. Dr. LeBlond reported:
  - Mr. Daley did not receive much relief from the epidural steroid injection.
  - He prescribed Neurontin 100 mg one tablet for seven days, two tablets for the next seven days and the remaining of the month take 3 tablets. A prescription for Percocet 325 mg-10 one tablet every six hours as needed for 30 days # 120 with no refills.
  - He informed he wanted Mr. Daley to see Dr. McHenry back to review his most recent MRI to determine if surgery was needed. If Dr. McHenry informed he was not a surgery candidate he would like to move forward with the FCE.
  - Dr. LeBlond scheduled Mr. Daley a return appointment for October 24 at 11:00 a.m. Dr. McHenry's office will call to schedule Mr. Daley.

- Emailed all parties an update from Mr. Daley's appointment with Dr. LeBlond.

10/6/2011

- Call received from carrier authorizing Dr. McHenry's visit to review Mr. Daley's second MRI. Discussed Dr. LeBlond's plan of care.
- Email sent to Nancy at Dr. McHenry's office requesting to schedule Mr. Daley for a one time surgical evaluation.
- Nancy called to discuss the date of the most recent spine MRI. She informed Dr. McHenry would need to review the notes before she could schedule the appointment.

10/12/2011

- Received an email from Mr. Rudisill requesting status of the appointment with Dr. McHenry.
- Email sent to Nancy at Dr. McHenry's office and all parties CC'd.
- Email received from Mr. Rudisill asking that I review Mr. Ezzell's email regarding Mr. Daley's need to keep his appointment as scheduled with Dr. LeBlond.

10/13/2011

- Received a voice mail from Nancy informing Dr. McHenry will see Mr. Daley. Left a voice mail requesting a call to schedule.
- Scheduled an appointment with Dr. McHenry for Mr. Daley. Date: November 11th at 8:45 a.m.
- Emailed all parties with the scheduled appointment time, date and location.

10/24/2011

- I met with Dr. LeBlond and Mr. Daley following Mr. Daley's private exam. Dr. LeBlond informed:
    - Mr. Daley is not at MMI.
    - Mr. Daley informed his shoulder is hurting but Dr. LeBlond informed he was not authorized at this point to treat his shoulder. Dr. LeBlond informed Mr. Daley informed he mentioned his shoulder hurting when the accident took place and now the pain is worse. Dr. LeBlond informed most likely it's tendinitis but for the nurse case manager to check with the insurance company to see if they would authorize treatment.
    - Dr. LeBlond provided a refill for Percocet 10 mg every 6 hours for pain as needed, Neurontin 300 mg at night with 3 refills, Zanaflex, Mr. Daley, already has three refills left for this medication.
    - Dr. LeBlond is aware of the date Mr. Daley will see Dr. McHenry on 11/11/11 at 8:45 a.m.
    - Dr. LeBlond scheduled a follow up with Mr. Daley for 11/21/11 at 11:45 a.m.
    - Will address work status on 11/21/11.
- Emailed all parties with an update from this date's appointment with Dr. LeBlond.

1. CURRENT RETURN TO WORK STATUS/CAPABILITIES

- Per Dr. LeBlond he may work with no lifting over 15 lbs.
    - He has been terminated from the employer

2. RESULTS OF EMPLOYER CONTACT THIS REPORTING PERIOD

- The injured worker is terminated and no longer working for the employer.

Date:

Name of Contact:

Title of Contact:

3. JOB ANALYSIS

- Job description provided to Dr. LeBlond

ADDITIONAL INFORMATION/ASSESSMENTS:

- Mr. Daley is represented by attorney who will not allow direct contact with his client.

CASE MANAGEMENT PLAN/RECOMMENDATIONS:

- Plan to attend Mr. Daley's appointment with Dr. McHenry for an update, following his private exam, regarding his opinion related to surgery.
- Plan to attend Mr. Daley's appointment with Dr. LeBlond, following his private exam, to discuss the treatment plan as per Dr. McHenry's opinion, treatment plan with Dr. LeBlond, work status and MMI.
- Obtain completed Form 14B once Mr. Daley has reached maximum medical improvement.
- Send report to all parties simultaneously.
- Next report due in 30 days or before if activity indicates.

SINCERELY,

Susan Clayton RN, BSN, CCM
Case Manager

Tonya Ballard MS, CDMS
Supervisor

cc:

Steve Rudisill, Attorney at Law: Rudisill, White and Kaplan: steverudisill@rwklawfirm.com
Raymond Burkart; Champion Mechanical:raymond.burkart@chapmanmech.com
Lucia Gonzalez Champion Mechanical: Lucia.gonzalez@chapmanmech.com
Jeffery Ezell, Attorney at Law: jeff@jeffezelllawfirm.com

File

MEDICAL PROGRESS REPORT # 10

CLIENT: Sean Daley
DOI: 2/9/2011
CCM FILE#: 11-217M
REPORT DATE: 11/28/2011

ACCOUNT: Stonewood Insurance
ADDRESS: PO Box 97308
Raleigh, North Carolina 27624-7308
ADJUSTER: Christina Walden
CLAIM #: STN010361
EMPLOYER(EOI): Chapman Mechanical Inc.

DIAGNOSIS: Lumbar disc protrusion L4-L5

PERTINENT INFORMATION THIS REPORT PERIOD:

- Mr. Daley was evaluated by Dr. Robert LeBlond on 11/22/2011.
- Client is at MMI today.
- Will get an FCE and will assign work restrictions if needed.
- Will need to still see the client quarterly for medication management.
- Current work restrictions are 15 lb lifting restriction.
- He is no longer working for the employer; remains out of work.

SPECIFIC MEDICAL INFORMATION:

11/10/2011

- Phone call to Dr. McHenry's office to verify appointment for 11/11/11 at 8:45 am. I spoke with the receptionist that said this was at the Crosscreek office.
- Phone call to Steven Rudisill, Attorney for Mr. Daley to notify him that I will be at Mr. Daley's appointment on 11/11/11 at Dr. McHenry's office. I left this message .

11/11/2011

- Phone call to Mr. Rudisill, attorney for the client who reports that Mr. Daley must have a private exam and then the nurse case manager can meet with Dr. McHenry and Mr. Daley to get an update on treatment, RTW, and MMI issues.
    - Reason for visit with Dr. McHenry is to assure that Mr. Daley does not have spinal issues.
    - Told Mr. Rudisill that I had taken over this file now since the other case manager is on maternity leave.
- Attended the appointment for Mr. Daley with Dr. McHenry, MD:
    - Met with Dr. McHenry with Mr. Daley present to discuss if the client does have any spinal issues.
    - Dr. McHenry reports that Mr. Daley does have some congenital disc problem.

- Does not have any impingement but does have degenerative L4-5.
- No evidence of instability.
- Does not need surgery.
- Recommend return to Dr. LeBlond, pain management for Return to work, Treatment, and MMI issues.

- Email to all parties regarding Mr. Daley's appointment with Dr. McHenry:

11/14/2011

- Phone call to Dr. LeBlond's office for verification for appointment for Mr. Daley on November 21, 2011.

11/21/2011

- Attended appointment with Mr. Daley and Dr. LeBlond. Dr. LeBlond reported:
  - The client is at MMI today.
  - Need Functional Capacity Exam to be able to see what he can do job wise.
  - He reports he has "been terminated from job."
  - Will continue to see Dr. LeBlond quarterly for medication management.
  - Next appointment December 21, 2011 at 4:30 pm.
- Email all parties regarding update on appointment with Dr. Daley and Dr. LeBlond.

11/22/2011

- Email to Carrier with request for authorization for an FCE.

11/28/2011

- Phone call to Dr. LeBlond's office and requested last medical note from 11/21/2011.

1. CURRENT RETURN TO WORK STATUS/CAPABILITIES

- Per Dr. LeBlond he may work with no lifting over 15 lbs. but is no longer working for Employer of Injury.

2. RESULTS OF EMPLOYER CONTACT THIS REPORTING PERIOD

- The injured worker is no longer working for the employer.

Date:

Name of Contact:

Title of Contact:

3. JOB ANALYSIS

- Job description provided to Dr. LeBlond

ADDITIONAL INFORMATION/ASSESSMENTS:

- Mr. Daley is represented by attorney who will not allow direct contact with his client.

CASE MANAGEMENT PLAN/RECOMMENDATIONS:

- Plan to attend Mr. Daley's appointment on December 21, 2011 at 4:30 pm with Dr. LeBlond, following his private exam ,to discuss treatment plan with Dr. LeBlond, work status and MMI.

- Obtain completed Form 14B once Mr. Daley has reached maximum medical improvement.
- Keep in contact with all parties regarding Mr. Daley's medical status.
- Send report to all parties simultaneously.
- Next report due in 30 days or before if activity indicates.

SINCERELY,

Janet L. Smith

Janet Smith RN, COHN
Case Manager

Tonya Ballard, MS, CDMS

Tonya Ballard MS, CDMS
Supervisor

cc:

Steve Rudisill, Attorney at Law: Rudisill, White and Kaplan: steverudisill@rwklawfirm.com
Raymond Burkart; Champion Mechanical:raymond.burkart@chapmanmech.com
Lucia Gonzalez Champion Mechanical: Lucia.gonzalez@chapmanmech.com
Jeffery Ezell, Attorney at Law: jeff@jeffezelllawfirm.com

MEDICAL PROGRESS REPORT # 11

CLIENT: Sean Daley
DOI: 2/9/2011
CCM FILE#: 11-217M
REPORT DATE: 01/09/2012

ACCOUNT: Stonewood Insurance
ADDRESS: PO Box 97308
Raleigh, North Carolina 27624-7308
ADJUSTER: Sallie C. Mercer
CLAIM #: STN010361
EMPLOYER(EOI): Chapman Mechanical Inc.

DIAGNOSIS: Lumbar disc protrusion Lumbar Spine 4-5

PERTINENT INFORMATION THIS REPORT PERIOD:

- Mr. Daley was most recently evaluated by Dr. Robert LeBlond on 12/21/2012.
- Dr. LeBlond previously reported that the client is at Maximum Medical Improvement, and gave him a rating.
- Dr. LeBlond reported that the client will need to still see him quarterly for medication management.
- The adjuster told me to wait until I received the medical note on Mr. Daley to do this report.
- After numerous calls to the physician's office I just received the medical note from Dr. LeBlond's office.
- The adjuster has instructed me to place the client's file on hold for 30 days from today's date.
- A hold letter was written today.

SPECIFIC MEDICAL INFORMATION:

11/22/2011

- Phone call to Elite Physical Therapy to schedule the client's Functional Capacity Exam. The receptionist reported;
  - Payment must be made before the appointment can be scheduled.
  - Will send me billing information to send to the adjuster.

11/29/2011

- Phone call to Dr. LeBlond's office to coordinate Functional Capacity Exam appointment for the client. Ann, workers compensation coordinator reported;
  - Recommended Elite Physical Therapy for the testing.
  - Gave me information regarding Elite Physical Therapy.
  - Functional Capacity Exam will be performed earlier to be ready for the next appointment with Dr. LeBlond.

12/1/2011

- Phone call from Mr. Rudisill, Defense attorney who notified me to get the medical note from Dr. LeBlond as soon I receive it.

12/5/2011

- Emailed all parties an update with the medical notes from Dr. LeBlond with Maximum Medical Improvement from 11/21/2011.
- Medical notes received and reviewed from Dr. LeBlond from the 11/21/11 appointment.

12/12/2011

- Email to all parties to notify of appointment for Functional Capacity Exam with Elite Physical Therapy on December 13, 2011 at 1:00 pm.

12/13/2011

- Email to all parties with Dr. McHenry's 11/11/11 medical note, and to notify that the Functional Capacity Exam was done today.

12/21/2011

- Phone call to Dr. LeBlond's office for verification for appointment.
- Attended appointment for Mr. Daley with Dr. LeBlond, and the client had a private exam. The physician called me into the room and reported;
    - Client is at Maximum Medical Improvement.
    - Rating was done at last medical appointment.
    - Went over Functional Capacity Exam, and reports that the client could return to light duty with no lifting over 15 pounds and occasional transfer.
    - Client may sit or stand at work.
    - Will see the client quarterly for medication maintenance of Percocet, Neurotin, and Zanaflex (all for back pain).
- Email to all parties with an update on the appointment for the client with Dr. LeBlond on 12-21-12.

1/5/2012

- Phone call to Ann at Dr. LeBlond's office to obtain the medical note on Mr. Daley's last visit on 12/21/2012.

1/6/2012

- Received and reviewed medical notes from Dr. LeBlond.
- Email to all parties regarding the last medical note from Dr. LeBlond.
- Email from the adjuster to place the client's file on HOLD for one month.

1/9/2012

- Hold letter sent to notify all parties of Hold for 30 days.

1. CURRENT RETURN TO WORK STATUS/CAPABILITIES

- Dr. LeBlond reported that on 12/21/11 the client may return to work with the restrictions of no lifting over 15 lbs.
- Dr. LeBlond reported that the client may do these activities; May do constant sit or stand, may do frequent ladder climb, transfer,
- and occasional squat, kneel, crawl, overhead activity, and repetitive lumbar flexion and walk.

2. RESULTS OF EMPLOYER CONTACT THIS REPORTING PERIOD

- The injured worker is no longer working for the pre-injury employer.

Date: n/a

Name of Contact: n/a

Title of Contact: n/a

ADDITIONAL INFORMATION/ASSESSMENTS:

- Mr. Daley is represented by attorney who will not allow direct contact with his client.

CASE MANAGEMENT PLAN/RECOMMENDATIONS:

- The adjuster has advised me to place the client's file on hold for 30 days.
- Follow-up with the adjuster every 30 days to inquire if file is to remain on hold.

SINCERELY,

Janet L. Smith

Janet Smith RN, COHN
Case Manager

Suzanne Smith, RN, CCM

Suzanne Smith RN, CCM
Supervisor

Enclosures:

Medical note from Dr. LeBlond on 12/21/2011

cc:

Steve Rudisill - Defense Attorney (steverudisill@rwklawfirm.com)
Jeffrey Ezell - Plaintiff Attorney (jeff@jeffezelllawfirm.com) &
(janet.spruell@jeffezelllawfirm.com)
Raymond Burkart - Employer (raymond.burkart@chapmanmech.com)
Lucia Gonzalez - Employer (lucia.gonzalez@chapmanmech.com)

APA 12

Dr. Patrick Mullen

06/30/11 **486**

Pages 203 - 206

POINSETT PSYCHIATRIC GROUP
PATRICK B. MULLEN, M.D., P.A.
PROFESSIONAL PARK ON CLEVELAND
3 CLEVELAND COURT, SUITE C
GREENVILLE, SC 29607-2442
(864) 232-6216
FAX (864) 235-6369

PSYCHIATRIC EVALUATION

NAME: Mr. Sean Daley DOB: 06/16/76 DATE OF EXAM: 06/30/11

Mr. Daley is a 35-year-old male referred by his attorney. His chief complaints are "depression and pain."

The patient was well, working, and happy until 02/19/11 when he was injured on the job. He fell off an eight foot ladder -- he was standing on the top rung -- approximately 12 feet onto a pipe stub sticking from the ground. He fell directly on his back and was almost impaled. He weighed about 185 pounds and is six feet tall. His full weight hit directly onto the stub in the right kidney area just lateral to his spine. His entire spinal column and hips were displaced and his entire back was strained and sprained and knocked out of alignment. He may also have hit his head and lost consciousness briefly.

Since this accident he has been unable to work due to difficulty thinking, pain throughout his back, easy fatigue, and some confusion.

His back hurts him constantly, all day and all night. He is awakened from sleep by back pain and any activity, including sitting, will worsen his pain.

He has been depressed, with occasional crying spells, weight gain, anhedonia, decreased libido, and feelings of hopelessness. He worries constantly.

He is not sure whether he lost consciousness briefly but he has symptoms of traumatic brain injury including problems with spoken language, difficulty walking, changes in his vision, both immediately after the fall and persistently since then. He also has problems with concentration and with organizing activities.

Prior to the injury he was active, energetic, and happy. Now he is not. This fall has totally changed his life.

PAST MEDICAL HISTORY: No serious illnesses. No problems with drugs or alcohol. He does smoke about a half pack per day of cigarettes.

CURRENT MEDICATIONS:
1. Lortab 10 mg t.i.d.
2. Zanaflex 4 times a day.

REVIEW OF SYSTEMS: Headaches, frontal, blurred vision, occasional difficulty swallowing, cough, chest pain with anxiety, constipation, frequent urination, and pain in all his joints, especially back, hips, and knees.

FAMILY HISTORY: His mother and father are both healthy, ages 55 and 56. He has four brothers and two sisters. One older brother had a nervous breakdown and his two sisters both struggle with depression. His siblings range from 36 to 25 years old.

PERSONAL AND SOCIAL HISTORY: The patient has no income except food stamps and minimum wage job his wife has. He had a happy childhood. He has a high school education. He had one previous marriage and there are three children now – one age 7, one 3 years old, and one 10 months old. The patient is a Mormon and before his injury was active in his local church. The patient used to skateboard and was active playing sports with his children. Now he can do none of that.

The patient used to be active, energetic, happy, friendly, sociable, and now he is none of those things. He is irritable, socially withdrawn, he stays in pain all the time, and he has no energy.

OCCUPATIONAL HISTORY: The patient has kept a job continuously since he was 18 years old. He has been in plumbing for the past 14 years, both large construction and residential.

CURRENT ACTIVITIES: The patient stays at home. He tries to avoid movement – any movement – or coughing or reaching, lifting, etc. will make his back hurt.

MENTAL STATUS EXAMINATION: Psychomotor speed is slow. He did have to get up once or twice during the interview because of pain in his back. His affect is somewhat flat and subdued, somewhat depressed. Hygiene and dress are normal. He does not bathe every day. He said this is because of both his depression and the fact that it hurts him to get in and out of the bathtub. The patient is oriented. His memory is fundamentally intact but he says it is difficult for him to think clearly sometimes and there are days when he cannot tell events clearly. He did not elaborate easily during the interview. His sensorium is clear. Thought process and content were appropriate and nonpsychotic. He denied hallucinations. His intelligence is very good.

REVIEW OF RECORDS: First, there are self-rating scales. On a depression score he showed signs of depression, including difficulty thinking, irritability, anhedonia, crying spells, trouble sleeping at night. He also had some anxiety symptoms, shaking or trembling, tension and inability to relax, feeling tired, weak, and easily exhausted, skipping, racing, or pounding of his heart, chest pain or discomfort, some nausea and stomach problems.

On a traumatic brain injury survey he indicated that his memory was fundamentally alright but he has had changes in his hearing, in his emotions and feelings, in his sense of smell, in his ability to organize activities in his spoken language as far as understanding, in his ability to use his hands, in his ability to walk, and his ability to maintain concentration. He has also had a change in his vision and in his work performance.

On a pain questionnaire he says his pain is usually a 6 out of 10. He gets about 40% relief from physical therapy, Zanaflex, and Lortab, but the pain has almost completely interfered with his general activity, his mood, his normal work, relations with other people, sleep, enjoyment of life, ability to concentrate.

Records sent by his attorney include records from Dr. Leblond who gives the diagnosis of lumbar back pain and sacroiliitis and is treating the patient with opiate medication. He is also using Zanaflex. There are emergency room records showing treatment for the fall. There is an MRI that was done prior to the fall – this was done for a mild low back pain and shows some slight central disc extrusion which barely migrates inferiorly behind the superior endplate of L5 -- "whether or not this is necessarily responsible for the patient's bilateral leg pain I don't know." This was read by a Lee Madeline. There is no MRI done since the fall.

There is a record from Melvin Porter – Dr. Porter saw the patient one month after he was injured and diagnosed a strain of mid thoracic and L-S spine and contusion to lumbar back, contusions of right rib cage, and prescribed Soma and Tylenol #3. There is also a set of records from the Southeastern Neurosurgical and Spine Institute with no definitive diagnosis.

DIAGNOSIS AND DISCUSSION:

AXIS I	Depression, major, mild to moderate. Chronic pain. Possible traumatic brain injury.
AXIS II	No diagnosis.
AXIS III	Status post back injury, status post fall, ongoing pain treatment.
AXIS IV	Stressors include loss of ability to make a living.
AXIS V	GAF 50-65.

We do not know how badly Mr. Daley is hurt. I suspect that he has a mild post concussive disorder on top of a severe spinal injury.

We cannot tell how bad his spine injury is until we get an MRI and compare it to the MRI that was taken six or eight months previously.

One thing is sure and that is that his back pain is much, much worse than it was when he had his only MRI. At that time he was working, playing sports, skateboarding, etc. The pain was chiefly in his low back and did not interfere with his day to day life, his sleep, nor his mood.

Now none of that is true – his current pain does interfere with his life and has changed his mood completely.

His depression is caused by his chronic pain but there may be a contribution by a closed head injury. It would be well worth it to get a full neuropsychological test to rule out a brain injury.

Mr. Daley is currently not a candidate for the active work force in any capacity. He needs to stay off work and not strain his back. Any further physical therapy or work-type activity should not be attempted until a new MRI is done.

I would also recommend an antidepressant and investigation of possible traumatic brain injury.

After those studies are completed, a course of psychiatric therapy would be helpful.

Patrick B. Mullen, M.D., P.A.
PBM/tf

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APA 13

Dr. Robert LeBlond

07-21-11 – 12-22-11

Pages 207 – 213

TO WHOM IT MAY CONCERN:

I, Dr. Robert LeBlond, have treated Sean Daley for injuries he received on the job when he fell off of an 8' ladder and landed on a large piece of PVC pipe sticking out of the ground. I placed him on sedentary duty restrictions with no lifting of greater than 15 – 20 lbs.

I have reviewed the photos of the "jobsite" where he was placed for this sedentary duty. I have reviewed the photograph which showed that he was provided with only an unpadded 5 gallon bucket with no back support to sit on.

This is not an adequate sedentary accommodation to render him capable of working in this environment as it provided him no padding or support, both of which are necessary given the nature of his back injury.

I state this to a reasonable degree of medical certainly.

Robert LeBlond, MD

7/21/14

Date

TO WHOM IT MAY CONCERN:

I, Dr. Robert LeBlond, have treated Sean Daley for injuries he received on the job when he fell off of an 8' ladder and landed on a large piece of PVC pipe sticking out of the ground. I placed him on sedentary duty restrictions with no lifting of greater than 15 – 20 lbs.

I have reviewed the photos of the "jobsite" where he was placed for this sedentary duty. I have reviewed the photographs which clearly showed that he could not perform the "inventory" work he was assigned in a "sedentary" (i.e., seated) capacity.

I understand that Mr. Daley complained about the fact that the first four or five (4 or 5) days of this "sedentary" assignment he was provided with only an unpadded 5 gallon bucket to sit on.

When Mr. Daley complained that this was causing him pain, I understand that he was provided with a cheap, folding "lawn chair" bought at Wal Mart.

It is clear from the photograph of the "lawnchair" that this was not a sufficient accommodation for Mr. Daley's restrictions. The "lawnchair" was a folding type chair that is difficult to get into and out of and was made of what appears to be canvass with no padding or back support of any kind. Further, the "seat" of the chair is rather deep making it difficult to get out of the chair to sort and count the different types of parts.

I state this to a reasonable degree of medical certainly.

Robert LeBlond, MD

7/24/11

Date

TO WHOM IT MAY CONCERN:

I, Dr. Robert LeBlond, have treated Sean Daley for injuries he received on the job when he fell off of an 8' ladder and landed on a large piece of PVC pipe sticking out of the ground. I placed him on sedentary duty restrictions with no lifting of greater than 15 – 20 lbs.

I have reviewed the photos of the "jobsite" where he was placed for this sedentary duty. I have reviewed the photographs which clearly showed that he could not perform the "inventory" work he was assigned in a "sedentary" (i.e., seated) capacity.

I understand that one of Mr. Daley's superiors suggested that Mr. Daley could perform the assigned work sitting on the floor. This is not a reasonable accommodation and not a realistic option given the nature of Mr. Daley's injuries and pain. Sitting on the floor would provide him with no padding or support whatsoever.

Further, it is clear from the photographs of the "jobsite" that Mr. Daley would have to often get up to sort, separate, and count parts, fittings, etc... Some of these fitting were on shelves, many were scattered haphazardly around the floor, etc... It is not possible for Mr. Daley to count/inventory these materials from a seated position on the floor as he would have to get up and down to count/sort the different types of parts.

Requiring Mr. Daley to sit unsupported on the floor is not an adequate sedentary accommodation to render him capable of working in this environment as it did not allow him to consistently work in a seated/sedentary capacity, but rather required him to get up from a seated, unpadded, unsupported position on the floor stand, walk, bend, reach, etc..., to count the parts scattered haphazardly around the work area.

I state this to a reasonable degree of medical certainly.

Robert LeBlond, MD

7/21/11
Date

TO WHOM IT MAY CONCERN:

I, Dr. Robert LeBlond, have treated Sean Daley for injuries he received on the job when he fell off of an 8' ladder and landed on a large piece of PVC pipe sticking out of the ground. I placed him on sedentary duty restrictions with no lifting of greater than 15 – 20 lbs.

I have reviewed the photos of the "jobsite" where he was placed for this sedentary duty. I have reviewed the photographs which clearly showed that he could not perform the "inventory" work he was assigned in a "sedentary" (i.e., seated) capacity.

It is clear from the photographs that Mr. Daley would have to get up and down from his seat (at the time an unpadded 5 gallon bucket) to sort, separate, and count parts, fittings, etc... Some of these fitting were on shelves, many were scattered haphazardly around the floor, etc... It is not possible for Mr. Daley to count/inventory these materials from a seated position as he would have to get up and down to count/sort the different types of parts.

This is not an adequate sedentary accommodation to render him capable of working in this environment as it did not allow him to consistently work in a seated/sedentary capacity, but rather required him to stand, walk, bend, reach, etc..., to count the parts scattered haphazardly around the work area.

I state this to a reasonable degree of medical certainly.

Robert LeBlond, MD

7/21/11
Date

UNIVERSITY MEDICAL GROUP

DALEY, SEAN DAVID

35 Y old Male, DOB: 06/16/1976
9 ARRINGTON AVE, GREENVILLE, SC-29617
Home: 864-990-8621
Guarantor: DALEY, SEAN DAVID Insurance: SELF PAY
Payer ID: 0
External Visit ID: 124990615
Appointment Facility: Upstate Medical Rehabilitation

11/21/2011

Progress Notes: Robert LeBlond*

Current Medications

Lortab 10 tablet 500 mg-10 mg 1 or 2 tab(s) every 8 hours Max 3/day, stop date 09/21/2011
Zanaflex tablet 2 mg 1 tab 4 times daily
Soma , stop date 09/21/2011
Mobic
Percocet-10/325
Neurontin

Active Problem List

724.2 LBP [Low back pain]

724.4 Radiculopathy Lumbar

Past Medical History

Asthma
Fatigue
Headaches
Sleep apnea
Blurry vision
Joint Pain
Muscle Pain. asthma

Allergies

N.K.D.A.

Review of Systems

No chest pain, shortness of breath, nausea. vomiting. The rest of the review of systems is negative.

Reason for Appointment

1. WC FOLLOW UP

History of Present Illness

General:

The patient is a 35 y/o male who presents for follow-up secondary to chronic back pain with mild radicular component. He saw Dr. McHenry who told him that he is not surgical, even though it was present in ECW to review. He continues to have pain in the back, going into the left and right leg alternating. It is aching to sharp with intermittent numbness. No bowel or bladder changes. No fever or weight loss. Medications help to keep his pain under control. No side effects.

Vital Signs

Ht 72, Wt lbs 224, Wt kg 101.61, BMI 30.38, BP 120/70, RR 73.

Examination

General Exam:

Neurologic: Motor is 5/5. Sensation intact. DTRs equal. Station and gait slightly antalgic as in the past. Back with tenderness in the paraspinals. Mild pain with facet loading. There is tenderness over the SI joint noted. Straight leg raising equivocal on the right. Extremities: No clubbing, cyanosis or edema. No wasting.

Assessments

1. LBP [Low back pain] - 724.2 (Primary)
2. Radiculopathy Lumbar - 724.4

Mechanical back pain with mild radicular component. At this point he is felt to be at MMI. We do not have the FCE for his restrictions. We will have to send him for that.

Treatment

1. LBP [Low back pain]

Refill Percocet-10/325 tablet, 325 mg-10 mg, 1, orally, every 6 hours max 4 day, 30 day supply, 120, Refills 0

2. Others

Continue heat, home exercises and current medications. He will need ongoing visits for medication management. Patient's impairment rating is based on the AMA Guide to the Evaluation of Permanent

Impairment, Fifth Edition. Using the DRE category system he is given 6% to the whole person for the lumbar spine. We will see him back in one month, after he has had his FCE for permanent work restrictions. The patient was advised to continue all other medications as prescribed by other treating physicians/providers.
REL/mbm/112111.

Preventive Medicine
MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Follow Up
4 Weeks

Electronically signed by Robert LeBlond on 12/01/2011 at 04:17 PM EST

Sign off status: Pending

Upstate Medical Rehabilitation
111 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7101
Fax: 864-241-9229

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Claim STN010361

Sean Daley

FORMS

Forms

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

Physician's Statement

Claimant's Name: _____

Physician's Name: _____

Practice/Clinic: _____

Preparer's Name: _____

Phone: (___) _____ - _____

Employer's Name: _____

Insurance Carrier: _____

SCWCC File No: _____

The undersigned physician has been authorized by the Employer/Carrier to treat this Claimant for his or her injury by accident pursuant to §§42-15-60, 42-1-172 or 42-11-10.

Date of Injury or Illness: _____

Date of first office visit: _____ Date of last visit: 12/21/11

Diagnosis or nature of injury or illness: Lumbar strain

Body part(s) injured: Lumbar spine Body part(s) affected: _____

Date of **Maximum Medical Improvement**: 11/21/14

Based on the **AMA Guidelines**, the claimant has sustained a 6 % **medical impairment** to _____ injured body part(s) and a _____ % **medical impairment** to _____ other affected body part(s).

___ The claimant is **able to return to work** without restriction.

_✓_ The claimant is **able** to return to work **with the following restrictions:**

light duty, no lift > 15 lbs; constant sit + stand; frequent ladder climb/master; occ crawl squat, kneel

___ The claimant is **unable to return to work** at his or her current employment.

As of the date I last saw this patient, it is **my professional medical opinion** the claimant:

___ **will not** need future medical care related to his or her work related injury or illness based on a reasonable degree of medical certainty (more likely than not).

_✓_ **will** need future medical care and treatment related to his or her work related injury or illness based on a reasonable degree of medical certainty (more likely than not) and that medical care and treatment including medication is as follows:

medication management

Treating Physician

12/22/11

Date

9/07

14B

Physician's Statement

389

498

213

JAN-12-2012 12:13 From:864+797+7105 Page:2/2

APA 14

Dr. Robert Brabham

01-16-12

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PSYCHOLOGICAL AND TRAINING SERVICES, P.A.

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ROBERT E. BRABHAM, PH.D

LICENSED PSYCHOLOGIST

MASTER'S IN REHABILITATION COUNSELING

ROB BRABHAM, JR., MRC, CRC NORA HEAPE, RN, BA BETH BURNETT, BA, ED. DENISE YARBOROUGH, ADMIN. ASST.

PSYCHOLOGICAL and VOCATIONAL EVALUATION

Name: Sean D. Daley ID Number: xxx-xx-7911

Date of Birth: 06-16-1976 Age at Evaluation: 35

Date of Evaluation: 01-16-2012 Date of Report: 01-17-2012

Referral and Background Information: Mr. Daley is a 35-year-old former Commercial Plumber for Chapman's Mechanical. He had worked for Chapman's Mechanical for only about 4 months at the time of his injuries. He indicated that he had, however, worked as a plumber for 17-18 years, since age 19. He was referred for an independent psychological and vocational evaluation to determine vocational implications, and earnings issues, if any, related to limitations resulting from on-the-job injuries he sustained on 02-09-2011.

Mr. Daley sustained on-the-job injuries when he fell approximately 8 feet while working on overhead pipes while standing on a ladder. He indicates the floor was uneven and when he fell he landed on a piece of PVC pipe sticking up through the floor. He indicates that he could have been impaled in that fall. He actually sustained a brief loss of consciousness, but was then able to walk to his vehicle. He was subsequently driven by his foreman to a local Urgent Care for medical treatment, and then transported via EMS ambulance to a local hospital.

He noted that within a few days of his injuries he actually returned to work, albeit supposedly assigned to "sedentary" office duty. However, he noted that the work he was assigned was actually not sedentary and although he "tried" to perform the work, he could not continue. At that time he was informed by his employer that they were unable to accommodate permanent sedentary work restrictions and he was terminated in April 2011. He has been unable to return to any gainful employment as a result of his on-the-job injuries since being terminated in April 2011.

He and his wife have been married for only 6 months, his second marriage. They have a 1-year-old child. He has an 8-year-old child from his first marriage, and his wife has a 4-year-old daughter from her first marriage. Ms. Daley works for a local dry cleaner earning $8.50 per hour.

Mr. Daley arrived promptly for this evaluation and drove himself. He drives daily, usually locally only to take their children to school and to doctor's appointments, but with considerable low back pain when seated in a relatively fixed position, as driving requires.

His general appearance, hygiene and personal grooming were good. He had a goatee. He is 6' 0" in height, and weighs about 224 pounds, a gain of about 40-50 pounds due, in his opinion, to reduced levels of activity. He does not wear glasses, but reported experiencing some visual changes since his injuries, specifically episodes of blurry vision. He also does not require the use of a hearing aid, but indicated that he does experience ringing of the ears, at times. He requires the use of a cane, at times, for mobility and stability related to ongoing balance issues. He wriggled and changed positions throughout the evaluation, citing low back pain. He noted that his visual, hearing and balance issues were not present prior to his on-the-job injury.

At the time of this evaluation he was receiving $420 per week in Worker's Compensation benefits. He indicated that he and his wife are also receiving $675 per month in food stamps, which "saved the day". However, he indicated that they continue to experience significant financial hardship and have actually been put on notice to be evicted on multiple occasions. He noted, "...we live week to week in our rental home...it is hugely stressful to wonder how we will pay the bills from week to week..."

Sources of Information:

Medical Records from:

Elite Physical Therapy (FCE)	Ben Roling, PT, DPT, OCS
Upstate Medical Rehabilitation	Robert LeBlond, M.D.
Pardee Hospital	Larry Farmer, DO
	Ralph Ricco, M.D.
Southeastern Neurosurgical & Spine Institute	Timothy McHenry, M.D.
Westside Medical Center	Melvin Porter, M.D.
Poinsett Psychiatric Group	Patrick Mullen, M.D.

Psychological Testing and Evaluation Results:

- Wechsler Adult Intelligence Scale – Fourth Edition
- Wide Range Achievement Test – Revision 4
- Beck Depression Inventory – II
- Beck Anxiety Inventory
- Brain Injury Screening
- Clinical Interview and Behavioral Observations
- Mental Status Examination

Activities of Daily Living: He lives with his wife and their three children in a one-story, single-family rental home. He noted that his mother-in-law is also presently living with them in order to provide them with in-home childcare. On most days, he gets up at about 6:30 AM and is able to handle his basic personal grooming and toilet needs without assistance. He noted that he must take prescription medication upon awakening, and must move slowly due to ongoing pain symptoms and limitations.

He must now avoid shoes with laces due to his inability to bend to put on or tie his shoes related to increasing pain symptoms when doing so. He has also modified the placement of items located in his home for ease of reaching.

He continues to perform light chores around the home, but requires frequent breaks when doing so. He noted, "...I try to stay as busy as possible...I help the women with the chores at home as best I can..." However, he noted ongoing limitations with grip and grasp in his left hand. He indicated that he must wear a wrist brace at times to assist with his symptoms and limitations. However, he noted that these symptoms were present prior to his injuries in 2011 and were not brought on by his injuries.

He is able to shop alone, but avoids doing so unless absolutely necessary. When he does, he requires items be packaged for ease of carrying. He indicated that he typically purchases only a few items at a time from the store, and is in and out quickly. He mostly holds onto the grocery cart for stability when shopping, although he has required the use of the electric cart since his injuries. He continues to perform "trunk" stretches with the use of rubber bands for about 15 minutes, 2-3 times per week as taught in physical therapy. However, he noted that following even that minimal amount of time he requires a significant period of recovery due to increasing pain symptoms and fatigue. He is not able to sustain much activity, despite efforts to initiate activity due to pain.

In a typical 8-hour day he indicates he must spend about 6 hours per day reclining/ resting on the sofa with his leg and back supported as a result of his physical limitations and pain. Daytime naps have become a part of his daily routine. He watches television to pass the time, but acknowledges that it often is background noise and does not always command his attention.

In a 5-day work week he indicated that he would have to miss at least 2-3 days and/or leave early more days than not per week at any potential job due to pain problems associated with medical conditions that resulted from his on-the-job injuries. This would of course greatly exceed the number of days available for personal/sick leave in an average job in South Carolina, about 1-day per month.

He returns to bed at about 10 PM but gets only about 4-5 hours of non-restorative sleep, often interrupted by pain. He noted no prior history of sleep problems. He now takes an over-the-counter sleep aide at bedtime to assist in getting off to sleep, albeit with little effectiveness. He also takes prescription Neurontin which he thinks tends to help him get off to sleep as well.

As a direct result of his on-the-job injuries he is now able to participate in far fewer social or leisure activities than was the case prior to his injuries. He also admits that he has inadequate patience and is easily irritated. He indicated that his relationships with friends, family and others have also changed as a result of his medical conditions. He noted he could no longer fish, participate in sports, ride a bike, motorcycle or four-wheeler, hike, attend amusement parks, ride a skateboard, run, camp, or snowboard, all activities he enjoyed prior to his on-the-job injuries. He noted, "...I really was an outdoorsman and was very active...I still try to do whatever I can because it kills me to just sit around..."

He noted he has difficulty concentrating and sustaining attention to complete nearly any tasks. His sexual activity has also changed as a result of his medical conditions, which adds to the depression he is experiencing. He also indicated that he and his wife of only about 6 months have experienced marital conflict as a result of the stress his medical condition and lack of finances have put on their relationship and that his marriage may be at risk of failure at this time. The overall quality of his life has clearly been greatly diminished by his injuries.

Educational Background: He graduated from high school in Pennsylvania in 1994. He indicated no academic difficulties. He indicated that he participated on the football and swimming teams while attending high school, and was in good health. He has received no further formal training and has no military experience.

Work History: Mr. Daley has a stable work history. At the time of his on-the-job injuries, he was working as a Commercial Plumber for Chapman's Mechanical for whom he had worked for only about 4 months. He earned $16.50 per hour, which would have been about $35,000 annually. As noted earlier, he had worked as a Plumber for the past 17-18 years, beginning at the age of 19.

Work as a Commercial Plumber is defined by The Dictionary of Occupational Titles as skilled and Medium in physical demands. Such work is actually Heavy as performed, at times, requiring that he lift in excess of 50 pounds, bend, stoop, and reach on a regular basis as part of his essential job duties. He has never held an office/sedentary position, and has no office/computer skills.

He insisted that in his employment he had no personnel or performance problems. He enjoyed his co-workers, his colleagues and got along well with his supervisors. He noted, "...I had good attendance..." He indicated that he believed he had demonstrated that he was and was going to become a "good employee" which made the way he believes he was treated following his injuries all the more distressing.

When asked about any prior work injuries or pre-existing conditions, Mr. Daley noted a prior right foot injury related to skateboarding years earlier. However, he noted that he returned to work within about 3 months of that injury and was working on a full-time basis without undue difficulty at the time of his on-the-job injuries in 2011. Clearly it is the on-the-job injury in 2011, which began his medical problems which have been the primary basis for his inability to maintain gainful employment.

Medical Problems: The medical aspects of his injury are documented in other reports, and will not be addressed in great detail herein. However, several more recent medical references have vocational significance and are noted accordingly.

On 02-09-11, Dr. Larry Farmer, an Emergency Room Physician, indicated, "...injury to back at work...lost balance...fell off ladder approximately 8 feet while soldering a pipe... onto PVC pipe sticking up through cement...blunt force trauma...back contusion..."

A CT of the chest, abdomen and pelvis by Dr. Ralph Ricco on 02-09-11 concluded, "...contusion in the right flank region..."

On 03-08-11, Dr. Melvin Porter indicated, "...work related accident on 2-9-11... performing overhead work when a ladder fell from underneath him...landed backwards on a 4" pipe...strain of mid thoracic and L-S spine and contusion to lumbar back... contusion/strain of right rib cage...Soma, Tylenol, heat..."

On 03-15-11, Dr. Porter noted, "...lower back pain is worse...moves slowly from sitting to standing...strain of mid thoracic and L-S spine...contusion to lumbar back...Lortab..."

On 03-16-11, Dr. Timothy McHenry noted, "...normally employed as a plumber who fell off a ladder...pain score is 6/10...right foot surgery in 2006...moves with a great deal of discomfort...degenerative disc disease, lumbar...I do not think he would be well addressed by surgery...has mainly axial back pain from degenerative disc disease and this would be best addressed non-surgically by physical medicine and rehabilitation... limited to sedentary type work..."

On 04-13-11, Dr. Robert LeBlond indicated, "...history of mild low back pain which was not work related...was able to do his normal job in plumbing...he is continued on light/modified sedentary duty, which he is having difficulty with...they are taking liberties with him and making him produce more difficult activities than he feels he can do... occasionally there is numbness, tingling and weakness in both legs...weight gain... *continue sedentary duties*, if possible, limiting lifting to 15 to 20 pounds...lumbar back pain...sacroiliitis...significant myofascial pain...Lortab, Zanaflex, physical therapy..."

On 06-30-11, Dr. Patrick Mullen indicated, "...was well, working, and happy until 2/19/11...fell off an eight foot ladder onto a pipe stub sticking from the ground...fell directly on his back and was almost impaled...full weight hit directly onto the stub in the right kidney area just lateral to his spine...back hurts him constantly...*has been depressed, with occasional crying spells*...not sure whether he lost consciousness briefly but he has *symptoms of traumatic brain injury including problems with spoken language, difficulty walking, changes in his vision, both immediately after the fall and persistently since then*...also has problems with concentration and with organizing activities...Lortab, Zanaflex...headaches...blurred vision...anxiety...frequent urination... pain in all joints, especially back, hips and knees...has kept a job continuously since he was 18...in plumbing for past 14 years...on depression score he showed signs of depression, including difficulty thinking, irritability, anhedonia, crying spells, trouble sleeping at night...on a traumatic brain injury survey he indicated that his memory was fundamentally alright...changes in his hearing, in his emotions and feelings, in his sense of smell, ability to organize activities in his spoken language, ability to use his hands, ability to walk, ability to maintain concentration...Dr. LeBlond gives the diagnosis of lumbar back pain..."

Dr. Mullen concluded, "...*depression, chronic pain, possible traumatic brain injury*...we do not know how badly Mr. Daley is hurt...has a *mild post-concussive disorder* on top of a severe spinal injury...back pain is much, much worse...depression is caused by his chronic pain, but there may be a contribution by a closed head injury...*currently not a candidate for the active work force in any capacity*...recommend an antidepressant and investigation of possible traumatic brain injury..."

On 07-21-11, Dr. LeBlond noted, "...I placed him on sedentary duty restrictions with no lifting of greater than 15-20 pounds...he was provided with only an unpadded 5 gallon bucket with no back support to sit on...this is not an adequate sedentary accommodation...it provided him no padding or support, both of which are necessary given the nature of his back injury...he could not perform the inventory work he was assigned in a sedentary (i.e., seated) capacity...complained that the first four or five days of this sedentary assignment he was provided with only an unpadded 5 gallon bucket to sit on...was causing him pain...he was provided with a cheap, folding lawn chair bought at Wal Mart...this was not a sufficient accommodation...folding type chair difficult to get into and out of and was made of what appears to be canvass with no padding or back support...the seat of the chair is rather deep making it difficult to get out of the chair to sort and count parts..."

Dr. LeBlond continued "...one of Mr. Daley's superiors suggested he could perform the assigned work sitting on the floor...this is not a reasonable accommodation and not a realistic option...clear from photographs that he would have to often get up to sort, separate, and count parts, fittings...it is not possible for Mr. Daley to count/inventory these materials from a seated position on the floor as he would have to get up and down...requiring Mr. Daley to sit unsupported on the floor is not an adequate sedentary accommodation..."

On 11-21-11, Dr. LeBlond noted, "...follow-up secondary to chronic back pain with mild radicular component...continues to have pain in the back, going into the left and right leg alternating...sharp with intermittent numbness...mechanical back pain with mild radicular component...at MMI...refill Percocet...continue heat, home exercises, and current medications...will need ongoing visits for medication management...AMA, Fifth Edition...6% to the whole person for the lumbar spine..."

An FCE conducted by Ben Roling, PT, DPT, OCS on 12-15-11 concluded, "...low back pain aggravated by prolonged standing or walking...numbness in right foot...achieved PDC level of light with a floor to waist lift of 15 pounds...occasional level squatting, kneeling, crawling, overhead activity, standing trunk rotation, walking, repetitive lumbar flexion..." (Obviously, a restriction to light work does not permit a return to any of his previous employment as a plumber.)

On 12-22-11, Dr. LeBlond completed a Physician's Statement (14B) wherein he indicated, "...lumbar strain...lumbar spine...MMI as of 11/21/11...6% medical impairment...*light duty with no lifting greater than 15 pounds*, constant sit and stand options, frequent ladder climb...occasional crawl, squat, kneel...will need future medication management..."

At the time of this evaluation, Mr. Daley is still prescribed Zanaflex, Neurontin, and Hydrocodone for his medical conditions resulting from his on-the-job injuries. He indicated that he also takes over-the-counter Tylenol for stress-related headaches about 2-3 times per week.

References to pain in records exist over an extended period of time. He indicated treatment has included prescription medications, epidural steroid injections, physical therapy, and a formal pain management program. When asked to describe his pain, he indicated that since his on-the-job injuries he experiences pain at a level 7-8 on a 10-point scale, 7-days per week. He noted daily activities, movement, standing, and sitting exacerbates the pain. He indicated, "...even reaching for the remote control causes sudden pain..." His pain is best relieved by prescription medication, resting/reclining, and hot showers. He indicated that his pain is never below a level 5 on a 10-point scale "every day", even with the "regular" use of prescription medications. His pain would result in unexpected absences and an inability to work, at least 2 days per week. His pain would be distracting and cause abandonment to adequately perform daily activities and work. His pain would prevent his ability to sit and/or stand for an 8-hour day.

Mental Status Evaluation: He was well oriented to all spheres, and neither demonstrated nor reported any hallucinations or delusional thought processes. He noted no prior mental health history.

As will be noted, the primary mental status finding is confirmation as to the continued presence of a variety of symptoms diagnostically significant for a mild traumatic brain injury as has been noted in numerous records. This will be more specifically addressed later in this report.

He described clinically significant symptoms sufficient to confirm the continued presence of a level of depression. He noted, "...my life is 180 degrees reversed...I don't know what to do...my wife has to be mommy and daddy..." His depressive symptoms include a considerable loss of interest or pleasure which is nearly always present. This includes social withdrawal even from family activities; significant reduction in previous levels of sexual interest or desire; decreased energy, tiredness and fatigue out of proportion to actual activity; impaired ability to concentrate; and is easily distracted with memory difficulties. These symptoms have clearly resulted in significant distress/impairment in social, occupational, and other important areas of functioning. These symptoms are not better described by any other general medical condition and there is no evidence of any substance abuse which would cause these same symptoms. In spite of his depression, he denies any suicidal attempts or plans at this time.

In addition to his depression, he is also experiencing considerable anxiety, related to his awareness that in spite of his full cooperation with any and all medical procedures suggested, he continues to experience debilitating pain now more than 11 months following his injuries.

He does not use illegal drugs, and does not consume alcohol. He smokes a quarter of a pack of cigarettes each day, although he acknowledges that he is "trying to quit".

Psychological Test Results: He appeared to cooperate and to give optimal effort during this evaluation. Thus these results are believed to be valid indicators of his current levels of functioning.

On the Wechsler Adult Intelligence Test – Fourth Edition, he obtained a Full Scale IQ score of 113. Relative to examinees of comparable age, he is currently functioning within the "Average" range of intelligence on a standardized measure of intellectual ability.

On the Wide Range Achievement Test – Revision 4, his Reading Standard Score of 60 is a 12.2 grade level score, his Arithmetic Standard Score of 40 is an 8.0 grade level score, and his Spelling Standard Score of 38 is a 9.6 grade level score.

On the Beck Depression Inventory-II, he obtained a Raw Score of 23, defined as a "Moderate" level of depression.

On the Beck Anxiety Inventory he obtained a raw score of 11, defined as a "Mild" level of anxiety. This is consistent with his subjective but credible and specific descriptions of symptoms typically associated with clinically significant levels of anxiety.

Evidence and Symptoms Associated With An Acquired Physical Brain Injury: There are multiple medical references over an extended period of time confirming that Mr. Daley sustained a (physical) traumatic brain injury. He continues to present classic evidence as to the continuing presence of cognitive deficits that resulted from his brain injury. A variety of behavioral symptoms are evident and have been noted, including attentional problems, irritability, anxiety, depression, apathy, and other similar changes in personality.

Medical records document that Mr. Daley apparently suffered a concussion at the time of his work-related fall in February 2011 as noted by Dr. Patrick Mullen. For the record, a concussion is a traumatic brain injury that affects brain functioning. Post-Concussive Syndrome (PCS) symptoms typically include a cluster of cognitive, behavioral, and emotional symptoms that occur after a blow, fall, or hit to the head. Ten common signs of Post-Concussive Syndrome include, but are not limited to only: (1) low grade headaches that won't go away; (2) difficulty paying attention or concentrating; (3) difficulty remembering things; (4) difficulty organizing and planning; (5) slowness in thinking; (6) getting lost easily; (7) lack of energy; (8) loss of sense of smell or taste; (9) ringing in ears; and (10) behavior and personality changes. Mr. Daley continues to experience each of these symptoms, 11 months following his injuries.

Obviously, traumatic physical brain injuries can impair the ability to think, complete activities, and carry out executive functioning as required in day to day activities. Difficulties with memory, mood, and attention are among the most common symptoms following brain injuries. Personality changes are common, and rapid mood swings alternate with waxing and waning energy levels. The overall effect can be profoundly disabling.

A traumatic physical brain injury can also place an individual at risk of developing a variety of complications. Patients with concussive head injuries may suffer from: cognitive disabilities; communication difficulties; personality changes; changes in sensory perception; and post-concussion syndrome. Most patients suffering from mild closed head injury report headaches, dizziness and short-term memory loss.

Cognitive deficits are also often accompanied by disturbances of gait leading to falls as has been noted in this report. The multiple cognitive impairments that he has experienced are also associated with anxiety, mood and sleep disturbances. Individuals with concussive-type brain injuries/cognitive deficits are often especially vulnerable to physical stressors, as well as other psychosocial stressors which tend to exacerbate their deficits and associated problems.

In a publication by the Brain Injury Association of America, some of the common symptoms include, but were not limited to: headaches; sleep problems (falling asleep and staying asleep); lack of patience, tolerance; easily annoyed; problems with memory; forgetfulness; slowed thinking, difficulty getting organized, can't finish things; difficulty with word use/recall; poor concentration/easily distracted/inability to pay attention; fatigue, loss of energy, getting tired easily; feeling depressed; driving errors; sexual functioning; problems getting along with spouse; changes in smell, taste, hearing (ringing in the ears), vision (blurred vision); sensitivity to light and temperature; dizziness; and balance. *Mr. Daley exhibits literally each and every one of these clinically significant indicators.*

Utilizing the AMA Guides to the Evaluation of Permanent Impairment-5th Edition, specifically Chapter 13 (The Central and Peripheral Nervous System), Mr. Daley is assessed as continuing to having impairments based on the Clinical Dementia Rating Scale (CDR). He is quite compromised in his attention/concentration, speed of mental processing and multitasking. He avoids most social and recreational activities that previously afforded him pleasure. He still has marked physical limitations and restrictions that clearly prevent him from performing the full range of job duties that his past employment setting required.

Based on the CDR ratings, Mr. Daley is assessed as still having a "Class 2 Impairment", a level of impairment which requires "direction of some activities", resulting in a 15%-29% impairment of the whole person. Using the midpoint in this range, this equates to about a 22% impairment rating.

Specifically, this is based on his memory loss; moderate difficulty in handling some activities; as to community affairs he "appears normal to casual inspection", but has limited his activities; as to home and hobbies, he has abandoned most of his leisure and hobby activities he enjoyed prior to his injuries.

Diagnoses: After observing him during this evaluation, and from careful review of records of past behavior and levels of functioning, he is clearly manifesting signs and symptoms consistent with the requirements to establish and/or maintain several diagnoses. As noted earlier, he sustained a mild (physical) traumatic brain injury at work as confirmed by numerous records cited earlier. He is also continuing to experience major pain episodes and references to pain exist in several medical records over an extended period of time. He is also anxious about his future, especially since he realizes that his past work is no longer an option for him, an anxiety-provoking thought for someone at the age of 35. Finally, his multiple losses, personal, financial, social and leisure, all have led to a level of depression. Depression and anxiety are the two most common psychiatric symptoms experienced by adults following major lifestyle changes.

Therefore the following diagnoses apply, in keeping with all diagnostic requirements for each:

307.89 Pain Disorder
311 Depressive Disorder NOS
300.02 Generalized Anxiety Disorder
294.1 Cognitive Disorder, Secondary to (Physical) Traumatic Brain Injury

These medical/mental conditions are in addition to his other physical medical problems that are well documented in his files.

Vocational Opinion and Rationale: Several factors must be considered in reaching a vocational opinion. They include his age of 35, still defined as a "younger worker", a positive factor; his high school graduate educational background is positive; his stable work history would be positive but is offset by his inability to perform any work on a sustained basis; due consideration must also be afforded to the pain that he experiences on a daily basis which requires that he spend 6 hours per day "resting or reclining"; his depression, anxiety, and/or post-concussion symptoms interfere with his ability to maintain sufficient attention and concentration, which becomes a negative factor.

Taking all of these factors into consideration, it is my opinion, to a high degree of professional certainty, based on nearly fifty years of vocational rehabilitation and psychology experience, and nearly a decade of experience as the Executive Director of the Brain Injury Alliance of SC, that he has experienced a mild (Physical) Traumatic Brain Injury. Unfortunately, especially due to his young age, I regretfully must conclude that with the passage of more than 11 months since his brain injury and with his continued profound deficits, he remains, as yet, unable to engage in full-time gainful, competitive employment as a result of his medical conditions resulting from his on-the-job injuries in February 2011.

The rationale for my opinion is essentially based on the following observations:

Credibility: He appeared credible in his description of his limitations and remaining functional capacities. As a result of the limitations on his back and bilateral lower extremities, he cannot complete significant tasks or activities on a regular, sustained basis.

It is noted that the information provided during this interview was highly consistent with information reported in other reports. This provided additional confirmation that the responses and description of events and circumstances were candid, were not feigned or exaggerated, and do not appear to represent any symptom magnification.

It does not seem reasonable to suggest that someone who has worked essentially continuously since graduating from high school would now feign or fake an inability to work. It is particularly unlikely that he would do so within months of his recent marriage and with a young child at home to support. I do not believe he would subject himself and his family to the financial difficulties described in numerous reports in any fictitious manner.

Medications: He is prescribed several medications, and is carefully compliant with dosages and times as prescribed, and has been so since his injuries. However, he experiences the usual and predicted side-effects of medication, including feelings of fatigue and an inability to function at optimal levels while taking his medications.

Pain Factors and Attendance Implications: Even with pain medication he continues to experience significant pain at such levels as to interfere with his ability to sustain physical activity. His cognitive deficits would also cause difficulty in his ability to pay attention to job tasks and job duties for hours each week, on average. The inability to maintain concentration and persistence interferes with the ability to meet production expectation for even unskilled jobs.

Limitations on Sitting and Standing: His limitations on sitting and standing are such that vocationally even any sedentary work, which might otherwise have been suggested, is precluded. Vocationally, any work requires some combination of sitting, standing and/or walking for a full 8-hour workday, without the need to rest for prolonged periods of time, something he is unable to do in his present condition.

Summary and Conclusions: Based on all the evidence as described above, consistent with observations during this evaluation and various reports in his file, he is unable to yet effectively perform the essential duties in any gainful work activity. It is also clear that the unfortunate combination of factors and characteristics he now faces are directly related to the injuries he sustained while working.

With his combination of physical, emotional, and/or cognitive difficulties, he is still unable to perform any substantial gainful work activity, which exists in the SC or the national economy. Directly as a result of his on-the-job injuries the only services he could perform are so limited in quality, dependability, or quantity that no reasonably stable market for them exists.

The opinions noted in this report are offered within a reasonable degree of professional certainty, based on nearly 50 years of vocational rehabilitation and psychology experience. Thank you for the opportunity to work with you in this matter. If you have any questions, or if I could address additional issues, please do not hesitate to contact me.

Robert E. Brabham

Robert E. Brabham, Ph.D.
Licensed Psychologist
Master's in Rehabilitation Counseling
Brain Injury Specialist, Former Director of the Brain Injury Alliance of South Carolina
Former Director, Brain Injury Division, SC Department of Disabilities and Special Needs

APA 15

Dr. Walter Grady

01-19-12

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Spartanburg Regional
PHYSICIAN GROUP

January 19, 2012

DALEY, SEAN

ATTORNEY: **Jeff Ezell**

INDEPENDENT MEDICAL EVALUATION

AREA OF FOCUS:

Lumbar spine.

HISTORY OF PRESENT ILLNESS:

Mr. Daley is a very pleasant, 35 year old, ambulatory male who presents today for independent medical evaluation. He is ambulatory without assistive device.

EMPLOYER AT TIME OF ACCIDENT::

Chapman Mechanical

DATE OF INJURY:

February 9, 2011

DATE OF SURGERY:

Not applicable.

CHIEF COMPLAINT:

Patient presents today with a chief complaint of lower back pain. He complains of a stabbing and throbbing sensation of pain in either butt cheek. He also has tingling that alternates between his legs and he has numbness that extends down to his right foot.

DESCRIPTION OF INJURY IN DETAIL:

On the date of injury of 2-9-11, the patient fell about 9 feet from a ladder. He fell backwards and landed on a PVC pipe that was vertical. He was doing his job as a plumber.

Grady Orthopaedics
480 Floyd Road :: Spartanburg, SC 29307 :: 864-582-2115 :: Fax 864-582-2117

DESCRIPTION OF JOB WHEN INJURED:

Plumber.

CURRENT PAIN SCALE RATING:

Lumbar spine pain score is 5 to 6 out of 10.

CURRENT EMPLOYMENT:

Patient was terminated from his job.

PAST MEDICAL HISTORY:

Asthma.

CURRENT MEDICATIONS:

Percocet, Neurontin, Xanaflex, Albuterol inhaler prn.

ALLERGIES:

No known drug allergies.

PAST SURGICAL HISTORY:

Right foot surgery in terms of surgery relative to 5th metatarsal fracture.

FAMILY HISTORY:

The patient's mother and father are both living.

SOCIAL HISTORY:

The patient smokes about ½ pack of cigarettes per day, however, he does not drink alcohol.

WORKMAN'S COMPENSATION HISTORY:

The patient indicates that he has received any prior treatment relative to this same problem for which we are evaluating him for today in terms of lumbar spine in the 2010 time frame. He had mild low back pain, however, he never missed any work from that

injury.

He indicates that he has never filed a workman's compensation claim for a similar injury prior to this claim.

APPLICABLE MEDICAL RECORDS REVIEW INCLUSION:

The patient was evaluated by Dr. Timothy McHenry on the date of **3-16-11**. Per Dr. McHenry, he did review the imaging studies under the examination category of the narrative. Imaging studies in terms of the MRI scan of the lumbar spine dated 11-19-10 demonstrated a lumbar spine L4-5 level with degenerative disease with a high intensity zone posteriorly and slight loss of disc space height. No malalignment was noted and no significant neurologic impingement was noted. There did appear to be transitional anatomy present with a likely sacralization of the L5 level.

Patient was seen by Dr. LeBlond on the date of **4-13-11** for an evaluation. Under the history of present illness, the patient stated that the pain was constant in character and was aching to sharp. He also had a burning pain in the lower back that extended to the left and right of midline equally. He had occasional numbness and tingling and weakness in both legs. The assessment was lumbar back pain and sacroiliitis.

The patient had a functional capacity evaluation accomplished on **12-15-11**. Under the observed gross coordination, it was noted to be within normal limits. It was observed that the patient's efforts were consistent from task to task. In terms of the summary, as rendered by Ben Roling, PT, DPT, OCS, Mr. Daley achieved PDC level of light with a floor to waist lift of 15 lbs. Mr. Daley demonstrated the ability to perform the following activities at a constant level. That would include sitting and standing. The following activities were demonstrated at a frequent level in terms of ladder climbing and transfers. The following activities were demonstrated at an occasional level in terms of squatting, kneeling, crawling, overhead activity, standing, trunk rotation, walking, repetitive lumbar flexion. Mr. Roling was unable to calculate aerobic capacity due to patient terminating the test because of low back pain. Patient reported the speed of 2.0 MPH was too fast for his tolerance.

The patient had maximum medical improvement, per review of records, on **12-22-11**. He was rendered a 6% impairment to his lumbar spine region. He was given light duty work restriction with no lifting greater than 15 lbs and no constant sitting or standing. Also he had a restriction in terms of frequent ladder climbing, etc. It was noted that the patient would need future medical management.

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CLINICAL EXAMINATION - LUMBAR SPINE:

Inspection:

This phase of Mr. Daley's examination is accomplished with him standing on the examination room floor. Inspection of his lumbar spine reveals no gross kyphoscoliotic issues or deformities. He refused to be forward flexed about 10 degrees or so.

Palpatory Examination:

Mr. Daley's lumbar spine centrally from L1 down to L5 reveals him to be tender right at about L2 down to L5-S1.

In terms of left paraspinal musculature from L1 down, we note that he is tender right at about L4-5 and L5-S1.

On the right, stemming from L1 down, we note a little more increased tissue tension and he is tender right at about L3 down to L5-S1.

In terms of left SI joint, he is definitively tender and in terms of the right SI joint, he is definitively tender.

Range of motion Testing:

Range of motion testing of the lumbar spine, reveals him to have about 10 degrees of flexion already and he can flex to an additional 25 degrees to about 35 degrees.

Extension of the lumbar spine is to about neutral or 0 degrees. Side bending to the left is about 15 to 20 degrees and to the right, it is about 15 degrees.

Gait Analysis:

Mr. Daley ambulates with an antalgic gait and he complains of pain in his left SI joint region. Because of the antalgic nature of his gait, we will not test his capacity to heel walk or toe walk at this time.

Motor Testing:

This phase of Mr. Daley's examination is accomplished with him seated on the examination room table. Hip motor testing reveals him to have 4+/5 hip abduction strength. Hip adduction strength is about 4+/5.

Hip flexion strength is 5/5 and hip extension strength is 4+/5.

On the right, hip flexion strength is 5/5 and hip extension strength is 5/5.

On the left, knee extension strength is 4/5 and knee flexion strength is about 3+/5.

On the right, knee extension strength is about 4+/5 and knee flexion strength is about 3+/5.

On the left, ankle dorsiflexion strength is 5/5 and ankle plantar flexion strength is 5/5. EHL strength, on the left is about 3/5.

On the right, ankle dorsiflexion strength is about 5/5 and ankle plantar flexion strength is about 4+/5 and EHL strength is only 1 to 1+/5.

Reflex Testing:

Reflex testing reveals Mr. Daley to have +2 patella reflex bilaterally. The Achilles reflex on the left is +2 and on the right is +2.

Sensory Testing:

Sensory testing reveals Mr. Daley to have hypoesthesia over the S1 dermatome on the right side.

Leg Length Analysis:

Equal bilaterally.

APPLICABLE MEASUREMENTS - LOWER EXTREMITIES:

Thigh circumference, as measured 10 cm superior to the patella, on the right is 53 cm and on the left is 54 cm.

Calf circumference, as measured 10 cm inferior to the patella, on the right is 40.5 cm and on the left is 39 cm.

Provocative Testing:

The seated straight leg raising test, on the left, is positive. Fabere Patrick test, on the left, is positive.

The seated straight leg raising, on the right, is positive. Fabere Patrick test, on the right, is positive.

Circulatory Evaluation:

Circulatory evaluation reveals him, on the right, to have a thready tibialis posterior pulse. The dorsalis pedis pulse, on the right, is palpable. Incidentally, both feet are symmetrically warm to touch.

On the left, we note that he has a palpable tibialis posterior pulse and a palpable dorsalis pedis pulse. Capillary refill, incidentally, appears to be symmetrical in his bilateral lower extremities.

ASSESSMENT:

1) Images as reviewed, per Dr. Timothy McHenry in his noted dated 3-16-11, revealed evidence, on the MRI, of 11-19-10, lumbar spine L4-5 level degenerative disc disease of high intensity zone posteriorly and slight loss of disc space height. No significant neurological impingement was noted. There did appear to be transitional anatomy present with likely sacralization of the L5 lumbar level.
2) Clinical examination consistent with lumbar myofasciitis stemming from about L2-3 down to L5-S1 bilaterally.
3) Clinical examination consistent with bilateral sacroiliitis with a component of sciatica.
4) Clinical examination consistent with thigh atrophy and calf atrophy as delineated above.
5) Antalgic gait with the patient favoring his left lower extremity complaining of left SI joint pain.
6) Chronic element of low back pain as delineated above.

PLAN/RECOMMENDATION:

It is my recommendation that consideration be given to the patient having a repeat MRI study of the lumbar spine.

Re-consultation with an ortho-spine surgeon or neurosurgeon should be a consideration in this patient.

A TENs unit application in addition to topical nonsteroidal anti-inflammatory agent such as the Flector patch and oral anti-inflammatory medication should be a consideration if not contraindicated.

It is my professional opinion, within a reasonable degree of medical certainty, that there

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is a causal relationship relative to the patient's noted on the job injury and his current medical condition.

Using the AMA Guides to Permanent Impairment, 5th Edition, I would rate him as having a 26% impairment of the lumbar spine which correlates to a 23% whole person impairment.

The opinions rendered in this case are the opinions of this evaluator. This evaluation has been conducted on the basis of the medical examiner and documentation as provided with the assumption that the material is true and correct. If more information becomes available at a later date, an additional service report, reconsideration may be requested. Such information may or may not change the opinions rendered in this evaluation. This opinion is based on a clinical assessment, examination and documentation. This opinion does not constitute, per se, a recommendation for specific claims or administrative functions be made or enforced. Any recommendations made during this examination are strictly recommendations as this is an independent medical evaluation and the examiner is not the treating physician.

Walter Grady, DO

WG:ch

Walter Grady, DO

NCNeuropsychiatry
attention & memory centers

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INDEPENDENT MEDICAL EVALUATION

PATIENT: Sean Daley
DOB: 6-16-76
DOI: 2-9-11
DOS: 5-10-12
REFERRAL: Steven Rudisill of Rudisill, White & Kaplan for Chapman Mechanical, LLC

SUMMARY & IMPRESSIONS: Mr. Daley is a 35-year-old white gentleman who sustained a back injury and may have struck his head when he fell off a ladder a little more than a year ago. He has been followed by Dr. LeBlond for back pain and treated symptomatically. He has degenerative disc disease and radiculopathy, but he does not have a surgical back.
Our evaluation today does not reveal any signs that the patient had a traumatic brain injury when he fell in February, 2011. He does not have any serious psychiatric or cognitive problems that can be related to that accident. He is a bit depressed, which is probably related to his disability, and the fact that he can't return to his work as a plumber because of his back injury. The patient's depression is therefore accident related and deserves treatment. We have prescribed Wellbutrin XL 150mgs QAM for three days, to be followed by 300mgs daily thereafter. The patient can probably be continued on this medication by his family physician if it is agreeable.
Our evaluation also indicated premorbid Attention Deficit Disorder. This might prove to be important, because if the patient can't return to plumbing, he would like to return to school. If he does, he may well qualify for accommodations. Wellbutrin, as it happens, is an antidepressant that is sometimes helpful for ADD.
We do not anticipate any persistent neuropsychiatric difficulties or disabilities related to the events of February, 2011.

BACKGROUND: Mr. Daley was born in Hershey, PA, and moved around a bit in childhood due to his father's military career. He's lived in Greenville, SC, for a number of years. He was an average student in high school, never identified with LD or ADD, but endorsing difficulty with book learning, concentration and distractibility. He refers to himself as a hands-on learner, with a propensity for drawing and painting, although he has not done much of either since high school. He was not a behavioral problem, and achieved his diploma on time; he regrets not having pursued further education. He is married for the second time since June 2011; his current wife, too, was previously married, and they have one child between them and one child each from their prior marriages. Mr. Daley is a plumber by trade and had been in the employ of Chapman Mechanical for about six months at the time of his accident.

PPH: none

PMH: asthma, and low back pain preceding injury. He smokes about ½ PPD, but does not take coffee or alcohol, and has not used marijuana since his teens.

CURRENT MEDS: Percocet 10/325 TID-QID, Zanaflex 2mgs QID, Neurontin 300mgs TID.

ALLERGIES: none reported

FH: MGF had DM. Both parents are in good health. Two sisters are treated for depression and one brother has been hospitalized for depression in the past. There are no family alcoholics or suicides. Sean has a 99yo GM living in a LTCF "whose mind was OK the last time I saw her two years ago."

HISTORY OF THE PRESENT CONDITION: On the DOI, Sean was at work for Chapman Mechanical, up on an 8ft ladder, when he lost his balance and fell backward striking his right back on a large PVC pipe about two feet above floor level. He then fell to the side. He does not remember striking his head on the wall or floor. He believes that if he did so, it was from a low distance, as he struck the pipe before anything else happened. He isn't sure if he had LOC. He knows that he

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was no longer wearing his hard hat when he was on the floor. He remembers crawling away from the pipe. Memories of the rest of the day are scattered and incomplete. What he mostly remembers is the back pain. The back pain has been chronic since that time, whereas it had been intermittent and manageable before the fall. He did return to work, but no reasonable provision for sedentary work could be made for him, and he was let go in April 2011. Since then, he has not worked. He used to be very active with his kids, and he enjoyed skateboarding into adulthood, but all active pursuits have been limited by pain. He has become isolative and irritable. He worries about the future, and if he will ever have less pain. He has crying spells and, recently, headaches. He is sad and angry, some of the anger being directed at the worker's comp system. He has non-restorative sleep with initial and middle insomnia, sometimes awakening from pain, and sometimes for no reason he knows. He has gained about 60lbs due to inactivity, which he knows isn't helping his back. His marriage has suffered from his disability as well as from loss of income. He hopes to go back to school to acquire new job skills. He'd like to do something in the IT field.

MEDICAL RECORDS REVIEW:
Medical records from Greenville Hospital and New Horizon Family Health from the fall of 2010 (preceding accident) reveal that he had had complaints of LBP for 2-4 years. LS films on 10-28-10 showed possible transitional vertebra with minimal disc space narrowing at L4/5. An MRI on 11/19/10 showed a posterior central disc protrusion at L4/5.

On 2-9-11, he was brought to Pardee Urgent Care immediately after the accident. It was noted that he was apparently in pain, awake and alert. His pre-injury medications were listed as Lortab, Mobic and Flexeril. He was transported by Henderson County EMS to Pardee Hospital for more extensive evaluation. EMS personnel noted that Mr. Daley was "sitting in an evaluation room, alert and oriented X4" and gave the history of accident recorded above.

At Pardee Hospital, he was "awake, alert and appropriately followed commands." CXR was normal. CT of chest, abdomen and pelvis revealed only a contusion on the right flank. He was treated with IV dilaudid and discharged.

He was seen by Melvin Porter, MD, at Westside Medical Center for two visits, on 3-8-11 and 3-15-11 for complaints of back pain secondary to injury. He was given Soma 350mgs TID and Tylenol #3, and subsequently, Lortab, then referred to orthopedics.

He was seen by Tim McHenry, MD, of Southeastern Neurological and Spine Institute on 3-10-11, 3-16-11 and 11-11-11. Dr. McHenry felt that most of his pain was secondary to pre-existing lumbar degenerative disease, offered Percocet and Zanaflex, and referred him to physical medicine and rehab on 3-16-11.

First visit to Robert LeBlond, MD, of University Medical Group was on 4-13-11. Dr. LeBlond opined that Mr. Daley had sacroiliitis and referred him to physical therapy. Dr. LeBlond saw him again for 7 more visits between 8-10-11 and 3-14-12. An MRI revealed L5/S1 disc disease. Sedentary work was recommended, but Dr. LeBlond didn't like the conditions for sedentary work which the employer provided: seating on a plastic bucket, then a canvas lawn chair with no support, and finally, on the floor, to sort inventory. Dr. LeBlond wrote several letters to the employer about the inappropriateness of the offered seating. Neurontin was prescribed. By November, Dr. LeBlond's diagnosis was "chronic back pain with mild radiculopathy." By December, Mr. Daley was no longer employed. On 3-14-12, he was noted to be suffering from "anger, stress and financial issues."

Mr. Daley attended physical therapy at ProAxis in Greenville in June and July of 2011. At his first visit on 6-9-11, he had a new complaint of upper back and right shoulder pain. On 6-28-11, the therapist noted that Mr. Daley had improving ROM, quality of gait and transitional movements, but that he had "extremely high fear avoidance" behavior and resentment of employer predicting poor prognosis.

A functional capacity evaluation was performed by Elite PT on 12-15-11. Mr. Daley was considered fit for a light PDC level with floor to waist lift of 15lbs; sitting and standing could be performed on a constant level; the testing was terminated early for a complaint of back pain.

An independent medical evaluation was performed by Walter Grady, DO, on 1-19-12. Dr. Grady noted that he had received an MMI document dated 12-22-11 giving Mr. Daley a 6% rating of impairment to the LS region, also restricting him to light duty and 15lb wt lifting restriction [we did not receive this document]. Dr. Grady concluded his evaluation with recommendations for repeat MRI, neurosurgery consult, TENS unit, Flector patches and gave a new rating of 25%

impairment to the LS region equivalent to 23% of the whole person. He stated there was "causal relationship between the patient's on the job injury and his current medical condition."

Mr. Daley was seen by Patrick Mullen MD, psychiatrist, on 6-30-11 for one visit. Mr. Daley's self-reported symptoms at that visit included "depression, difficulty thinking, irritability, anhedonia, crying, trouble sleeping, shaking, tension, anxiety, tiredness, weakness and racking heart." He completed a TBI survey and endorsed "changes in emotions, feelings, sense of smell, organization, comprehension, use of hands, ability to walk, ability to concentrate, changes in vision and work performance." Dr. Mullen wondered if Mr. Daley might have PCS. He recommended (but did not prescribe) an antidepressant and a neuropsychological evaluation.

On 1-16-12, Robert Brabham, PhD, performed a psychological and vocational evaluation. He reported that Mr. Daley said he had brief LOC at the time of the accident (not what he originally said) and concluded that some of his symtpoms were consistent with mild TBI.

PRESENT STATUS:
The patient was given a number of psychological instruments and rating scales.

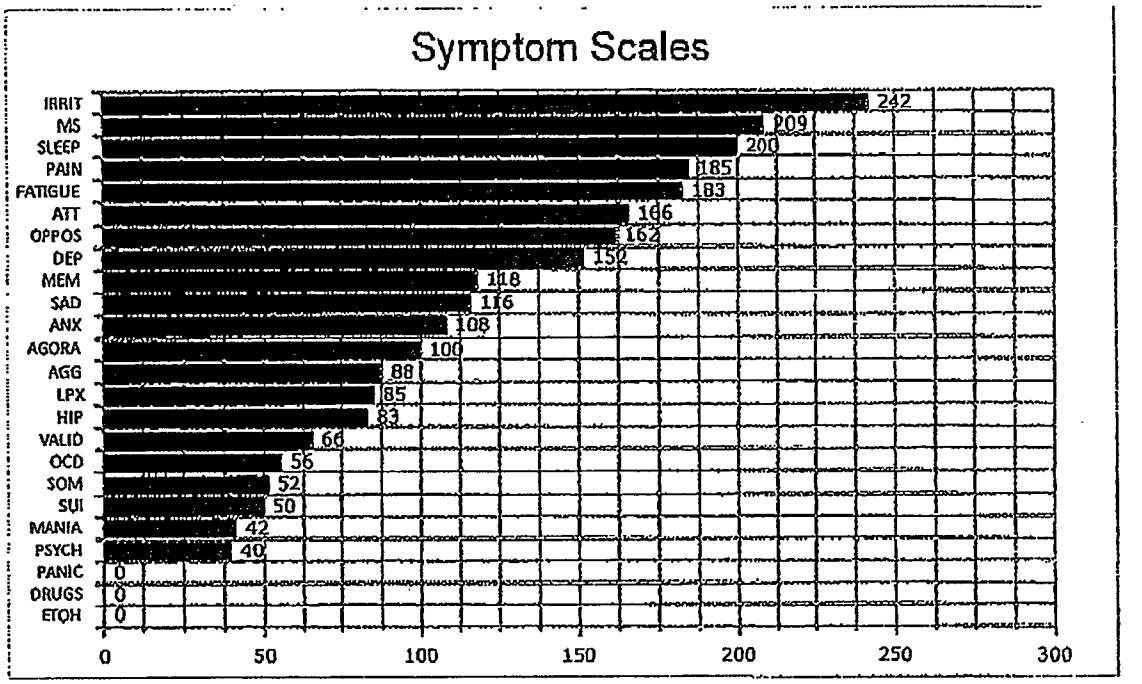
The *Neuropsych Questionnaire* is a symptom checklist with 206 specific items. The questions on the NPQ are about the symptoms of various neuropsychiatric disorders. The items address 24 symptom scales; for example, several questions about insomnia, restlessness, sleep, etc., would constitute the symptom scale for "sleep". 18 of the 24 symptom scales cluster into one of four factors: a somatic factor, which refers to physical symptoms; an anxiety/depression factor; a cognitive factor which refers to symptoms of inattention, poor memory and mental fogginess; and a mania factor which refers to hyperactive and impulsive behavior, manic, aggressive or psychotic behavior.

The terminology is similar to that used in the diagnostic manuals, and in many familiar clinical questionnaires and rating scales. In fact, the NPQ is highly correlated ($r > 0.75$) with clinical rating scales in common use. For that reason, the score that a patient would likely generate on a clinical rating scale can be calculated from the patient's responses on the NPQ. This affords the opportunity to consider the patient's responses on the NPQ relative to some familiar benchmarks.

During the Neuropsych Questionnaire, the patient and/or someone who knows him or her well, is asked to describe how the patient has been over the past couple of weeks, and to rate each symptom that he or she may have had as: "not a problem"; or "a mild problem," that is, present, but not particularly troubling; or "a moderate problem," that is, troubling, but not disabling; or "a severe problem," that is, disabling, because it significantly interferes with their normal day-to-day life. The questions are rated on a scale of 0 to 3.

The average score for each symptom cluster is calculated and multiplied by 100 for the purpose of simplicity. The lowest score one can achieve in any one symptom scale is 0, and the highest is 300. A high score means that the patient is reporting more symptoms of that particular condition. It doesn't necessarily mean that the patient has that condition; just that he or she is reporting a lot of difficulty with the symptoms of the disorder. On the NPQ, normal individuals score less than 75 on every item.

This is how the patient responded on the NPQ:



This is how the patient's NPQ scores might be translated into the scores of clinical rating scales in common use, or in terms of the DSM diagnostic criteria:

EQUIVALENT INSTRUMENT	NPQ SCORE	RATING SCALE SCORE	SEVERITY
HAMILTON DEPRESSION RATING SCALE (HAM D)	144	24	Mod-severe
HAMILTON ANXIETY RATING SCALE (HAM – A)	111	26	mod
BECK DEPRESSION INVENTORY (BDI)	166	34	severe
BECK ANXIETY INVENTORY (BAI)	63	13	mild
BROWN ADHD RATING SCALE (BROWN)	146	58	severe
ADHD RATING SCALE (ADHD RS)	136	24	mild
DAVIDSON TRAUMA SCALE (DTS)	150	34	mod
BIPOLAR AFFECTIVE DISORDER (BPAD/DSM)	138	-	mild
POSTTRAUMATIC STRESS DISORDER (PTSD/DSM)	134	-	mild

The patient was given a number of psychological instruments and rating scales.

RATING SCALES	PT SCORE	MILD	MODERATE	SEVERE
BECK ANXIETY INVENTORY	13	8-15	16-25	26-63
BECK DEPRESSION INVENTORY	39	14-19	20-28	29-63

The *Beck Anxiety Instrument* is a 21-Item self-rating scale addressing symptoms of anxiety. On the BAI, scores from 8-15 indicate mild anxiety; 16-25 moderate anxiety; 26-63, severe anxiety

The *Beck Depression Inventory* is a 21-item self-rating scale addressing symptoms of depression. The Beck Anxiety Inventory is a 21-Item self-rating scale addressing symptoms of anxiety. The Beck scales are self-administered, and are weighted towards the cognitive symptoms of anxiety and depression.

The patient completed an *Adult Symptom Checklist* identifying symptoms occurring over the past week. Scores range from zero (no problems) to three (severe). In the past week, the patient identified 10/90 severe symptoms.

EXAMINATION: VITAL SIGNS: Ht. 70 ¾ inches, Wt. 221 lbs, BP 119/69, P 73.
APPEARANCE: He appeared his stated age, and was casually dressed and well groomed. The patient is a 35yo MWM, here alone, significantly overweight, and in no acute distress. He has no asymmetries or dysmorphic features. He is right handed.

MSE: The patient was alert, neither sedated nor irritable. He was fluent, lucid and oriented. His affect was stable. He was not anxious, depressed, agitated, disorganized or paranoid. There were no overt conversational memory or attention deficits. He was appropriately concerned about his condition. He was pleasant, well related, cooperative and compliant. There was no suicidal/violent ideation or behavior. There was no overt evidence of malingering or of exaggeration. There were no abnormal movements or dyskinesias.

PE: The patient was normocephalic. His extraocular movements were full. His pupils were equally round and reactive to light and accommodation. His skin was clear and the sclerae were white. Dentition is poor. His neck was supple with normal range of motion and no masses. His heart rate was regular rate and rhythm. Lungs were clear to auscultation bilaterally. There was full range of motion in all extremities.

NE: The neurological exam was nonfocal. The patient's cranial nerves II-XII were intact. There were no overt visual or auditory deficits and extraocular movements were full. His strength and muscle tone were equal and bilaterally symmetric. Gait was antalgic, but he did well on tandem walk, heel walking and toe walking, backwards and forwards. Balance was good and the patient did well on the Romberg Test with outstretched arms. Straight leg raise was negative bilaterally. He moves cautiously as though afraid of pain at times. There was an occasional wince. Deep tendon reflexes were equal and bilaterally symmetric. There were no abnormal or pathological reflexes. The patient did reasonably well on finger-thumb opposition and also on finger-to-nose. There were no difficulties with complex tests of motor imitation or coordination, so-called "kinetic melody."

COGNITIVE TESTING:
The patient was given a battery of neurocognitive tests.

CNS Vital Signs is a computerized battery that includes tests of verbal and visual memory, finger tapping, symbol-digit coding, the Stroop test, the shifting attention test, and the continuous performance test, the perception of emotions test, the non-verbal reasoning test and the working memory test. These 10 tests measure various domains, including memory, attention, psychomotor speed, reaction time and cognitive flexibility. Scores for CNS Vital Signs are reported as standard scores, with a mean of 100 and a standard deviation of 15. Normal performance is from 85-115, and 67% of the population will perform in that range. The patient scored as follows:

CNS VITAL SIGNS COMPUTERIZED BATTERY OF TESTS

DOMAIN	STANDARD SCORE	PERCENTILE RANK
NEUROCOGNITIVE INDEX	80	9
MEMORY	105	63
VERBAL MEMORY	80	9
VISUAL MEMORY	129	97
PROCESSING SPEED	96	40
EXECUTIVE FUNCTION	76	5
PSYCHOMOTOR SPEED	78	7
REACTION TIME	66	1
COMPLEX ATTENTION	72	3

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COGNITIVE FLEXIBILITY	76	5
SOCIAL ACUITY	110	75
REASONING	114	82
WORKING MEMORY	103	58
SUSTAINED ATTENTION	68	1

VALIDITY INDICATORS

The 12 tests on CNS vital signs generate a number of "validity indicators." These are indications embedded within the test battery that indicate that the patient may not have been putting forth an appropriate level of effort. In the presence of a completed test battery, a high number of negative validity indicators is strongly suggestive that the patient's low level of performance is motivational in nature, rather than psychological, or neuropsychiatric. In the CNS Vital Signs test battery a "false positive" is a patient with a neurological condition, a psychiatric disorder or a developmental disability who is erroneously classified as "faking bad." If a patient generates invalid scores in five or more indicators, the likelihood of a false positive is one in fifty. If the patient generates invalid scores on seven or more indicators, the likelihood of a false positive is less than one in a thousand. There was no significant evidence of invalid responding.

The patient was given a number of additional cognitive tests:

TEST	SCORE	RESULTS
VOCABULARY TEST	14	Above avg.
VISUAL REASONING	19	Above avg.
RAVLT - total recall	59	Above avg.
RAVLT- delay	8	Low avg.
REY OSTERREITH COMPLEX FIGURE- copy	36/36	100%
ROCF- delay	35/36	100%
REY 15 ITEM TEST	15/15	WNL
VERBAL FLUENCY TEST	37	Avg.

The Rey Auditory Verbal Learning Test is a word-list learning task. The patient is given 5 repetitions of fifteen words, with five immediate recall trials and one delayed recall trial.

The Verbal Fluency Test is a measure of the patient's ability to generate words that begin with a certain letter with a one minute trial. The test is repeated three times.

The Rey 15-Item Test is a measure of exaggerated responding.

The Rey-Osterreith Complex Figure (ROCF) is a measure of visual memory. The patient's performance is evaluated on the basis of a copy and then his or her immediate recall.

The patient was given the *Personality Assessment Inventory*, a psychiatric questionnaire that is independently administered, scored and interpreted. A full report of the patient's performance on this test is available upon request. The patient responded in a consistent fashion with perhaps only mild exaggeration of complaints and problems consistent with a "cry for help." Diagnostic considerations include diagnoses of Dysthymic Disorder, Major Depressive Episode and Paranoid Personality Disorder.

SUMMARY AND IMPRESSIONS:

Mr. Daley is a 35-year-old white gentleman who sustained a back injury and may have struck his head when he fell off a ladder a little more than a year ago. He has been followed by Dr. LeBlond for back pain and treated symptomatically. He has degenerative disc disease and radiculopathy, but he does not have a surgical back.

Our evaluation today does not reveal any signs that the patient had a traumatic brain injury when he fell in February, 2011. He does not have any serious psychiatric or cognitive problems that can be related to that accident. He is a bit depressed, which is probably related to his disability, and the fact that he can't return to his work as a plumber because of his back

injury. The patient's depression is therefore accident related and deserves treatment. We have prescribed Wellbutrin XL 150mgs QAM for three days, to be followed by 300mgs daily thereafter. The patient can probably be continued on this medication by his family physician if it is agreeable.
Our evaluation also indicated premorbid Attention Deficit Disorder. This might prove to be important, because if the patient can't return to plumbing, he would like to return to school. If he does, he may well qualify for accommodations. Wellbutrin, as it happens, is an antidepressant that is sometimes helpful for ADD.
We do not anticipate any persistent neuropsychiatric difficulties or disabilities related to the events of February, 2011.

C. Thomas Gualtieri, M.D.

TRANSCRIBED: 5-10-12
COPIES TO: Sallie Mercer, adjustor (Fax 888-629-5821)
DX: Depression due to disability, Attention Deficit Disorder (premorbid and not accident related)

7

cv 08.28.10

C. THOMAS GUALTIERI, M.D

BIOGRAPHY

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PERSONAL

DOB, August 4, 1944, Brooklyn, New York.
Married, 1977, to Sara Frances Gualtieri
Three sons, age 32, 29, 20; three daughters, 14, 12 and 9.
Home: 825 Kenmore Road, Chapel Hill, N.C. 27514

EDUCATION

A.B., Columbia College, New York, 1965
M.D., Columbia College of Physicians and Surgeons, 1969
Intern, Royal Victoria Hospital, Montreal, Quebec, 1969-1970
Residency and Fellowship, University of North Carolina, Chapel Hill, 1973-1977

CURRENT POSITIONS

Medical Director, North Carolina Neuropsychiatry Clinics, 1988-

PREVIOUS POSITIONS

Physician, Tufts-Delta Health Center, Mound Bayou, MS; Assistant Professor of Community Health and Social Medicine, Tufts School of Medicine; Medical Director, Delta Community Hospital & Health Center, Mound Bayou; 1970-72
Private Practice of General Medicine; Arlington, VA 1972-73
Director, Emergency Room Service, Memorial Hospital of Alamance County, Burlington, N.C. 1973-77
University of North Carolina: Assistant Professor of Psychiatry, 1977-84; Associate Professor, 1984-88; Research Scientist, Biological Sciences Research Center; Director, Neuropsychiatry Clinic; Director Neuropsychiatry Research Program; Director, Child Psychiatry Inpatient Service
Rebound, Inc., Nashville, TN: Corporate Medical Director, 1986-1993

CERTIFICATION, HONORS

Diplomate in Psychiatry, American Board of Psychiatry and Neurology, 1978
Franklyn Robinson Research Award, American Academy of Child Psychiatry, 1978
Diplomate in Child Psychiatry, American Board of Psychiatry and Neurology, 1983
Fellow, American Psychiatric Association, 1986
University of Missouri, "Pioneer in TBI research," 1994.
Distinguished Fellow, American Psychiatric Association, 2002; Distinguished Life Fellow, 2009.

INVITED LECTURES

New York University; East Carolina University; Columbia College of Physicians & Surgeons; University of Arkansas; Indiana University; Temple University; University of South Carolina; Duke University; Emory University; Medical College of Ohio, Toledo; Children's Hospital-National Medical Center, Washington, DC; University of Vermont; University of Minnesota; University of Western Ontario; University of Florida; University of Oregon; University of Washington; Medical College of Wisconsin; University of Cincinnati; Medical College of New Jersey; University of Alabama-Birmingham; Blick Clinic, Cleveland; Tulane University; University of Toronto; McGill University; Lafayette Clinic; Wayne State University; Carrier Foundation, Princeton, NJ; Allegheny General Hospital, Pittsburgh; SUNY Buffalo; Autism-Europe; University of Missouri; North Carolina State University; Royal College of Psychiatrists, London; University of Newcastle; Center for Neurologic Rehabilitation, Indianapolis; NH Assoc School Psychologists, Portsmouth; Grafton School, Beryville, VA; NY State Dept Mental Health: Medical University of South Carolina; Medea Scientific Institute, Milano, Italy; Auburn University; Johns Hopkins; Castang Foundation, London; US Department of Defense.

JOURNALS & REVIEWS

Editorial Boards: Journal of American Academy of Child Psychiatry; Behavioral Residential Treatment; Journal of Child and Adolescent Psychopharmacology; Research in Developmental Disabilities; Child Development & Disabilities (Italy); Journal of Attention Disorders.

Editorial Reviews:

Acta Psychiatrica Scandinavica
American Anthropologist
American Journal of Mental Deficiency
Archives of General Psychiatry
Behavioral Residential Treatment
Biological Psychiatry
Bipolar Disorders - An International Journal of Psychiatry and Neurosciences
Clinical Neuropharmacology
Cognitive Neuropsychiatry
Current Medicinal Chemistry
European J Neurology
European J Psychiatry
Hospital & Community Psychiatry
Indian J Pharmacology
International Psychogeriatrics
J Affective Disorders
J Neuropsychiatry & Clinical Neuroscience
J Psychiatric Research
Journal of Applied Research in Mental Retardation
Journal of Autism & Developmental Disabilities
Journal of Clinical Psychiatry
Journal of Clinical Psychopharmacology
Journal of Contemporary Psychiatry
Journal of Geriatric Psychiatry and Neurology
Journal of Nervous & Mental Disease
Journal of Pediatric Psychology
Journal of Pediatrics
Perceptual Motor Skills
Progress in Neuropsychopharmacolgy & Biological Psychiatry
Psychopharmacology
Psychopharmacology
Research in Developmental Disabilities
Southern Medical Journal
Therapeutic Drug Monitoring
Trials

Grant Reviews & Site Visits: NIMH, Veterans' Administration, NIEHS, March of Dimes Foundation, US Dept of Justice, Netherlands Organisation for Health Research and Development, Department of Defense

PROFESSIONAL SERVICE

Lawyers Committee for Human Rights, Jackson, MS, 1971-72
Native American Rights Fund, Boulder, CO, 1971-80
Mary Holmes College, Jackson, MS, 1972
Division TEACCH, UNC, Chapel Hill, 1977-80
DSM-III Field Trials, 1978
Chairman, Panel on Treatment of Mental Retardation, American Psychiatric Association Task Force on Treatment, 1983-88
Program Committee, American Academy of Child Psychiatry, 1983-86
Ohio Legal Rights Service, 1986-87
American Psychiatric Association, Task Force on Tardive Dyskinesia, 1984-1990
Cornelia de Lange Syndrome Foundation, Scientific Advisory Board, 1988-
Medical Director, Southeast Region, American Association of Mental Retardation, 1993
Eastern NC School for the Deaf, Wilson, NC, 1994-1997
University of North Carolina Department of Athletics, 1996-2007
Mental Retardation Centers: Idaho State School, Nampa; Metropolitan Developmental Center, New Orleans; Orange Grove Center, Chatanooga; Howell's Child Care Centers, LaGrange, NC; Caswell Center, Kinston, NC; Murdoch Center, Butner, NC; Western Carolina Center, Morganton, NC; O'Berry Center, Goldsboro; Kansas Neurological Institute, Topeka; Parsons State School, Parsons, KA; Wyoming State School, Lander; Austin State School, Texas; Richmond State School, Houston, Texas; Center for Discovery, Liberty, NY; Tammy Lynn Center, Raleigh.
State Departments of MH/MR: Arkansas, Colorado, New Mexico, Kansas, Idaho, Louisiana, North Carolina, Ohio, Texas, Alabama, Massachusetts, Tennessee.
Head Injury Rehabilitation Centers: Rebound (Tennessee, South Carolina, Ohio, Florida, Missouri, Texas); Learning Services, Durham, Creedmore; Charlotte Rehabilitation Hospital; Head Injury Center of Charlotte; Cornerstone Services, Boone.
State licensure: North Carolina (18957). Previously licensed in Mississippi, New York, California, Tennessee, Colorado.
Expert witness: DOJ; US Attorneys in Raleigh, Wilmington, Baltimore, Richmond; State AG's in NC, Alabama, Illinois, Wyoming, New Hampshire; expert testimony in federal courts in Memphis, Salem (Or), Kalamazoo, Raleigh, Greenville (NC), Montgomery (Al), Washington, DC, Richmond.

PROFESSIONAL SOCIETIES

American Medical Association
North Carolina Medical Society
Durham/Orange Medical Society
American Psychiatric Association
North Carolina Psychiatric Association
Society for Behavioral & Cognitive Neurology
American Neuropsychiatric Association
International Neuropsychological Society
International Society for CNS Trials Methodology

GRANTS & RESEARCH

1976-81	NICH&HD 10570, "Neuropsychopharmacology of Developmental Disorders"
1979-88	NIMH MH 32317, "MHRC-Psychoendocrinology: Children & Adults"
1980-82	NIMH MH 35339, "Drug-Induced Movement Disorders in Children"
1983-85	UCB, Brussels: Dyslexia

1983-85	Burroughs-Wellcome: ADD
1984-85	State of Colorado, "Psychopharmacology for the Institutionalized Retarded"
1986-89	NICH&HD 20980, "Treatment Approaches & Adaptive Function in the Retarded"
1988	NICH&HD 23042, "Neurobiology of Mental Retardation: SIB & Dopamine"
1989	Bristol Myers: TBI
1997	Bristol Myers-Squibb: ADD
1997	Zeneca: Schizophrenia
1998	Glaxo-Wellcome: Adult ADD
1999	Eli Lilly: ADD
1998	SmithKline Beecham: PTSD
1999	Bristol Myers-Squibb: Depression
2000	Medeva: ADD
1999	Shire-Richwood: ADD
1999	Organon: ADD
1999	Wyeth-Ayerst
2001	SmithKline Beecham: Anxiety
2000	Wyeth-Ayerst: Social Anxiety
2000	Eli Lilly: ADD
2000	Cephalon: ADD
2001	Eli Lilly: ADD
2002	Wyeth-Ayerst: Panic
2001	GlaxoSmithKline: PTSD
2001	Bristol Myers-Squibb: Depression
2002	GlaxoSmithKline: ADD
2002	Merck: Anxiety
2003	GSK: Depression
2003	Organon: Child Depression
2005	Lilly: ADD
2005	GSK: Neurocognition in Depression
2005	Lilly: Anxiety
2005	Shire: ADHD
2005	Bristol Myers-Squibb: Depression
2005	Abbott: Pediatric Bipolar
2005	Forrest: Child Depression
2006	Novartis: ADHD
2006	Esai: Alzheimer's
2006	Astra Zeneca: Depression
2006	Novartis: ADD
2006	Astra Zeneca: Depression
2006	Lilly: Bipolar Disorder
2007	Lilly: Adult ADD
2007	Sanofi-Aventis: Depression
2007	Abbott: ADHD
2007	Alza: ADHD
2007	Pfizer: Anxiety
2009	Johnson & Johnson: ADHD
2010	Shire: Executive dysfunction
2010	Otsuka: Depression

Videotape: Gualtieri, CT & Lonon, RL "Differential Diagnosis of Tardive Dyskinesia," March, 1983, copies available at NC Neuropsychiatry.

Audiotape: Diagnosis & Treatment of Affective Disorders in Persons with Mental Retardation, American College of Psychiatrists, 1998.

Publications: More than 130 publications in scientific journals and medical texts, and three monographs. The majority are research reports in Psychopharmacology, Neuropsychology and Neuropsychiatry. A bibliography is available, on request.

BIBLIOGRAPHY

PUBLICATIONS & PRESENTATIONS SINCE 2000

1. Gualtieri, C.T. *Brain Injury and Mental Retardation: Psychopharmacology and Neuropsychiatry.* Lippincott, Williams & Wilkins, Baltimore, 2002.

2. Gualtieri, CT, Johnson LG & Benedict, KB. Drug Sensitivity of a Computerized Neurocognitive Test Battery. Abstract, INS Annual Meeting, Baltimore, 2004.

3. Gualtieri, CT, Johnson LG & Benedict, KB. Complex Attention in Unipolar and Bipolar Depression. Abstract, INS Annual Meeting, Baltimore, 2004.

4. Gualtieri, CT, Johnson LG & Benedict, KB. Reliability and Validity of a Brief Computerized Neurocognitive Screening Battery. Abstract, INS Annual Meeting, Baltimore, 2004.

5. Gualtieri, CT, Johnson LG & Benedict, KB. Psychometric and Clinical Properties of a new Computerized Neurocognitive Screening Battery. Abstract, ANPA Annual Meeting, Bal Harbor, Florida, 2004.

6. Gualtieri, CT. Dementia Screening in Light of The Diversity of the Condition. J Insurance Medicine, 36, 298-309, 2004.

7. Gualtieri, CT. Dementia Screening Using Computerized Tests. J Insurance Medicine, 36, 213-227, 2004.

8. Gualtieri, CT, Johnson LG & Benedict, KB. The Comparative Neurocognitive Effects of Seven Antidepressants. Abstract, APA Annual Meeting, New York City, 2004.

9. Gualtieri, CT, Johnson LG & Benedict, KB. A Computerized Cognitive Screening Battery for Psychiatrists. Abstract, APA Annual Meeting, New York City, 2004.

10. Lapp CW, Smith RS, Fallck, W. A comparison of simple office screening and a computer - based test battery to quantitate elements of cognitive dysfunction in perons with chronic fatigue syndrome and fibromyalgia. Paper, Amer Assoc of Chronic Fatigue Syndrome, 7th annual Research and Clinical Conference, Madison, Wi, Oct, 2004.

11. *Gualtieri, CT. A Practical Approach to Objective ADHD Diagnosis and Management. Psychiatry2005, 2, 16-25, 2005.

12.*Gualtieri, CT, Johnson, LG. ADHD: Is Objective Diagnosis Possible? Psychiatry2005, 2, 44-53, 2005.

13. *Gualtieri, CT, Johnson, LG. Efficient Allocation of Attentional Resources in Patients with ADHD: Maturational Changes from Age 10 to 29. J Attention Dis, 9, 534-542, 2006.

14.*Gualtieri, CT, Johnson, LG. Antidepresant Side Effects in Children and Adolescents. J Child Adolesc Psychopharmacol. 2006 Feb-Apr;16(1-2):147-57.

15.*Gualtieri, CT, Johnson, LG. Neurocognition in Depression: Patients on and off Medication, Compared to Normal Controls. J Neuropsych Clin Neuroscience, 18, 217-225, 2006.

16. *Gualtieri, CT, Johnson, LG. Neurocognitive Testing Supports a Broader Concept of Mild Cognitive Impairment. J Alz Rltd Dem, 20, 359-366, 2006.

17. Gualtieri, CT, Johnson, LG. A Computerized Neurocogntive Test Battery for Studies of Schizophrenic and Bipolar Patients. Abstract, 13th Biennial Winter Workshop on Schizophrenia Research, Davos, 2006. Schiz. Research, 81, 122, 2006.

18. Gualtieri, CT, Johnson, LG. Reliability and Validity of a Computerized Neurocognitive Test for Research in Schizophrenia. Presentation, ISCTM, 2nd International Congress, Washington, DC, February, 2006.

19. Gualtieri, CT, Changes in Neurocognition from Age 7-20 Years. Functional Brain Changes in Puiberty & Adolescence. Castang & Novartis Foundations, London, April, 2006.

20. Gualtieri, CT & Johnson, LG, Reliability and Validity of a Computerized Neurocognitive Test for Research in Schizophrenia & Bipolar Disorder. Presentation, NCDEU, Boca Raton, Florida, June, 2006.

21. Gualtieri, CT & Johnson, LG, Reliability and Validity of a Computerized Neurocognitive Test Battery, CNS Vital Signs. Archives of Clinical Neuropsychology, 21, 623-643, 2006. http://dx.doi.org/10.1016/j.acn.2006.05.007

22. Masley, S, Roetzheim, R & Gualtieri, CT. Increased Frequency of Aerobic Exercise Enhances Cognitive Flexibility. In press, J Clin Psychol.

23. Gualtieri, CT, Johnson, LG. Bupropion normalizes cognition in patients with depression. Medscape General Medicine. Posted 01/31/2007.

24. Gualtieri, CT, Johnson, LJ. Comparative Neurocognitive Effects of 5 Psychotropic Anticonvulsants and Lithium. Medscape General Medicine Posted 08/23/2006.

25. Gualtieri, CT, Johnson, LG. Medications do not necessarily normalize cognition in ADHD patients. J Attention Dis, 11(4) 459-469, 2008.

26. Gualtieri, CT. An Internet-based symptom questionnaire that is reliable, valid and available to psychiatrists, neurologists and psychologists. Medscape General Medicine, posted Oct 3, 2007.

27. Gualtieri, CT, Morgan, D. The frequency of cognitive impairment in patients with anxiety, depression and bipolar disorder: an unaccounted source of variance in Clinical trials. J Clin Psychiatry, 2008 Jul;69(7):1122-30.

28. Gualtieri, CT, Johnson, LG. Age-related Cognitive Decline in Patients with Mood Disorders. Progr Neuro-psychopharmacol Biol Psychiat, 32, 962-967, 2008.

29. Gualtieri, CT, Johnson, LG. A computerized test battery sensitive to mild and severe brain injury. The Medscape Journal of Medicine, 2008. Posted 04/15/08.

30. Gualtieri, CT, Boyd, AM. Subjective experience of cognitive impairment is not highly correlated with objective test data. ISCTM 4th Annual Meeting, Washington DC, Feb 26, 2008.

31. Gualtieri, CT, Boyd, AM. CNS Vital Signs: Appropriate for Research in Schizophrenia & Bipolar Disorder. ISCDD Annual Meeting, Las Vegas, NV, March 26, 2008.

32. Grant L. Iverson, Brian L. Brooks, Allan H. Young, Lynda G. Johnson, & C. Thomas Gualtieri. Rapid Computerized Assessment of Neurocognitive Deficits in Bipolar Disorder. Ms submitted, 2008.

33. Grant L. Iverson, Brian L. Brooks, V. Lynn Ashton, Lynda G. Johnson & C. Thomas Gualtieri. Does Familiarity with Computers Affect Computerized Neuropsychological Test Performance? J Clin Exp Neuropsychol, in press, 2008.

34. M Kelly, R Gagne, JD Newman, C Olney, C Gualtieri, D Trail. Assessment of Fibromyalgia & Chronic Fatigue Syndrome: A New Protocol Designed to Determine Work Capability – Chronic Pain Abilities Determination (CPAD). Irish Medical Journal, 101, September 2008.

35. Gualtieri, CT. Computerized Neurocognitive Testing. International Brain Injury Association NeuroTrauma Letter, May, 2010.

36. Masley S, Roetzheim R, Gualtieri T. Aerobic exercise enhances cognitive flexibility. J Clin Psychol Med Settings. 2009 Jun;16(2):186-93. Epub 2009 Mar 28.

BEFORE 2000
MONOGRAPHS:

Gualtieri, C.T. *Mental Retardation.* Psychiatric Treatment Manual, Volume 1. American Psychiatric Press, Washington, DC, 1988.

Gualtieri, C.T. *Neuropsychiatry and Behavioral Psychopharmacology.* Springer Verlag: Berlin, 1990.

AD/HD AND STIMULANT DRUGS

1.* Gualtieri, C.T., Kanoy, R., Hawk, B., Koriath, U., Schroeder, S.R., Youngblood, W., Breese, G. & Prange, A.J. (1981) Growth hormone and prolactin secretion in adults and hyperactive children: Relation to methylphenidate blood levels. Psycho-neuroendocrinology, 6, 331-339.

2. Breese, G., Gualtieri, C.T., Mailman, R., Mueller, R., Youngblood, W., Bogel, R. & Wilson, J. (1981) Developmental neuropsychopharmacology: Preclinical and clinical studies of the hyperkinetic syndrome. In: A. Raskin, D. Robinson & J. Levine (Eds), Age and the pharmacology of psychoactive drugs, New York: Elsevier, pp. 63-78.

3.* Gualtieri, C.T., Wargin, W., Kanoy, R., Shen, C., Patrick, K., Youngblood, W., Mueller, R. & Breese, G. (1982) Clinical Studies of Methylphenidate Serum Levels in Children and Adults. Journal of American Academy of Child Psychiatry, 21, 19-26.

4.* Gualtieri, C.T., Wargin, W., Kanoy, R., Youngblood, W. & Breese, G. (1982) The effects of eating and fasting on the absorption of methylphenidate. Research Communications in Psychiatry, Psychology & Behavior, 7, 381-384.

5.* Gualtieri, C.T., Hicks. R.E., Mayo, J.P. (1983) Hyperactivity and Homeostasis. Journal of American Academy of Child Psychiatry, 22, 382-384.

6.* Wargin, W., Patrick, K., Kilts, C., Gualtieri, C.T., Ellington, K., Mueller, R., Kramer, G. & Breese, G. (1983) Pharmacokinetics of methylphenidate in man, rat and monkey. Journal of Pharmacotherapy and Experimental Therapeutics, 226, 382-386.

7.* Gualtieri, C.T., Hicks, R.E., Mayo, J.P., Schroeder, S.R. & Lipton, M.A. (1984) The persistence of stimulant effects in chronically treated children: Further evidence of an inverse relationship between drug effects and placebo levels of response. Psychopharmacology, 83, 44-47.

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11. Gualtieri, C.T. & Hicks, R.E. (1985) Stimulants and Neuroleptics in Hyperactive Children (Letter to the Editor). Journal of American Academy of Child Psychiatry, 24(3).

12.*Gualtieri, C.T., Ondrusek, M.G. 7 Finley, C. (1985) Attention Deficit Disorder in Adults. Clinical Neuropharmacology, 8(4), 343-356.

13. Gualtieri, C.T. & Hicks, R.E., (1986) The Neuropharmacology of Methylphenidate and a Neural Substrate for Childhood Hyperactivity. Psychiatric Clinics of North America, 8(4), 875-892. Reprinted (1987) in Chess & Thomas (eds) Annual Progress in Child Psychiatry and Child Development.

14.*Gualtieri, C.T., Hicks, R.E., Levitt, J., Conley, R. & Schroeder, S.R. (1986) Methylphenidate & Exercise: Additive Effects on Motor Performance, Variable Effects on the Neuroendocrine Response. Neuropsychobiology, 15, 84-88.

15.*Evans, R.W., Amara, I. & Gualtieri, C.T. (1986) Methylphenidate and Memory: Dissociated Effects in Hyperactive Children. Psychopharmacology, 90(2), 211-216.

16. Evans, R.W., Gualtieri, C.T. & Shear, P.K. (1987) Childhood Hyperactivity. In: B. Epanchin & J. Paul (eds), Emotional Problems of Childhood and Adolescence, Merrill Publishing: Columbus, OH, 143-161.

17.*Evans, R.W., Gualtieri, C.T. & Hicks, R.E. (1986) Neuropathic Substrate for Stimulant Drug Effects in Hyperactive Children. Clinical Neuropharmacology, 9(3), 264-281.

18.*Schroeder, S.R., Mann-Koepke, K., Gualtieri, C.T., Eckermann, D.A. & Breese, G.R. (1987) Methylphenidate Affects Strategic Choice Behavior in Normal Adult Humans. Pharmacology, Biochemistry & Behavior, 28, 213-217.

19. Chandler, M.C. & Gualtieri, C.T. (1988) Other Psychotropic Drugs: Stimulants, Antidepressants, Lithium and the Anxiolytics. In: M.G. Aman (ed), Psychopharmacology of Developmental Disabilities, Springer-Verlag, Berlin.

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22.*Gualtieri, C.T., P.A. Keenan, and M. Chandler. 1991. Clinical and neuropsychological effects of desipramine in children with attention deficit hyperactivity disorder. J Clin Psychopharmacol 11:155-159.

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TARDIVE DYSKINESIA AND NEUROLEPTIC DRUGS

1.* Gualtieri, C.T., Barnhill, L.J., McGimsey, J. & Shell, D. (1980) Tardive dyskinesia and other drug-induced movement disorders in children. Journal of American Academy of Child Psychiatry, 19, 491-510.

2.* Gualtieri, C.T. & Hawk, B. (1980) Tardive dyskinesia and other drug-induced movement disorders among handicapped children and youth. Journal of Applied Research and Mental Retardation, 1, 55-69. Reprinted (1982) in Chess and Thomas (eds), Annual Progress in Child Psychiatry and Child Development.

3.* Gualtieri, C.T., Rojahn, J. & Staye, J. (1980) The influence of neuroleptic drugs on prolactin secretion in children. Developmental Medicine and Child Neurology, 23, 255-259.

4. *Gualtieri, C.T. and Guimond, M. (1981) Tardive dyskinesia and the behavioral consequences of chronic neuroleptic treatment. Developmental Medicine and Child Neurology, 23, 255, 259.

5.* Gualtieri, C.T., Lefler, W.H., Guimond, M. & Staye, J. (1982) Corneal and lenticular opacities in mentally retarded young adults treated with thioridazine and chlorpromazine. American Journal of Psychiatry, 139, 1178-1180.

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7. Gualtieri, C.T. & Sprague, R.L. (1984) Preventing tardive dyskinesia and preventing tardive dyskinesia litigation. Psychopharmacology Bulletin, 20(3), 346-348.

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9. Schroeder S.R. & Gualtieri, C.T. (1985) Behavioral interactions induced by chronic neuroleptic therapy in persons with mental retardation. Psychopharmacology Bulletin, 21, 310-315.

10. Gualtieri, C.T., Keppel, J.M. & Schroeder, S.R. (1986) Tardive Dyskinesia: New Facts and New Recommendations. Psychiatric Aspects of Mental Retardation Reviews, 5(1), 1-6.

11.*Gualtieri, C.T., Schroeder, S.R., Hicks, R.E. & Quade, D. (1986) Tardive dyskinesia in young mentally retarded individuals. Archives of General Psychiatry, 43, 335-340.

12.*Gualtieri, C.T. & Patterson, D.R. (1986) Neuroleptic-Induced Tics. American Journal of Psychiatry, 143(9), 1176-1177.

13.*Gualtieri, C.T., Sprague, R.L., Cole, J.O. & Liption, M.A. (1986) Tardive dyskinesia litigation & the dilemmas of neuroleptic treatment. The Journal of Psychiatry and the Law, 14(1-2), 187-216.

14. American Psychiatric Association (1992) Task Force Report on Tardive Dyskinesia. American Psychiatric Press, Washington.

15. Gualtieri, C.T. & Barnhill, L.J. (1988) Tardive Dyskinesia in Special Populations. In: M. Wolf (ed), Biological Mechanisms & Clinical Aspects, American Psychiatric Press, Washington. pp 137-54.

16. Richmond, G., Bell, J., Brown, D.K., Kissel, R.C., Gualtieri, C.T. & Schroeder, S.R. (1987) Changes in Severity of Tardive Dyskinesia in the Retarded During Follow-up Neuroleptic Withdrawal. (Unpub)

17. Gualtieri, C.T. & Sovner, R.M. (1989) Tardive Akathisia. Psychiatric Aspects of Mental Retardation Reviews, 8, 83-90.

18. Gualtieri, C.T. (1991) TMS: A system for Prevention and Control. In J Ratey (Ed), Mental Retardation: Developing Pharamcotherapies, American Psychiatric Press, Washington, pp 35-50.

19. *Gualtieri, C.T., N. Sanders, and N. Leslie. (1993). The problem of tardive akathisia. Brain and Cognition, 23, 102-109.

20. Gualtieri, C.T., N. Leslie, and N. Sanders. 1993. Tardive Akathisia: Prevalence and Validation. (UnPub)

PSYCHOPHARMACOLOGY

1.* Gualtieri, C.T. (1977) Imipramine and children: A review and some speculations on the mechanism of drug action.Diseases of the Nervous System, 38, 368-375.

2.* Gualtieri, C.T. & Powell, S.F. (1978) Psychoactive drug interactions. Journal of Clinical Psychiatry, 39, 720-729.

3.* Gualtieri, C.T. & Staye, J. (1979) Withdrawal symptoms after abrupt cessation of amitryptiline in an eight-year old boy. American Journal of Psychiatry, 136, 1201-1203.

4.* Linoilla, M., Gualtieri, C.T. & Jobson, J. (1980) Therapeutic characteristics of imipramine response in hyperactive children. Journal of American Academy of Child and Adolescent Psychiatry, 19, 491-510.

5. Gualtieri, C.T. & Hawk, B. (1981) Clinical guide to pediatric psychopharmacology. In: S. Gabel (ed), Behavioral Problems in Childhood. New York: Gune & Stratton, pp. 409-424.

6. Gualtieri, C.T. & Hawk, B. (1982) Antidepressant drugs and lithium salts in the treatment of the mentally retarded. In: S. Breuning & A.D. Poling (eds), Drugs and Mental Retardation. New York: Charles C. Thomas Press, pp. 215-234.

7.* Gualtieri, C.T., Golden, R. & Fahs, J. (1983) New developments in pediatric psychopharmacology. Journal of Developmental and Behavioral Pediatrics, 4, 202-208.

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9.* Gualtieri, C.T., Golden, R. Wargin, W. & Breese, G. (1984) Blood level measurement of psychoactive drugs in pediatric psychiatry, Therapeutic Drug Monitoring, 6, 127-141.

10.*Evans, R.W. & Gualtieri, C.T. (1985) Carbamazepine: A Neuropsychological & Psychiatric Profile. Clinical Neuropharmacology, 8(3), 221-241.

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12. Evans, R.W., Amara, I. & Gualtieri, C.T. (1986) Piracetam and Memory Functions: Preliminary Negative Findings. (Unpub)

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15. Gualtieri, C.T. (1991). Paradoxical effects of fluoxetine. J Clin Psychopharmacol, 11, 393-394.

NEUROPSYCHIATRY/NEUROPSYCHOLOGY

1.* Hicks, R.E., Schroeder, S.R. & Gualtieri, C.T. (1982) Effects of response language and stiumuls context upon judgements of visual and temporal extent. American Journal of Psychology, 96, 382-384.

2.* Hicks, R.E., Gualtieri, C.T. & Schroeder, S.R. (1983) Cognitive and motor components of bilateral transfer. American Journal of Psychology, 96, 365-375.

3.* Hicks, R.E., Perez-Reyes, M., Mayo, J.P. & Gualtieri, C.T. (1984) Cannabis, Atropine and Temporal Information Processing. Neuropsychobiology, 12, 229-237.

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IMMUNOREACTIVITY

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Retardation: Neurobehavioral Toxicity & Teratology, Washington, DC: AAMD Monograph Series, pp. 33-67.

OTHER AREAS

1. Rosman, A.W. & Gualtieri, C.T. (1980) Therapeutics bibliography for clinical pharmacists: Psychiatry. American Journal Hospital Pharmacy, 37, 860-862.

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PRESENTATIONS AT SCIENTIFIC MEETINGS:*

American Neuropsychiatric Association, 1989, 2004
American Psychiatric Association, 1981, 1982, 1985, 1986, 1990, 2004
American Psychological Association, 1980
American College of Neuropsychopharmacology, 1983, 1988
American Academy of Child Psychiatry, 1983, 1984, 1985, 1986, 1987
American Association of Psychiatric Services for Children, 1977, 1981
International Neuropsychological Society, 1987, 1989, 2004
New York Orton Society, 1984
International Conference on Psychiatry and the Law, 1984
National Conference on Research in Mental Retardation
(Gatlinburg), 1986
American Association for Mental Deficiency, 1983

NIMH Consensus Conferences, 1979, 1984(2)
New Clinical Drug Evaluation Unit, 1983, 1986, 2006
President's Committee on Mental Retardation, 1985
World Psychiatric Association, 1986
National Association for the Dually Diagnosed, 1988
Cornelia de Lange Foundation (annually) 1988-2004
National Academy of Neuropsychology, Tampa, 2005
Alzheimer's Association, Washington, DC, 2005
13th Biennial Winter Workshop on Schizophrenia Research, Davos, 2006
International Society for Clinical Trials Methodology, Washington, 2006

02/02/2012 12:30 PM

10361

UNIVERSITY MEDICAL GROUP

DALEY, SEAN DAVID

35 Y old Male, DOB: 06/16/1976
9 ARRINGTON AVE, GREENVILLE, SC-29617
Home: 864-990-8621
Guarantor: DALEY, SEAN DAVID Insurance: SELF PAY
Payer ID: 0
External Visit ID: 128618097
Appointment Facility: Upstate Medical Rehabilitation

01/20/2012

Progress Notes: David Goldsmith, PA-C

Current Medications

Percocet-10/325 tablet 325 mg-10 mg 1 tab(s) every 6 hours
Zanaflex tablet 2 mg 1 tab 4 times daily
Neurontin TABLET 300 mg 1 tab(s) once a day @ bedtime
Medication List reviewed and reconciled with the patient

Active Problem List

724.2 LBP [Low back pain]

724.4 Radiculopathy Lumbar

Past Medical History

Asthma
Fatigue
Headaches
Sleep apnea
Blurry vision
Joint Pain
Muscle Pain. asthma

Allergies

N K.D.A

Reason for Appointment

1. WC REFILL

History of Present Illness

Medication:

Medication recheck: Does this medication impair your judgement, coordination or your ability to drive? No, Have you started any new meds since last seen by your doctor at UMR? No, When did you take you last dose of your medication? last night, Are you experiencing any side effects from the medications prescribed by your Physician at UMR? No, Do you consume any alcohol? No, Rate the pain you had before you began treatment (on a scale of 0-10): 10 (unbearable), Rate your pain since you began treatment (on a scale of 0-10): 5, Any changes in your activity level over the last month? No, Are you working now? No, Is this a change? No, Who is your family doctor? none, When is your next appointment with your doctor HERE? march.

Assessments

1. Radiculopathy Lumbar - 724.4 (Primary)

Treatment

1. Radiculopathy Lumbar

Refill Percocet-10/325 tablet, 325 mg-10 mg, 1 tab(s), orally, every 6 hours, 30 day(s), 120, Refills 0
Refill Zanaflex tablet, 2 mg, 1 tab, orally, 4 times daily, 30 days, 120, Refills 3
Continue Neurontin TABLET, 300 mg, 1 tab(s), orally, once a day @ bedtime

Preventive Medicine

MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Follow Up

3/14 with Leblond. Needs RF with PA in Feb

03/01/2012 11:47 AM

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UNIVERSITY MEDICAL GROUP

DALEY, SEAN DAVID

35 Y old Male, DOB: 06/16/1976
9 ARRINGTON AVE, GREENVILLE, SC-29617
Home: 864-990-8621
Guarantor: DALEY, SEAN DAVID Insurance: SELF PAY
Payer ID: 0
External Visit ID: 130305089
Appointment Facility: Upstate Medical Rehabilitation

02/20/2012

Progress Notes: David Goldsmith, PA-C

Current Medications

Zanaflex tablet 2 mg(UMR) 1 tab 4 times daily
Percocet-10/325 tablet 325 mg-10 mg (UMR) 1 tab(s) every 6 hours
Neurontin TABLET 300 mg (UMR) 1 tab(s) once a day @ bedtime
Medication List reviewed and reconciled with the patient

Active Problem List

724.2 LBP [Low back pain]

724.4 Radiculopathy Lumbar

Past Medical History

Asthma
Fatigue
Headaches
Sleep apnea
Blurry vision
Joint Pain
Muscle Pain. asthma

Allergies

N.K.D.A.

Reason for Appointment

1. WC REFILL

History of Present Illness

Medication:

Medication recheck: Does this medication impair your judgement, coordination or your ability to drive? No, Have you started any new meds since last seen by your doctor at UMR? No, When did you take you last dose of your medication? this morning, Are you experiencing any side effects from the medications prescribed by your Physician at UMR? No, Do you consume any alcohol? No, Rate the pain you had before you began treatment (on a scale of 0-10): 10 (unbearable), Rate your pain since you began treatment (on a scale of 0-10): 5, Any changes in your activity level over the last month? No, Are you working now? No, Is this a change? No, Who is your family doctor? none, When is your next appointment with your doctor HERE? March 14.

Assessments

1. Radiculopathy Lumbar - 724.4 (Primary)
2. LBP [Low back pain] - 724.2
3. ENCOUNTER LONG TERM USE OTH DRUGS - V58.69
4. ENCTR THERAP DRUG MONITORING - V58.83

Treatment

1. Radiculopathy Lumbar

Continue Zanaflex tablet, 2 mg, 1 tab, orally, 4 times daily, 30 days, 120, Refills 3
Refill Percocet-10/325 tablet, 325 mg-10 mg, 1 tab(s), orally, every 6 hours, 30 day(s), 120, Refills 0
Refill Neurontin TABLET, 300 mg, 1 tab(s), orally, once a day @ bedtime, 30 days, 30, Refills 3

2. ENCOUNTER LONG TERM USE OTH DRUGS

LAB: Pain Therapy Drug Screen, urine

3. ENCTR THERAP DRUG MONITORING

LAB: Pain Therapy Drug Screen, urine

Labs

Lab: Fentanyl w/confirmation, urine

Lab: Opiate Metabolites drug screen, urine

Preventive Medicine
MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Procedure Codes
00.10 Change next to 10 units
83925 ASSAY OF OPIATES

Follow Up
3-14-12 Dr. Leblond

Electronically signed by David Goldsmith , PA on 02/24/2012 at 09:40 AM EST

Sign off status: Pending

Upstate Medical Rehabilitation
111 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7100
Fax: 864-241-9229

03/22/2012 01:34 PM

STN01036 1

UNIVERSITY MEDICAL GROUP

DALEY, SEAN DAVID

35 Y old Male, DOB: 06/16/1976
9 ARRINGTON AVE, GREENVILLE, SC-29617
Home: 864-990-8621
Guarantor: DALEY, SEAN DAVID Insurance: SELF PAY
Payer ID: 0
External Visit ID: 128618006
Appointment Facility: Upstate Medical Rehabilitation

03/14/2012

Progress Notes: Robert LeBlond*

Current Medications

Neurontin TABLET 300 mg 1 tab(s) once a day @ bedtime
Percocet-10/325 tablet 325 mg-10 mg 1 tab(s) every 6 hours
Zanaflex tablet 2 mg 1 tab 4 times daily
Medication List reviewed and reconciled with the patient

Active Problem List

724.2 LBP [Low back pain]

724.4 Radiculopathy Lumbar

Past Medical History

Asthma
Fatigue
Headaches
Sleep apnea
Blurry vision
Joint Pain
Muscle Pain. asthma

Allergies

N.K.D.A.

Review of Systems

No chest pain, shortness of breath, nausea, vomiting. The rest of the review of systems is negative.

Reason for Appointment

1. WC/ WI PER DR L

History of Present Illness

General:

The patient is a 35 y/o male who presents for follow-up secondary to chronic work related back pain as well as depression with anxiety. He had a Worker's Compensation hearing. They allowed for the psych issue but he is being sent to Charlotte. He notes that he is having a lot of anger issues as well as stress and financial issues. He is hoping to get this case closed, once the psych is treated. Back pain is a little worse. There has been no injury. No change in strength or sensation. He is using p.r.n. Percocet which helps for the most part. No change in bowel or bladder. No fever or weight loss. Pain is worse with walking, bending, lifting.

Vital Signs

Ht 72, Ht Cm 182.88, Wt lbs 224, Wt kg 101.61, BMI 30.38, BP 108/75, Pain score 6/10, HR 75.

Examination

General Exam:

Neurologic: Motor is 5/5. Sensation intact. DTRs equal. Station and gait intact. Back with tenderness in the paraspinals. Mild restriction in ROM. Straight leg raising negative. Extremities: No clubbing, cyanosis or edema. No wasting.

Assessments

1. LBP [Low back pain] - 724.2 (Primary)
2. Radiculopathy Lumbar - 724.4

Chronic mechanical/degenerative back pain after work injury, stable overall.

Treatment

1. Others

Refill Percocet-10/325 tablet, 325 mg-10 mg, 1 tab(s), orally, every 6 hours, 30 day(s), 120, Refills 0
Refill Neurontin TABLET, 300 mg, 1 tab(s), orally, 2 times a day for 2weeks then 3 times a day for the remainder of the month, 30 days, 1 month supply, Refills 0
Continue heat, home exercises and current medications, except I will

titrate his Neurontin up to b.i.d. for two weeks and then t.i.d. Risks, benefits, sedation and driving discussed at length. Recommend that he follow up with psych as scheduled. He would most likely benefit from some type of stress management. We discussed that briefly. The patient was advised to continue all other medications as prescribed by other treating physicians/providers.
REL/mbm/031412.

Preventive Medicine
MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Follow Up
3 Months

Electronically signed by Robert LeBlond on 03/19/2012 at 10:59 AM EDT

Sign off status: Pending

Upstate Medical Rehabilitation
111 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7100
Fax: 864-241-9229

Note generated by eClinicalWorks EMR/PM Software (www eClinicalWorks com)

04/20/2012 12:48 PM

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UNIVERSITY MEDICAL GROUP

DALEY, SEAN DAVID

35 Y old Male, DOB: 06/16/1976
9 ARRINGTON AVE, GREENVILLE, SC-29617
Home: 864-990-8621
Guarantor: DALEY, SEAN DAVID Insurance: SELF PAY
Payer ID: 0
External Visit ID: 133989251
Appointment Facility: Upstate Medical Rehabilitation

04/12/2012

Progress Notes: David Goldsmith, PA-C

Current Medications

Zanaflex tablet 2 mg 1 tab 4 times daily
Percocet-10/325 tablet 325 mg-10 mg 1 tab(s) every 6 hours
Neurontin TABLET 300 mg 1 tab(s) 2 times a day for 2weeks then 3 times a day for the remainder of the month
Medication List reviewed and reconciled with the patient

Active Problem List

724.2 LBP [Low back pain]

724.4 Radiculopathy Lumbar

Past Medical History

Asthma
Fatigue
Headaches
Sleep apnea
Blurry vision
Joint Pain
Muscle Pain. asthma

Surgical History

foot surgery (right) 2006
foot surgery (right) 2006

Social History

Interpersonal/family relationships Single, Single.
no Alcohol, no.
Smoking: yes, yes.
no Recreational drug use, no.
Patient is getting married this week and going on honeymoon to Myrtle Beach for a week.

Allergies

N.K.D.A.

Hospitalization/Major Diagnostic Procedure

see list
see list

Review of Systems

ROS:

Reason for Appointment

1. WC MED REFILL

History of Present Illness

Medication:

Medication recheck: Does this medication impair your judgement, coordination or your ability to drive? No, Have you started any new meds since last seen by your doctor at UMR? Yes Neurontin, When did you take you last dose of your medication? this morning, Are you experiencing any side effects from the medications prescribed by your Physician at UMR? Yes, Side effects include: Sleepy with Neurontin. Not bad enough to stop, Do you consume any alcohol? No, Rate the pain you had before you began treatment (on a scale of 0-10): 10 (unbearable), Rate your pain since you began treatment (on a scale of 0-10): 5, Any changes in your activity level over the last month? No, Are you working now? No, Is this a change? No, Who is your family doctor? none.

No changes in pain. OK to wait to see Dr. Leblond to discuss other options.

Vital Signs

Pain score 7/10, Tech Initial td
took pain meds last night.

Examination

General Exam:

General Appearance alert and oriented, no acute distress, normal gait , flat depressed affect per usual presentation.

Assessments

1. LBP [Low back pain] - 724.2 (Primary)

Treatment

1. LBP [Low back pain]

Refill Percocet-10/325 tablet, 325 mg-10 mg, 1 tab(s), orally, every 6 hours, 30 day(s), 120, Refills 0
Continue Zanaflex tablet, 2 mg, 1 tab, orally, 4 times daily, 30 days, 120, Refills 3
Refill Neurontin TABLET, 300 mg, 1 tab(s), orally, TID max 3/day, 30 days, 90, Refills 1

04/20/2012 12:48 PM

Ear/Nose/Throat: pollen allergies.
Cardiovascular: denies.
Pulmonary: denies.
Gastrointestinal: denies. Urinary: denies.
Psychological: stable on medications.

Preventive Medicine
MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Follow Up
RF in May/ MD 6-14-12

Electronically signed by David Goldsmith , PA on 04/17/2012 at 09:48 AM EDT

Sign off status: Pending

Upstate Medical Rehabilitation
111 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7100
Fax: 864-241-9229

Patient: DALEY, SEAN DAVID DOB: 06/16/1976 Progress Note: David Goldsmith, PA-C 04/12/2012

Note generated by eClinicalWorks EMR/PM Software (www eClinicalWorks com)

Patient Name: DALEY, SEAN DAVID
Date of Birth: 06/16/1976
Telephone: 864-990-8621

Greenville Hospital

Pain Therapy Drug Screen (14), urine	
COLLECTION DATE	02/20/2012
ORDER DATE	02/20/2012
RESULT DATE	02/20/2012
ORDERING PHYSICIAN	David Goldsmith
Cannabinoids	Neg ( )
Cocaine Metabolite	Neg ( )
Amphetamines	Neg ( )
Benzodiazepines	Neg ( )
Barbituates	Neg ( )
Methadone	Neg ( )
Propoxyphene	Neg ( )
Tricyclic Antidepressants (GHS)	Neg ( )
Med Cutoff Levels (GHS)	PEND ( )
pH, urine (GHS)	5.1 (4.5-8.0)
Creatinine concentration	418.5 (>20 mg/dL)

Opiate Metabolites drug screen, urine		
COLLECTION DATE	02/20/2012	05/11/2011
ORDER DATE	02/20/2012	05/11/2011
RESULT DATE	02/20/2012	05/11/2011
ORDERING PHYSICIAN	David Goldsmith	David Goldsmith
Codeine	Neg (ng/mL)	Neg (ng/mL)
Morphine	Neg (ng/mL)	Neg (ng/mL)
Hydrocodone (Lortab, Vicodin)	19616 (ng/mL)	>4000 (ng/mL)
Hydromorphone (Dilaudid)	2792 (ng/mL)	1019 (ng/mL)
Oxycodone (Percodan, Percocet, Tylox)	Neg (ng/mL)	Interferring metabolite unable to quantify (ng/mL)
Oxymorphone	Neg (ng/mL)	Neg (ng/mL)
Opiate Detection Level	PEND ( )	LC/MS/MS Detection Limit: 50 ng/mL ( )

Amphetamine/Methamphetamine, drug confirmation by GCMS	
COLLECTION DATE	05/11/2011
ORDER DATE	05/11/2011
RESULT DATE	05/11/2011
ORDERING PHYSICIAN	David Goldsmith
Amphetamine	Neg ( )
Methamphetamine	Neg ( )

Upstate Medical Rehabilitation
111 Doctor's Drive
Greenville, SC 29605
(864) 797-7100

David L. Shallcross, MD **Robert E. LeBlond, MD**
Ashley Mullinax, MD **Jyoti Math, MD**

Patient Discharge Order Form

Date: 4-13-12

Patient Name: Sean David Daley Account #: 971304386

Address: 9 Arrington Ave Grille SC 29617

(864) 990-8621

Physician decision to discharge patient is due to:

Non-compliance with Clinical office policy. failed UDS X2

Patient advised of optional medical treatment available to him/her upon discharge from Upstate Medical Rehabilitation.

Patient Accepted _____ Patient Declined _____

Any recourse for this patient to remain with Practice? Yes _____ No ✓

Physicians Signature: _____

Date patient contacted: 04-16-2012

If contact unsuccessful, date _____ certified mail notification mailed to patient.

Action taken: called patient, informed him of discharge and explain that he has had (2) UDS and the medication that is Rx was not in the results.

Other appointments: _____ Action taken: _____

Patient account balance Due: _____ Balance Pending Insurance: _____

UMR Employee Signature: ADD

Revised 11/10

7005 3110 0003 7208 0359

549

JUN-20-2012 11:10 From:8647977105 Page:3/7

UNIVERSITY MEDICAL GROUP

DALEY, SEAN DAVID

35 Y old Male, DOB: 06/16/1976
9 ARRINGTON AVE, GREENVILLE, SC 29617
Home: 864-990-8621
Provider: LeBlond, Robert

Telephone Encounter

Answered by Morgan, Libby

Date: 04/16/2012
Time: 11:37 AM

Reason umr discharge

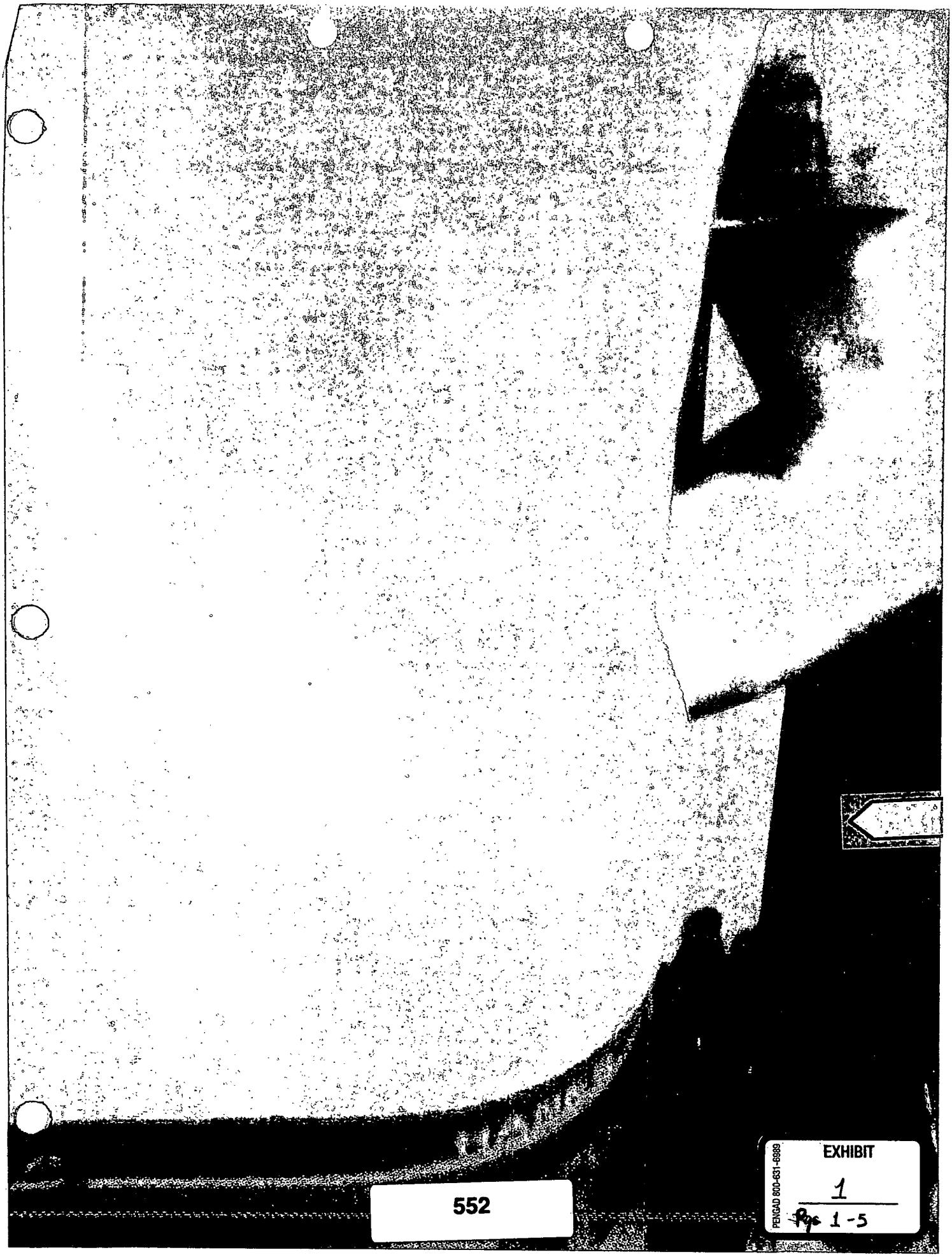
Message Please cx all appointments this patient has been DC and he has beed informed of the DC.

Action Taken Weaver,Angela 04/16/2012 12:40:48 PM EDT > FUTURE APPTS CNX. D/C NOTED.

Exhibit 1

Photographs of Claimant's back post-injury

Pages 1 – 5



552

EXHIBIT
1
Pgs 1-5

PENCAD 800-631-6989



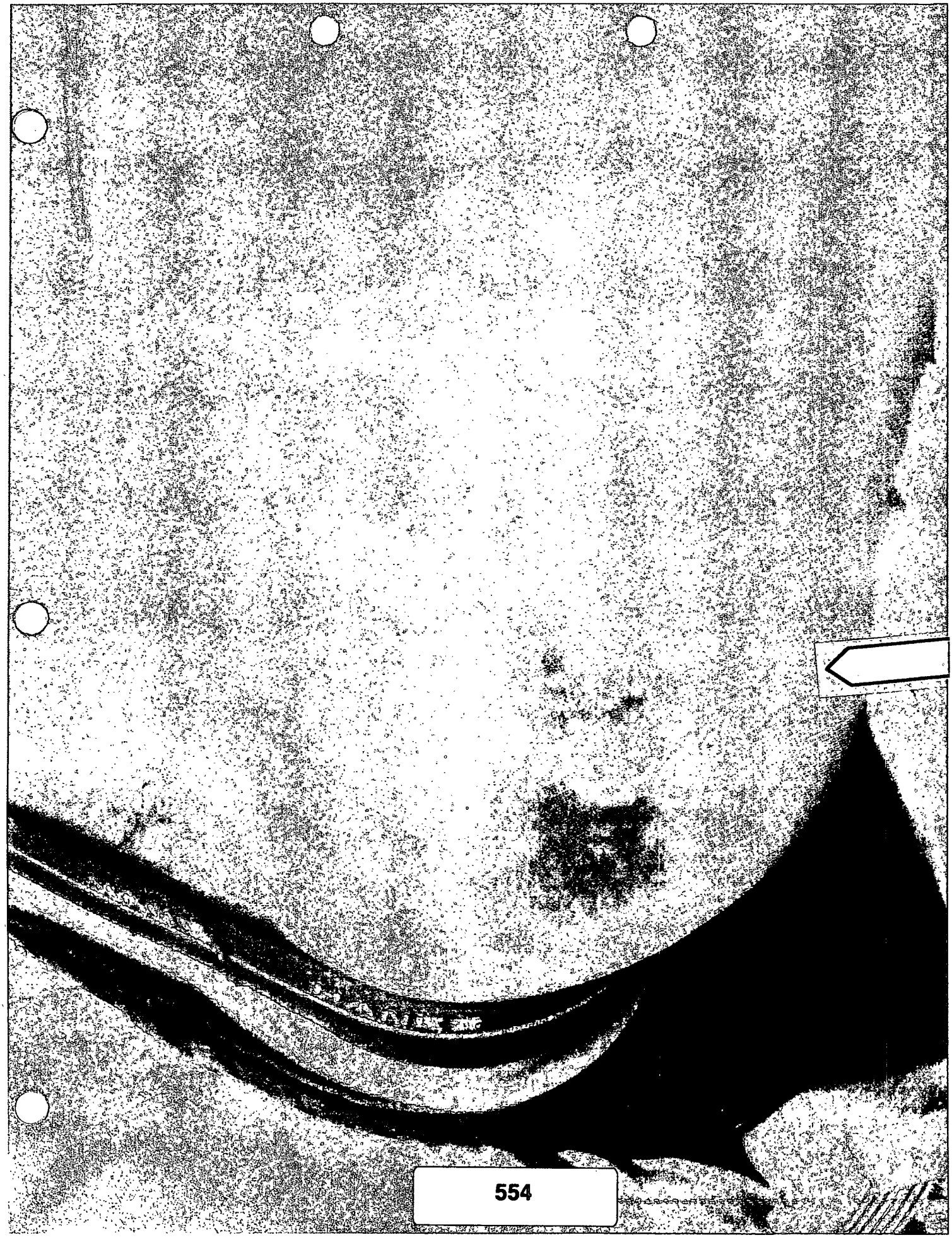


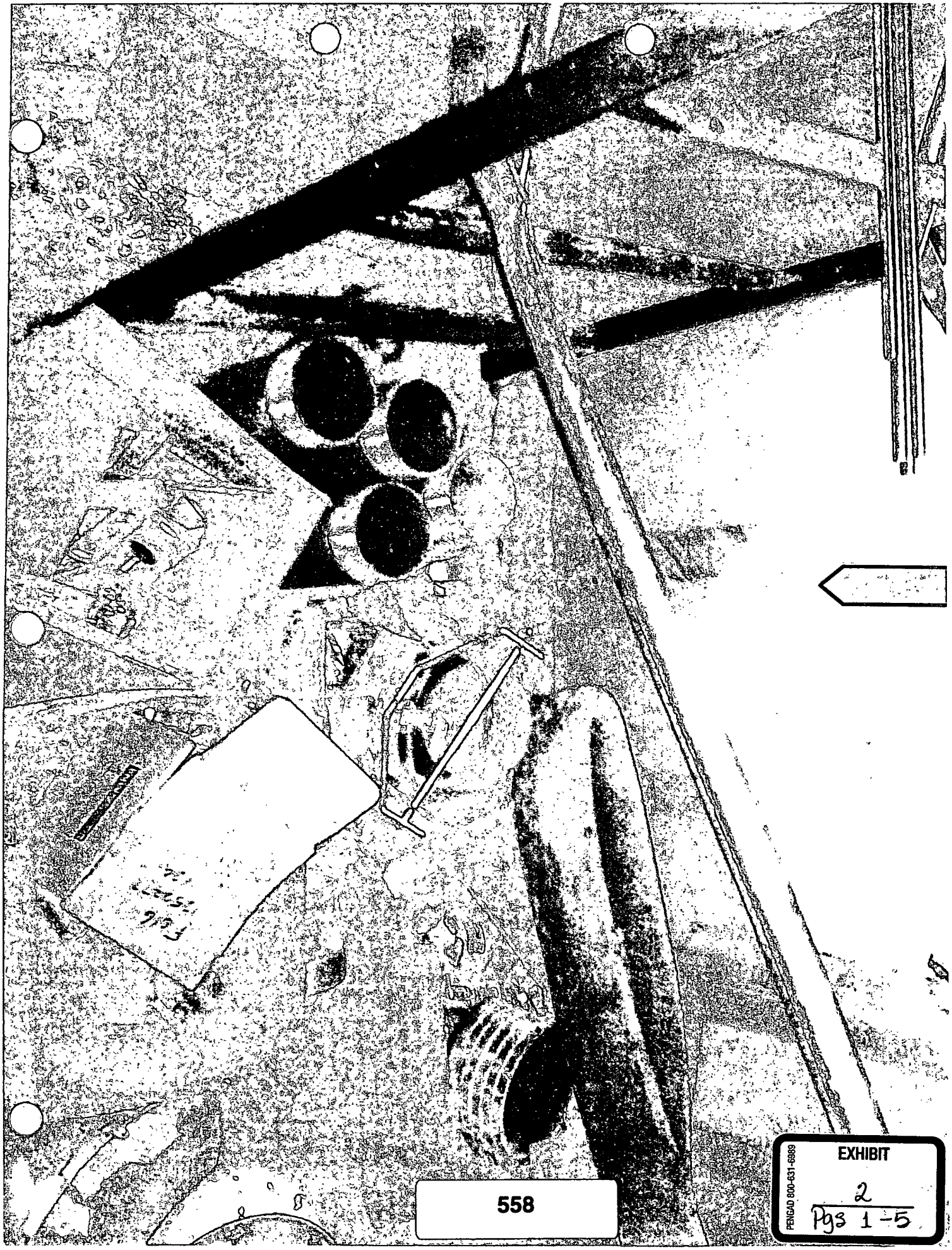




Exhibit 2

Photographs of "light duty" work area

Pages 1 – 5



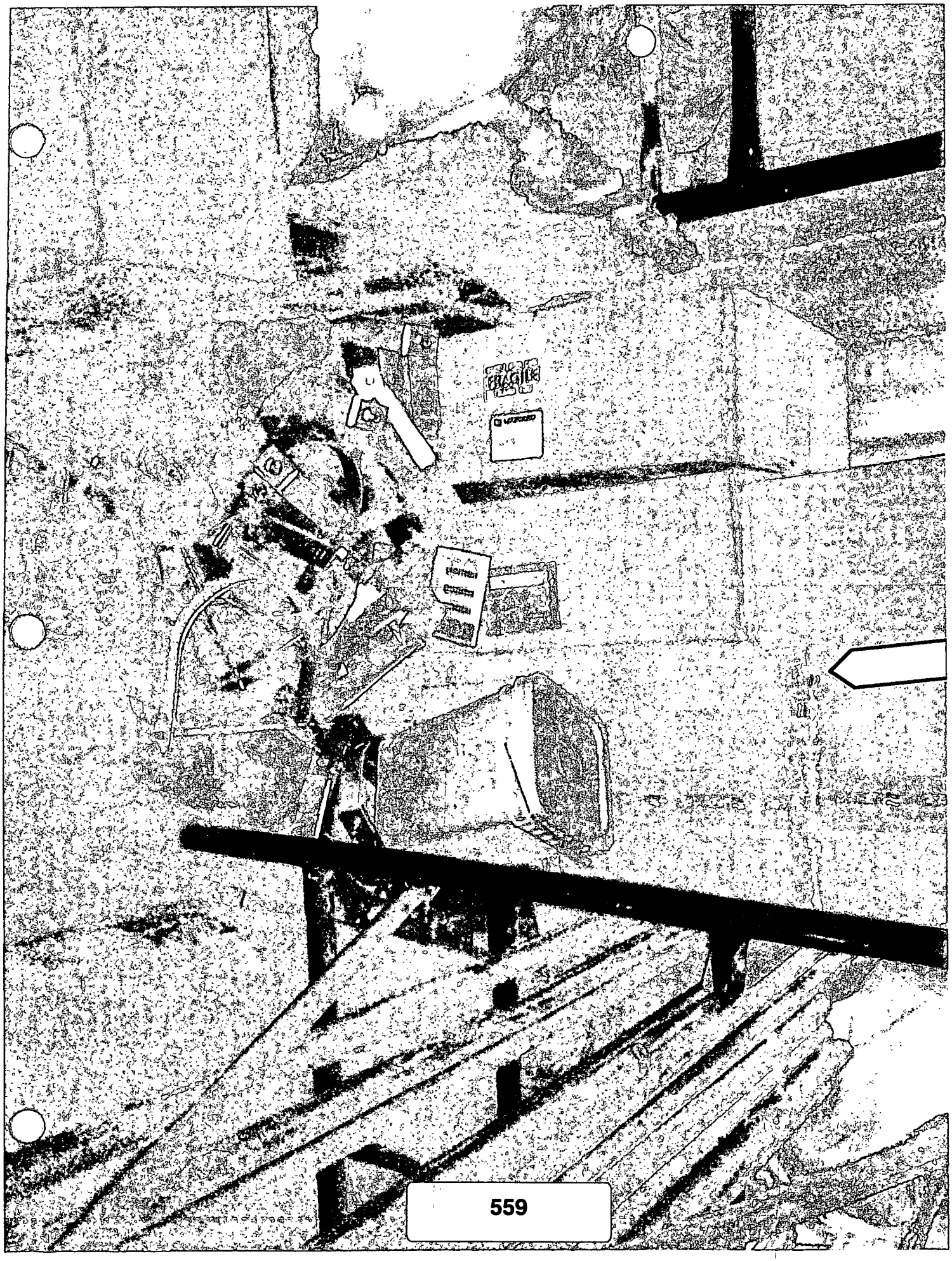
558

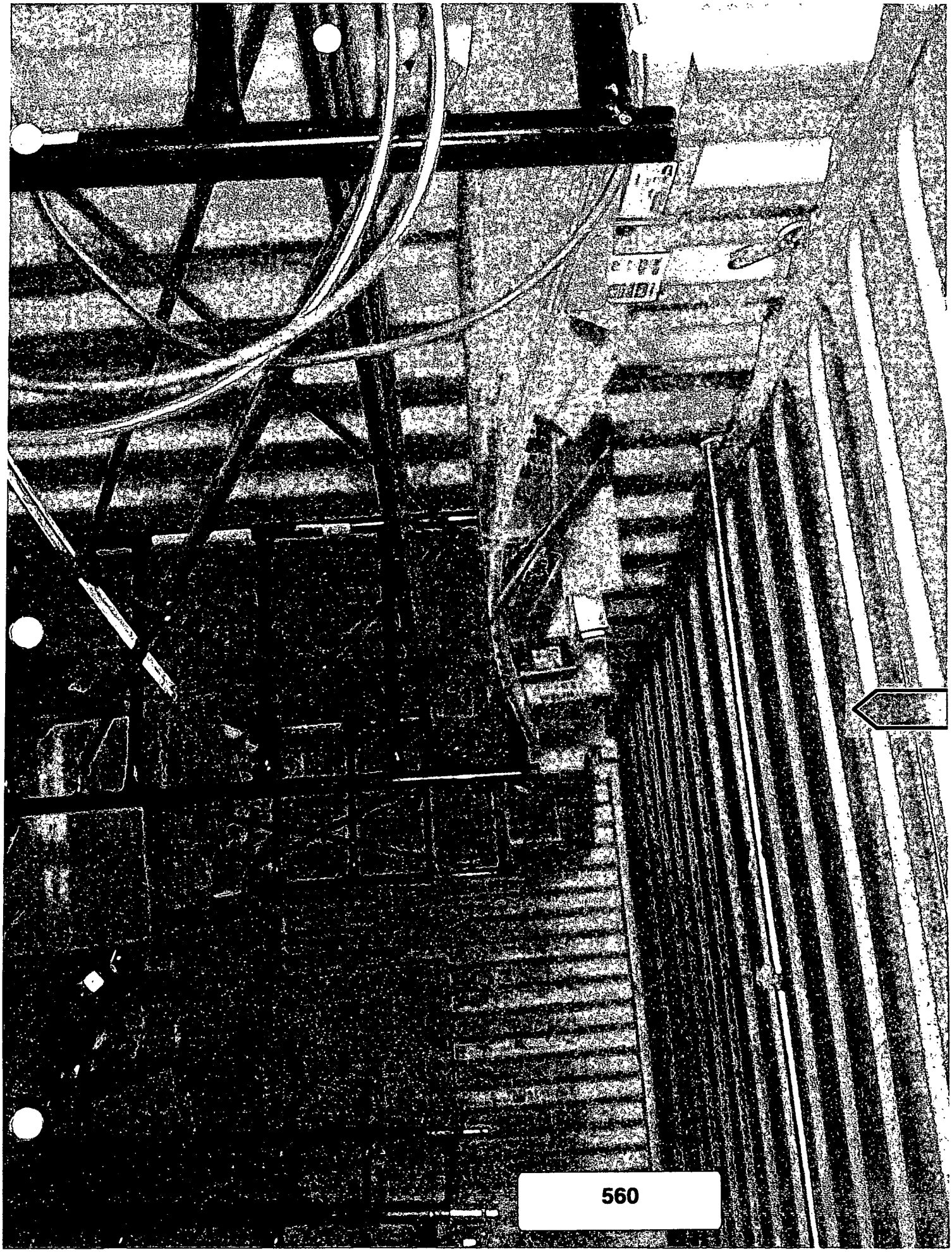
PENGAD 800-631-6989

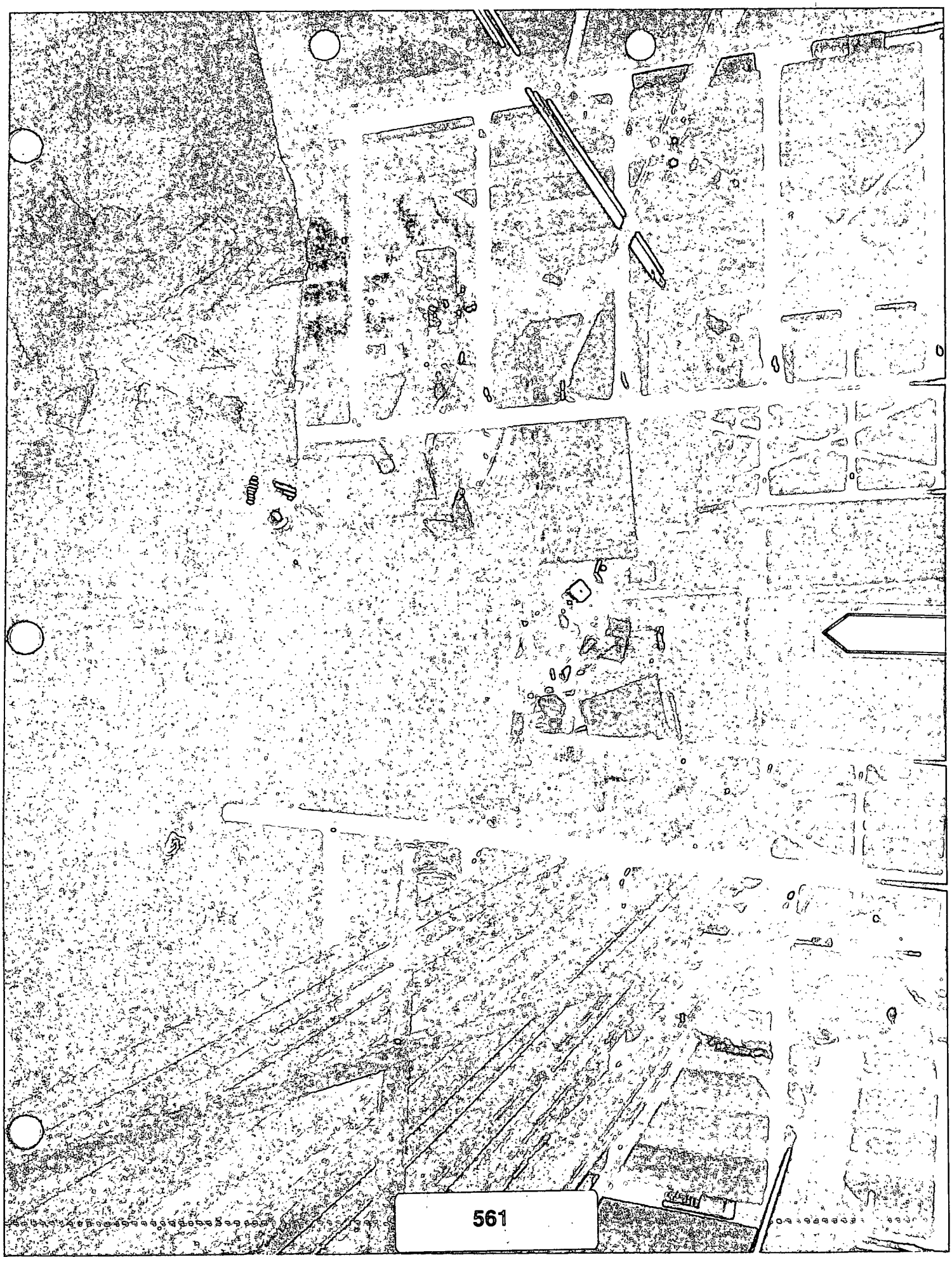
EXHIBIT

2

Pgs 1-5


FRAGILE


560

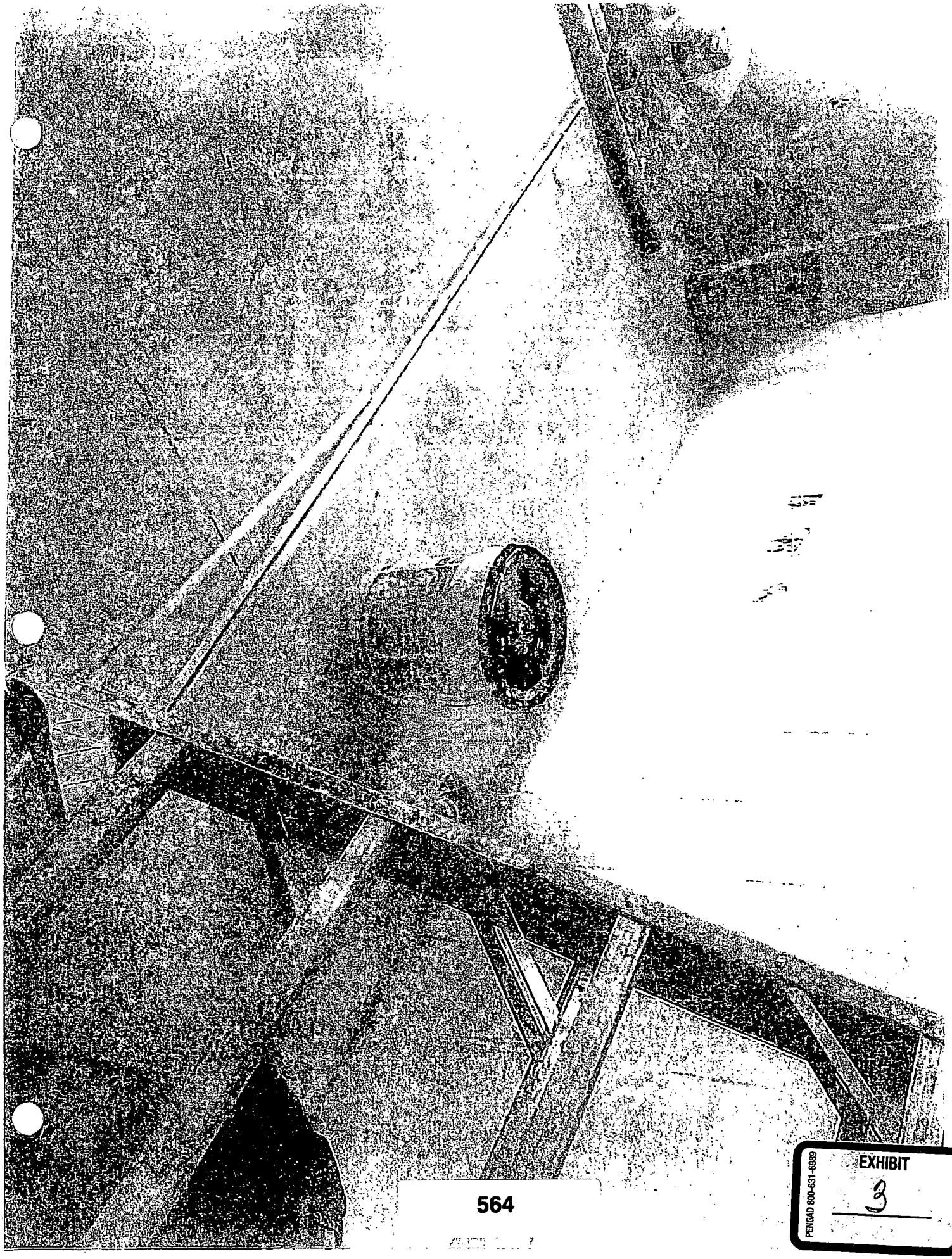




562

Exhibit 3

Photograph of Five Gallon Bucket used for seating



PENGAD 800-631-6989

EXHIBIT 3

Exhibit 4

Photograph of "lawn chair" provided

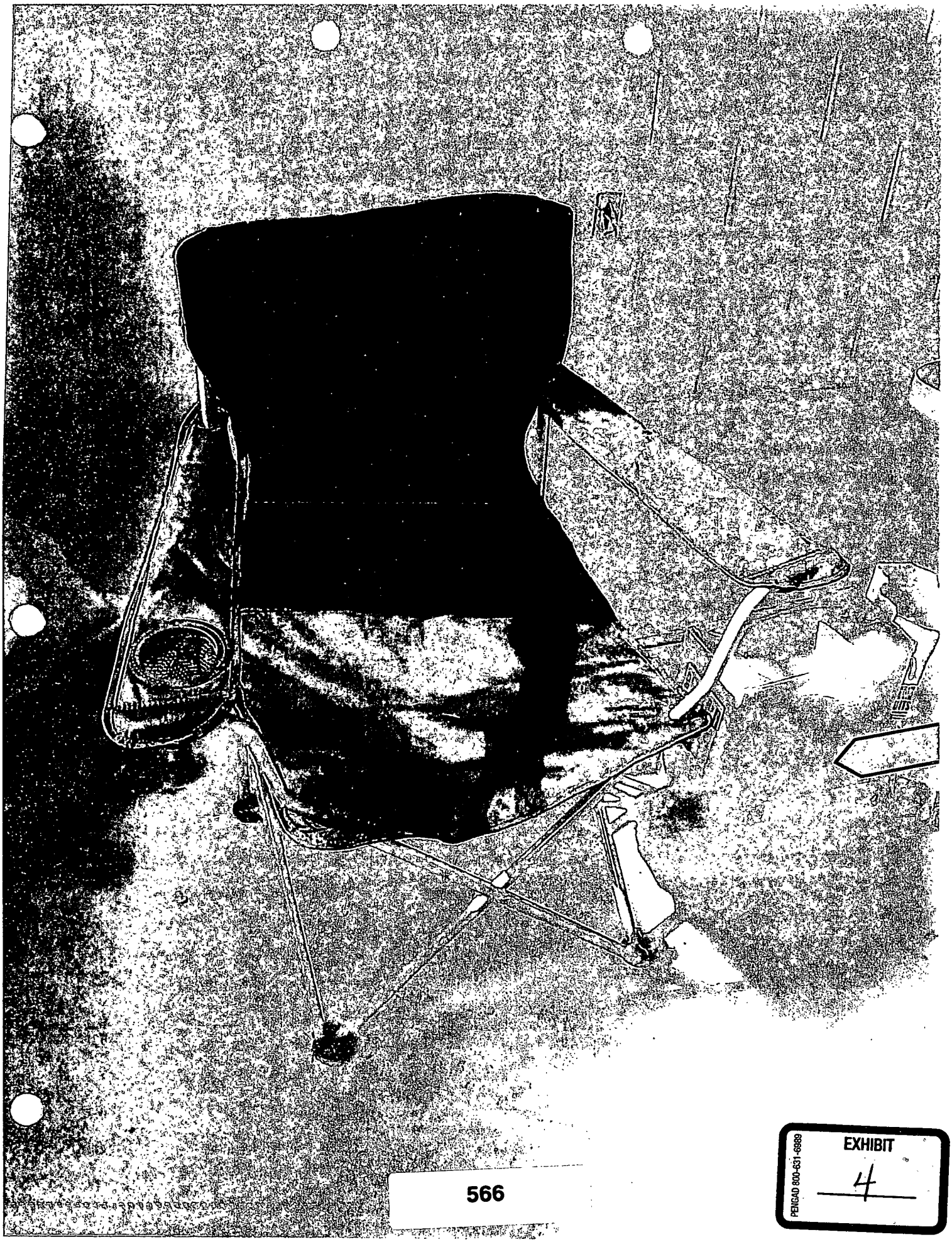


EXHIBIT
4
PENGAD 800-631-6989

Exhibit 5

Email to Carol Powers re light duty work

Jeff Ezell

From: Jeff Ezell [jezell@bellsouth.net]
Sent: Thursday, April 07, 2011 11:55 AM
To: 'Carol Powers'
Cc: 'Janet Spruell'; jezell@bellsouth.net; steverudisill@rwklawfirm.com
Subject: RE: Sean Daley: Claim #: STN010361; CCM# 11-217M - URGENT - IMMEDIATE ACTION NEEDED!!!

Importance: High

Please give this your prompt attention as this is a VERY important issue with Mr. Daley – he has had to take a sick day today. The "light/sedentary" duty that you described to Dr. McHenry is NOT what has been provided to him. Mr. Daley says that, in his presence, you asked Dr. McHenry if Mr. Daley could to "OFFICE" work and Dr. McHenry said yes. Suffice it to say that the work provided by your client does ***not*** in any way, shape or form resemble "light duty/sedentary OFFICE work", but is rather ***much more strenuous*** and under considerably less desirable circumstances. Further, it requires him to bend, stoop, squat, lift, etc…, which is NOTHING like what you told me you described for Dr. McHenry. My patience has essentially run out. Either this issue is resolved ***TODAY***, or a Hearing Request will be filed tomorrow and we will seek each and every remedy available under the SC Workers' Compensation Act. I have left several messages for Steve Rudisill but have yet to receive the courtesy of a reply so if you speak to him, I would appreciate it if you would ask him to please return my call(s).
I look forward to hearing from you ***SOON***.
Take care, have a great day, and God bless!!
Sincerely,
Jeff Ezell
Ezell Law Firm, LLC
15 N. Irvine St.
Greenville, SC 29601
(864) 421-0015
(864) 421-0256 (fax)
(864) 419-4337 (cell)

From: Carol Powers [mailto:powersprn@gmail.com]
Sent: Thursday, April 07, 2011 10:24 AM
To: J. Ezell; J. Spruell, Paralegal to J. Ezell
Subject: Sean Daley: Claim #: STN010361; CCM# 11-217M

I received your call and will let you know something after I have discussed with the employer.

Carol Powers, RN CCM
Carolina Case Management and Rehab Services
118 Wind Chime Court
Raleigh, NC 27615
Ph: (864) 595-0205
Fx: (864) 641-3148

Confidential Notice: This e-mail and any attachments may contain confidential & privileged information for use of designated recipients named above. If you are not the named recipient, you have received this in error and disclosure, distribution, and copying is prohibited. If received in error, please destroy all copies and notify sender immediately. Thank you.

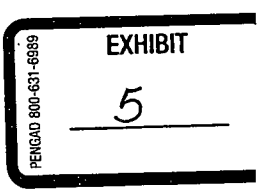


Exhibit 6

Excerpts from Personnel File

Accident Report completed by Chad Cox

Pages 1 – 2

Chapman Mechanical, Inc.

348 Feaster Road, Suite A
Greenville, SC 29615
PH. #864.284.0725 ~ FX.#864.284.0726
Email: jimmy.champion@chapmanmech.com

SUPERVISOR ACCIDENT REPORT

Injured Employee's Name: Sean Daley
Date of Incident: 2/04/11
Time of Incident: 2:05 p.m
Date/Time Reported:

Description of the incident: Sean fell off 8' ladder while soldering, he fell back and his back landed on 4" P.V.C pipe coming out of floor. (right hand side)

Witness names:

Cause of accident: lost balance on 8' ladder

Was a safety procedure violated? YES or (NO)
Describe:

Accident site inspection and comments: first floor women's bathroom - area is clean ceiling grid up - had to maneuver or put in proper ladder height

Recommendations/comments:

Supervisor signature:
Date: 2/04/11

Additional Notes:

EXHIBIT 6 2 pgs

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1. **Describe the accident in your own words as you saw it happen or understand it happened. Describe the surroundings and activities that led to the accident of the injured employee.**

Sean was on a 8' ladder three steps down from top. He lost his balance tried to grab onto ceiling grid but fell backwards onto 4" p.v.c. pipe sticking out of concrete. 4" p.v.c. pipe out of concrete used for water closet.

Exhibit 7

Obituary of Jack Wilson Wagner



Jack Wilson Wagner

June 25, 1944 - April 18, 2011

Login

Send Flowers ▸

PRINT

Jack Wagner Jack Wilson Wagner, 66, of Ooltewah,...

Read Full Obituary

Share and view memories of Jack...

View Photos & Videos

Send comfort and support when it's needed most.

Send a Gift

Tribute Wall | Photos & Videos | Contributions | Obituary | + More

Help keep this memorial website online forever.

You have the opportunity to upgrade Jack's obituary to a memorial website. You'll be able to share photos, videos, family trees and much more. Share your memories of Jack online forever by sponsoring this memorial website.

Our Goal
$245

Raised
$50

Please Contribute

Powered by:

Share this Tribute

Let the family know you care by sharing this tribute.

Email Contacts | Share on Facebook | Share on Twitter

Obituary for Jack Wilson Wagner

Jack Wagner

Jack Wilson Wagner, 66, of Ooltewah, TN, passed away on Monday, April 18, 2011. Jack was a United States Army Veteran. He was an Electrician by trade, he loved his work and in his spare time he loved to fish.

He is survived by his wife, Patsy Cheryl Wagner; sons, Jay Wagner, Scottie Wagner; daughter, Marla Wagner; step-children, Jackie (Tabatha) Dodson, Christopher (Mary) Dodson, Jon Patrick (Chasity) Dodson; sister, Delores (Joe) Hale; very special mother-in-law, Fraulena "Ma" Hargiss; sister-in-laws, Carol Glover, Pamela Smith; special niece, Brenda and husband, Jimmy Patterson; twenty grandchildren; one great-granddaughter and several dear friends.

The family would like to offer a special thanks to Dr. Frank Kimsey for all his kind care.

A private memorial services for Jack will be held at a later date. There wil be no visitation.

Condolences and memories may be shared at www.williamsonandsons.com. Arrangements will

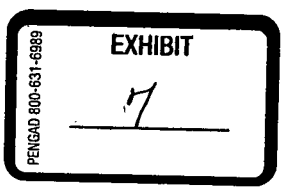


Exhibit 8

Webster's Definition of Sedentary

Page 1

se•cund \si-'kənd, 'sē-,\ *adj* [L *secundus* following — more at SECOND] (1777) : having some part or element arranged on one side only : UNILATERAL 〈~ racemes〉

[1]se•cure \si-'kyu̇(ə)r\ *adj* **se•cur•er; -est** [L *securus* safe, secure, fr. *se* without + *cura* care — more at IDIOT, CURE] (1533) **1** a *archaic* : unwisely free from fear or distrust : OVERCONFIDENT **b** : easy in mind : CONFIDENT **c** : assured in opinion or expectation : having no doubt **2 a** : free from danger **b** : free from risk of loss **c** : affording safety : INVIOLABLE 〈a ~ hideaway〉 **d** : TRUSTWORTHY, DEPENDABLE 〈~ foundation〉 **3** : ASSURED, CERTAIN 〈~ victory〉 — **se•cure•ly** *adv* — **se•cure•ness** *n*

[2]secure *vb* **se•cured; se•cur•ing** *vt* (1593) **1 a** : to relieve from exposure to danger : act to make safe against adverse contingencies 〈he locked the door to ~ them from interruption〉 〈~ a supply line from enemy raids〉 **b** : to put beyond hazard of losing or of not receiving : GUARANTEE 〈~ the blessings of liberty —*U.S. Constitution*〉 **c** : to give pledge of payment to (a creditor) or of (an obligation) 〈~ a note by a pledge of collateral〉 **2 a** : to take (a person) into custody : hold fast : PINION **b** : to make fast : SEAL 〈~ a door〉 **3 a** : to get secure usu. lasting possession or control of 〈~ employment〉 **b** : BRING ABOUT, EFFECT **4** : to release (naval personnel) from work or duty ~ *vi* **1** *of naval personnel* : to stop work : go off duty **2** *of a ship* : to tie up : BERTH *syn* see ENSURE — **se•cur•er** *n*

se•cure•ment \si-'kyu̇(ə)r-mənt\ *n* (1622) **1** *obs* : PROTECTION **2** : the act or process of securing

se•cu•ri•ty \si-'kyu̇r-ət-ē\ *n, pl* **-ties** (15c) **1** : the quality or state of being secure: as **a** : freedom from danger : SAFETY **b** : freedom from fear or anxiety **c** : freedom from want or deprivation 〈job ~〉 **2 a** : something given, deposited, or pledged to make certain the fulfillment of an obligation **b** : SURETY **3** : an evidence of debt or of ownership (as a stock certificate or bond) **4 a** : something that secures : PROTECTION **b** (1) : measures taken to guard against espionage or sabotage, crime, attack, or escape (2) : an organization or department whose task is security

security blanket *n* (1968) **1** : a blanket carried by a child as a protection against anxiety **2** : a usu. familiar object whose presence dispels anxiety

Security Council *n* (1945) : a permanent council of the United Nations having primary responsibility for the maintenance of peace and security

security interest *n* (1951) : the rights that a creditor has in the personal property of a debtor that secures an obligation : LIEN

security police *n* (1920) **1** : police engaged in counterespionage **2** : AIR POLICE

se•dan \si-'dan\ *n* [origin unknown] (1635) **1** : a portable often covered chair that is designed to carry one person and that is borne on poles by two men **2 a** : an enclosed automobile seating 4 to 7 persons including the driver and having a single compartment, 2 or 4 doors, and a permanent top **b** : a motorboat having one passenger compartment

[1]se•date \si-'dāt\ *adj* [L *sedatus*, fr. pp. of *sedare* to calm; akin to *sedēre* to sit — more at SIT] (1663) : keeping a quiet steady attitude or pace : UNRUFFLED *syn* see SERIOUS — **se•date•ly** *adv* — **se•date•ness** *n*

[2]sedate *vt* **se•dat•ed; se•dat•ing** [back-formation fr. *sedative*] (1945) : to dose with sedatives

se•da•tion \si-'dā-shən\ *n* [MF or L; MF, fr. L *sedation-, sedatio*, fr. *sedatus*, pp.] (1543) **1** : the inducing of a relaxed easy state esp. by the use of sedatives **2** : a state resulting from or like that resulting from sedation

[1]sed•a•tive \'sed-ət-iv\ *adj* [ME *sedatyve*, fr. MF *sedatif*, fr. ML *sedativus*, fr. L *sedatus*] (15c) : tending to calm, moderate, or tranquilize nervousness or excitement

[2]sedative *n* (1797) : a sedative agent or drug

sed•en•tary \'sed-ᵊn-ˌter-ē\ *adj* [MF *sedentaire*, fr. L *sedentarius*, fr. *sedent-, sedens*, prp. of *sedēre* to sit] (1598) **1** : not migratory : SETTLED 〈~ birds〉 **2** : doing or requiring much sitting **3** : permanently attached 〈~ barnacles〉

se•der \'sād-ər\ *n, often cap* [Heb *sēdher* order] (1865) : a Jewish home or community service including a ceremonial dinner held on the first evening of the Passover and repeated on the second by Orthodox Jews except in Israel in commemoration of the exodus from Egypt

se•de•runt \sə-'dir-ənt, -'der-\ *n* [L, there (they) sat (fr. *sedēre* to sit), word used to introduce list of those attending a session — more at SIT] (1825) : a prolonged sitting (as for discussion)

sedge \'sej\ *n* [ME *segge*, fr. OE *secg*; akin to MHG *segge* sedge, OE *sagu* saw — more at SAW] (bef. 12c) : any of a family (Cyperaceae, the sedge family) of usu. tufted marsh plants differing from the related grasses in having achenes and solid stems; *esp* : any of a cosmopolitan genus (*Carex*) — **sedgy** \'sej-ē\ *adj*

se•di•lia \sə-'dēl-yə, -'dil-, *esp Brit* -'dīl-\ *n pl* [L, pl. of *sedile* seat, fr. *sedēre*] (1793) : seats on the south side of the chancel for the celebrant, deacon, and subdeacon

[1]sed•i•ment \'sed-ə-mənt\ *n* [MF, fr. L *sedimentum* settling, fr. *sedēre* to sit, sink down] (1547) **1** : the matter that settles to the bottom of a liquid **2** : material deposited by wate

[2]sed•i•ment \-ˌment\ *vt* (1859) : to de settle to the bottom in a liquid **2** : to

sed•i•ment•able \ˌsed-ə-'ment-ə-bəl\ *ad* mented by centrifugation 〈~ ribosom

sed•i•men•ta•ry \ˌsed-ə-'ment-ə-rē, -'men-trē\ *adj* (1830) **1** : of, relating to, or containing sediment 〈~ deposits〉 **2** : formed by or from depos-

sed•i•men•to•log•i•cal•ly \-i-k(ə-)lē\ *adv* — **sed•i•men•tol•** 'täl-ə-jəst, -ˌmen-\ *n*

se•di•tion \si-'dish-ən\ *n* [ME, fr. MF, fr. L *sedition-, seditio* tion, fr. *se-* apart + *ition-, itio* act of going, fr. *itus*, pp. c more at SECEDE, ISSUE] (14c) : incitement of resistance to o against lawful authority

se•di•tious \si-'dish-əs\ *adj* (15c) **1** : disposed to arouse c or guilty of sedition **2** : of, relating to, or tending towa **se•di•tious•ly** *adv* — **se•di•tious•ness** *n*

se•duce \si-'d(y)üs\ *vt* **se•duced; se•duc•ing** [ME *seducen*, fr fr. L, to lead away, fr. *se-* apart + *ducere* to lead — more **1** : to persuade to disobedience or disloyalty **2** : to lead persuasion or false promises **3** : to carry out the physica **4** : ATTRACT *syn* see LURE — **se•duc•er** *n*

se•duce•ment \-'d(y)ü-smənt\ *n* (1586) **1** : SEDUCTION 2 that serves to seduce

se•duc•tion \si-'dək-shən\ *n* [MF, fr. LL *seduction-, seductio* leading aside, fr. *seductus*, pp. of *seducere*] (1526) **1** : the ing to wrong; *specif* : the enticement of a female to un intercourse without use of force **2** : something that sedu TION **3** : something that attracts or charms

se•duc•tive \-'dək-tiv\ *adj* (1766) : tending to seduce : ha or tempting qualities 〈a ~ woman〉 〈a ~ spring mornin **tive•ly** *adv* — **se•duc•tive•ness** *n*

se•duc•tress \-'dək-trəs\ *n* [obs. *seductor* male seducer, fr. L *tus*, pp. of *seducere* to seduce] (1803) : a woman who seduc

se•du•li•ty \si-'d(y)ü-lət-ē\ *n* (1542) : sedulous activity : DIL

sed•u•lous \'sej-ə-ləs\ *adj* [L *sedulus*, fr. *sedulo* sincerely, dil without + *dolus* guile — more at IDIOT, TALE] (1540) **1** : accomplished with careful perseverance 〈~ craftsmanshi gent in application or pursuit 〈a ~ student〉 *syn* see BU **lous•ly** *adv* — **sed•u•lous•ness** *n*

se•dum \'sēd-əm\ *n* [NL, fr. L, houseleek] (15c) : any of *dum*) of fleshy widely distributed herbs of the orpine fan CROP

[1]see \'sē\ *vb* **saw** \'sȯ\; **seen** \'sēn\; **see•ing** \'sē-iŋ\ [ME *sēon;* akin to OHG *sehan* to see, OE *secgan* to say — mo (bef. 12c) **1** : to perceive by the eye **2 a** : to have e : UNDERGO 〈~ army service〉 **b** : to come to know : DIS : to form a mental picture of : VISUALIZE 〈can still ~ he years ago〉 **b** : to perceive the meaning or importance STAND **c** : to be aware of : RECOGNIZE 〈~s only our fa imagine as a possibility : SUPPOSE 〈couldn't ~ him as a c : EXAMINE, WATCH 〈want to ~ how he handles the probl : READ (2) : to read of **c** : to attend as a spectator 〈~ a : to take care of : provide for 〈had enough money to ~ us : to make sure 〈~ that order is kept〉 **6 a** : to regard a : to prefer to have 〈I'll ~ him hanged first〉 〈I'll ~ you d accept your terms〉 **c** : to find acceptable or attractive 〈 stand what he ~s in her〉 **7 a** : to call on : VISIT **b** (company with esp. in courtship or dating 〈had been ~*ing* for a year〉 (2) : to grant an interview to : RECEIVE 〈the pr ~ you〉 **8** : ACCOMPANY, ESCORT 〈~ the girls home〉 **9** : bet) in poker or to equal the bet of (a player) : CALL ~ *v* give or pay attention **b** : to look about **2 a** : to have t sight **b** : to apprehend objects by sight **3** : to grasp some tally **4** : to make investigation or inquiry — **see•able** \-ə **see after** : to attend to : care for — **see eye to eye** : to have viewpoint : AGREE — **see things** : HALLUCINATE — **see t** grasp the true nature of 〈*saw through* their deceptions〉 — attend to : care for

[2]see *n* [ME *se*, fr. OF, fr. L *sedes* seat; akin to L *sedēre* to sit SIT] (13c) **1 a** *archaic* : CATHEDRA **b** : a cathedral town a bishop's office, power, or authority **2** : the authority or of a bishop

[1]seed \'sēd\ *n, pl* **seed** *or* **seeds** [ME, fr. OE *sǣd;* akin to OH OE *sāwan* to sow — more at SOW] (bef. 12c) **1 a** (1) : th ripened ovules of plants used for sowing (2) : the fertili ovule of a flowering plant containing an embryo and capabl of germination to produce a new plant; *broadly* : a propag structure (as a spore or small dry fruit) **b** : a propagat structure: (1) : MILT, SEMEN (2) : a small egg (as of an inse developmental form of a lower animal suitable for transplan : SPAT **c** : the condition or stage of bearing seed (in ~) **2** : **3** : a source of development or growth : GERM 〈sowed the cord〉 **4** : something (as a tiny particle or a bubble in resembles a seed in shape or size **5** : a competitor, who seeded in a tournament — **seed** *adj* — **seed•ed** \'sē-əd\ *adj* \-ləs\ *adj* — **seed•like** \-ˌlīk\ *adj* — **go to seed** *or* **run to se** develop seed **2** : DECAY

[2]seed *vi* (15c) **1** : to sow se PLANT **2** : to bear or shed see **a** : to plant seeds in : SO thing that causes or stim **d** : to supply with nucl : to treat (a cloud) with ice crystals in an attemp : to extract the seeds fro players or teams) so that : to rank (a contestant) r of previous record 〈the top

EXHIBIT 8
PENGAD 800-631-6989

Exhibit 9

OSHA Safety Guidelines – Fall Protection

Pages 1 – 54

• **Part Number:**	1926
• **Part Title:**	Safety and Health Regulations for Construction
• **Subpart:**	M
• **Subpart Title:**	Fall Protection
• **Standard Number:**	1926.502
• **Title:**	Fall protection systems criteria and practices.

1926.502(a)

"General."

1926.502(a)(1)

Fall protection systems required by this part shall comply with the applicable provisions of this section.

1926.502(a)(2)

Employers shall provide and install all fall protection systems required by this subpart for an employee, and shall comply with all other pertinent requirements of this subpart before that employee begins the work that necessitates the fall protection.

1926.502(b)

"Guardrail systems." Guardrail systems and their use shall comply with the following provisions:

1926.502(b)(1)

Top edge height of top rails, or equivalent guardrail system members, shall be 42 inches (1.1 m) plus or minus 3 inches (8 cm) above the walking/working level. When conditions warrant, the height of the top edge may exceed the 45-inch height, provided the guardrail system meets all other criteria of this paragraph.

Note: When employees are using stilts, the top edge height of the top rail, or equivalent member, shall be increased an amount equal to the height of the stilts.

..1926.502(b)(2)

1926.502(b)(2)

Midrails, screens, mesh, intermediate vertical members, or equivalent intermediate structural members shall be installed between the top edge of the guardrail system and the walking/working surface when there is no wall or parapet wall at least 21 inches (53 cm) high.

1926.502(b)(2)(i)

Midrails, when used, shall be installed at a height midway between the top edge of the guardrail system and the walking/working level.

1926.502(b)(2)(ii)

Screens and mesh, when used, shall extend from the top rail to the walking/working level and along the entire opening between top rail supports.

1926.502(b)(2)(iii)

Intermediate members (such as balusters), when used between posts, shall be not more than 19 inches (48 cm) apart.

1926.502(b)(2)(iv)

Other structural members (such as additional midrails and architectural panels) shall be installed such that there are no openings in the guardrail system that are more than 19 inches (.5 m) wide.

1926.502(b)(3)

Guardrail systems shall be capable of withstanding, without failure, a force of at least 200 pounds (890 N) applied within 2 inches (5.1 cm) of the top edge, in any outward or downward direction, at any point along the top edge.

..1926.502(b)(4)

1926.502(b)(4)

When the 200 pound (890 N) test load specified in paragraph (b)(3) of this section is applied in a downward direction, the top edge of the guardrail shall not deflect to a height less than 39 inches (1.0 m) above the walking/working level. Guardrail system components selected

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and constructed in accordance with the Appendix B to subpart M of this part will be deemed to meet this requirement.

1926.502(b)(5)

Midrails, screens, mesh, intermediate vertical members, solid panels, and equivalent structural members shall be capable of withstanding, without failure, a force of at least 150 pounds (666 N) applied in any downward or outward direction at any point along the midrail or other member.

1926.502(b)(6)

Guardrail systems shall be so surfaced as to prevent injury to an employee from punctures or lacerations, and to prevent snagging of clothing.

1926.502(b)(7)

The ends of all top rails and midrails shall not overhang the terminal posts, except where such overhang does not constitute a projection hazard.

1926.502(b)(8)

Steel banding and plastic banding shall not be used as top rails or midrails.

1926.502(b)(9)

Top rails and midrails shall be at least one-quarter inch (0.6 cm) nominal diameter or thickness to prevent cuts and lacerations. If wire rope is used for top rails, it shall be flagged at not more than 6-foot intervals with high-visibility material.

..1926.502(b)(10)

1926.502(b)(10)

When guardrail systems are used at hoisting areas, a chain, gate or removable guardrail section shall be placed across the access opening between guardrail sections when hoisting operations are not taking place.

1926.502(b)(11)

When guardrail systems are used at holes, they shall be erected on all unprotected sides or edges of the hole.

1926.502(b)(12)

When guardrail systems are used around holes used for the passage of materials, the hole shall have not more than two sides provided with removable guardrail sections to allow the passage of materials. When the hole is not in use, it shall be closed over with a cover, or a guardrail system shall be provided along all unprotected sides or edges.

1926.502(b)(13)

When guardrail systems are used around holes which are used as points of access (such as ladderways), they shall be provided with a gate, or be so offset that a person cannot walk directly into the hole.

1926.502(b)(14)

Guardrail systems used on ramps and runways shall be erected along each unprotected side or edge.

1926.502(b)(15)

Manila, plastic or synthetic rope being used for top rails or midrails shall be inspected as frequently as necessary to ensure that it continues to meet the strength requirements of paragraph (b)(3) of this section.

..1926.502(c)

1926.502(c)

"Safety net systems." Safety net systems and their use shall comply with the following provisions:

1926.502(c)(1)

Safety nets shall be installed as close as practicable under the walking/working surface on which employees are working, but in no case more than 30 feet (9.1 m) below such level. When nets are used on bridges, the potential fall area from the walking/working surface to the net shall be unobstructed.

1926.502(c)(2)

Safety nets shall extend outward from the outermost projection of the work surface as follows:

Vertical distance from working level to horizontal plane of net	Minimum required horizontal distance of outer edge of net from the edge of the working surface

Up to 5 feet	8 feet.
More than 5 feet up to 10 feet	10 feet.
More than 10 feet	13 feet.

1926.502(c)(3)

Safety nets shall be installed with sufficient clearance under them to prevent contact with the surface or structures below when subjected to an impact force equal to the drop test specified in paragraph (c)(4) of this section.

1926.502(c)(4)

Safety nets and their installations shall be capable of absorbing an impact force equal to that produced by the drop test specified in paragraph (c)(4)(i) of this section.

..1926.502(c)(4)(i)

1926.502(c)(4)(i)

Except as provided in paragraph (c)(4)(ii) of this section, safety nets and safety net installations shall be drop-tested at the jobsite after initial installation and before being used as a fall protection system, whenever relocated, after major repair, and at 6-month intervals if left in one place. The drop-test shall consist of a 400 pound (180 kg) bag of sand 30 + or - 2 inches (76 + or - 5 cm) in diameter dropped into the net from the highest walking/working surface at which employees are exposed to fall hazards, but not from less than 42 inches (1.1 m) above that level.

1926.502(c)(4)(ii)

When the employer can demonstrate that it is unreasonable to perform the drop-test required by paragraph (c)(4)(i) of this section, the employer (or a designated competent person) shall certify that the net and net installation is in compliance with the provisions of paragraphs (c)(3) and (c)(4)(i) of this section by preparing a certification record prior to the net being used as a fall protection system. The certification record must include an identification of the net and net installation for which the certification record is being prepared; the date that it was determined that the identified net and net installation were in compliance with paragraph (c)(3) of this section and the signature of the person making the determination and certification. The most recent certification record for each net and net installation shall be available at the jobsite for inspection.

1926.502(c)(5)

Defective nets shall not be used. Safety nets shall be inspected at least once a week for wear, damage, and other deterioration. Defective components shall be removed from service. Safety nets shall also be inspected after any occurrence which could affect the integrity of the safety net system.

..1926.502(c)(6)

1926.502(c)(6)

Materials, scrap pieces, equipment, and tools which have fallen into the safety net shall be removed as soon as possible from the net and at least before the next work shift.

1926.502(c)(7)

The maximum size of each safety net mesh opening shall not exceed 36 square inches (230 cm) nor be longer than 6 inches (15 cm) on any side, and the opening, measured center-to-center of mesh ropes or webbing, shall not be longer than 6 inches (15 cm). All mesh crossings shall be secured to prevent enlargement of the mesh opening.

1926.502(c)(8)

Each safety net (or section of it) shall have a border rope for webbing with a minimum breaking strength of 5,000 pounds (22.2 kN).

1926.502(c)(9)

Connections between safety net panels shall be as strong as integral net components and shall be spaced not more than 6 inches (15 cm) apart.

1926.502(d)

"Personal fall arrest systems." Personal fall arrest systems and their use shall comply with the provisions set forth below. Effective January 1, 1998, body belts are not acceptable as part of a personal fall arrest system. Note: The use of a body belt in a positioning device system is acceptable and is regulated under paragraph (e) of this section.

1926.502(d)(1)

Connectors shall be drop forged, pressed or formed steel, or made of equivalent materials.

..1926.502(d)(2)

1926.502(d)(2)

Connectors shall have a corrosion-resistant finish, and all surfaces and edges shall be smooth to prevent damage to interfacing parts of the system.

1926.502(d)(3)

Dee-rings and snaphooks shall have a minimum tensile strength of 5,000 pounds (22.2 kN).

1926.502(d)(4)

Dee-rings and snaphooks shall be proof-tested to a minimum tensile load of 3,600 pounds (16 kN) without cracking, breaking, or taking permanent deformation.

1926.502(d)(5)

Snaphooks shall be sized to be compatible with the member to which they are connected to prevent unintentional disengagement of the snaphook by depression of the snaphook keeper by the connected member, or shall be a locking type snaphook designed and used to prevent disengagement of the snaphook by the contact of the snaphook keeper by the connected member. Effective January 1, 1998, only locking type snaphooks shall be used.

1926.502(d)(6)

Unless the snaphook is a locking type and designed for the following connections, snaphooks shall not be engaged:

1926.502(d)(6)(i)

directly to webbing, rope or wire rope;

1926.502(d)(6)(ii)

to each other;

..1926.502(d)(6)(iii)

1926.502(d)(6)(iii)

to a dee-ring to which another snaphook or other connector is attached;

1926.502(d)(6)(iv)

to a horizontal lifeline; or

1926.502(d)(6)(v)

to any object which is incompatibly shaped or dimensioned in relation to the snaphook such that unintentional disengagement could occur by the connected object being able to depress the snaphook keeper and release itself.

1926.502(d)(7)

On suspended scaffolds or similar work platforms with horizontal lifelines which may become vertical lifelines, the devices used to connect to a horizontal lifeline shall be capable of locking in both directions on the lifeline.

1926.502(d)(8)

Horizontal lifelines shall be designed, installed, and used, under the supervision of a qualified person, as part of a complete personal fall arrest system, which maintains a safety factor of at least two.

1926.502(d)(9)

Lanyards and vertical lifelines shall have a minimum breaking strength of 5,000 pounds (22.2 kN).

..1926.502(d)(10)

1926.502(d)(10)

1926.502(d)(10)(i)

Except as provided in paragraph (d)(10)(ii) of this section, when vertical lifelines are used, each employee shall be attached to a separate lifeline.

1926.502(d)(10)(ii)

During the construction of elevator shafts, two employees may be attached to the same lifeline in the hoistway, provided both employees are working atop a false car that is equipped with guardrails; the strength of the lifeline is 10,000 pounds [5,000 pounds per employee attached] (44.4 kN); and all other criteria specified in this paragraph for lifelines have been met.

1926.502(d)(11)

Lifelines shall be protected against being cut or abraded.

1926.502(d)(12)

Self-retracting lifelines and lanyards which automatically limit free fall distance to 2 feet (0.61 m) or less shall be capable of sustaining a minimum tensile load of 3,000 pounds (13.3 kN) applied to the device with the lifeline or lanyard in the fully extended position.

1926.502(d)(13)

Self-retracting lifelines and lanyards which do not limit free fall distance to 2 feet (0.61 m) or less, ripstitch lanyards, and tearing and deforming lanyards shall be capable of sustaining a minimum tensile load of 5,000 pounds (22.2 kN) applied to the device with the lifeline or lanyard in the fully extended position.

..1926.502(d)(14)

1926.502(d)(14)

Ropes and straps (webbing) used in lanyards, lifelines, and strength components of body belts and body harnesses shall be made from synthetic fibers.

1926.502(d)(15)

Anchorages used for attachment of personal fall arrest equipment shall be independent of any anchorage being used to support or suspend platforms and capable of supporting at least 5,000 pounds (22.2 kN) per employee attached, or shall be designed, installed, and used as follows:

1926.502(d)(15)(i)

as part of a complete personal fall arrest system which maintains a safety factor of at least two; and

1926.502(d)(15)(ii)

under the supervision of a qualified person.

1926.502(d)(16)

Personal fall arrest systems, when stopping a fall, shall:

1926.502(d)(16)(i)

limit maximum arresting force on an employee to 900 pounds (4 kN) when used with a body belt;

1926.502(d)(16)(ii)

limit maximum arresting force on an employee to 1,800 pounds (8 kN) when used with a body harness;

1926.502(d)(16)(iii)

be rigged such that an employee can neither free fall more than 6 feet (1.8 m), nor contact any lower level;

..1926.502(d)(16)(iv)

1926.502(d)(16)(iv)

bring an employee to a complete stop and limit maximum deceleration distance an employee travels to 3.5 feet (1.07 m); and,

1926.502(d)(16)(v)

have sufficient strength to withstand twice the potential impact energy of an employee free falling a distance of 6 feet (1.8 m), or the free fall distance permitted by the system, whichever is less.

Note: If the personal fall arrest system meets the criteria and protocols contained in Appendix C to subpart M, and if the system is being used by an employee having a combined person and tool weight of less than 310 pounds (140 kg), the system will be considered to be in compliance with the provisions of paragraph (d)(16) of this section. If the system is used by an employee having a combined tool and body weight of 310 pounds (140 kg) or more, then the employer must appropriately modify the criteria and protocols of the Appendix to provide proper protection for such heavier weights, or the system will not be deemed to be in compliance with the requirements of paragraph (d)(16) of this section.

1926.502(d)(17)

The attachment point of the body belt shall be located in the center of the wearer's back. The attachment point of the body harness shall be located in the center of the wearer's back near shoulder level, or above the wearer's head.

1926.502(d)(18)

Body belts, harnesses, and components shall be used only for employee protection (as part of a personal fall arrest system or positioning device system) and not to hoist materials.

1926.502(d)(19)

Personal fall arrest systems and components subjected to impact loading shall be immediately removed from service and shall not be used again for employee protection until inspected and determined by a competent person to be undamaged and suitable for reuse.

1926.502(d)(20)

The employer shall provide for prompt rescue of employees in the event of a fall or shall assure that employees are able to rescue themselves.

..1926.502(d)(21)

1926.502(d)(21)

Personal fall arrest systems shall be inspected prior to each use for wear, damage and other deterioration, and defective components shall be removed from service.

1926.502(d)(22)

Body belts shall be at least one and five-eighths (1 5/8) inches (4.1 cm) wide.

1926.502(d)(23)

Personal fall arrest systems shall not be attached to guardrail systems, nor shall they be attached to hoists except as specified in other subparts of this Part.

1926.502(d)(24)

When a personal fall arrest system is used at hoist areas, it shall be rigged to allow the movement of the employee only as far as the edge of the walking/working surface.

1926.502(e)

"Positioning device systems." Positioning device systems and their use shall conform to the following provisions:

1926.502(e)(1)

Positioning devices shall be rigged such that an employee cannot free fall more than 2 feet (.9 m).

1926.502(e)(2)

Positioning devices shall be secured to an anchorage capable of supporting at least twice the potential impact load of an employee's fall or 3,000 pounds (13.3 kN), whichever is greater.

1926.502(e)(3)

Connectors shall be drop forged, pressed or formed steel, or made of equivalent materials.

..1926.502(e)(4)

1926.502(e)(4)

Connectors shall have a corrosion-resistant finish, and all surfaces and edges shall be smooth to prevent damage to interfacing parts of this system.

1926.502(e)(5)

Connecting assemblies shall have a minimum tensile strength of 5,000 pounds (22.2 kN)

1926.502(e)(6)

Dee-rings and snaphooks shall be proof-tested to a minimum tensile load of 3,600 pounds (16 kN) without cracking, breaking, or taking permanent deformation.

1926.502(e)(7)

Snaphooks shall be sized to be compatible with the member to which they are connected to prevent unintentional disengagement of the snaphook by depression of the snaphook keeper by the connected member, or shall be a locking type snaphook designed and used to prevent disengagement of the snaphook by the contact of the snaphook keeper by the connected member. As of January 1, 1998, only locking type snaphooks shall be used.

1926.502(e)(8)

Unless the snaphook is a locking type and designed for the following connections, snaphooks shall not be engaged:

1926.502(e)(8)(i)

directly to webbing, rope or wire rope;

1926.502(e)(8)(ii)

to each other;

..1926.502(e)(8)(iii)

1926.502(e)(8)(iii)

to a dee-ring to which another snaphook or other connector is attached;

1926.502(e)(8)(iv)

to a horizontal lifeline; or

1926.502(e)(8)(v)

to any object which is incompatibly shaped or dimensioned in relation to the snaphook such that unintentional disengagement could occur by the connected object being able to depress the snaphook keeper and release itself.

1926.502(e)(9)

Positioning device systems shall be inspected prior to each use for wear, damage, and other deterioration, and defective components shall be removed from service.

1926.502(e)(10)

Body belts, harnesses, and components shall be used only for employee protection (as part of a personal fall arrest system or positioning device system) and not to hoist materials.

1926.502(f)

"Warning line systems." Warning line systems [See 1926.501(b)(10)] and their use shall comply with the following provisions:

1926.502(f)(1)

The warning line shall be erected around all sides of the roof work area.

..1926.502(f)(1)(i)

1926.502(f)(1)(i)

When mechanical equipment is not being used, the warning line shall be erected not less than 6 feet (1.8 m) from the roof edge.

1926.502(f)(1)(ii)

When mechanical equipment is being used, the warning line shall be erected not less than 6 feet (1.8 m) from the roof edge which is parallel to the direction of mechanical equipment operation, and not less than 10 feet (3.1 m) from the roof edge which is perpendicular to the direction of mechanical equipment operation.

1926.502(f)(1)(iii)

Points of access, materials handling areas, storage areas, and hoisting areas shall be connected to the work area by an access path formed by two warning lines.

1926.502(f)(1)(iv)

When the path to a point of access is not in use, a rope, wire, chain, or other barricade, equivalent in strength and height to the warning line, shall be placed across the path at the point where the path intersects the warning line erected around the work area, or the path shall be offset such that a person cannot walk directly into the work area.

1926.502(f)(2)

Warning lines shall consist of ropes, wires, or chains, and supporting stanchions erected as follows:

1926.502(f)(2)(i)

The rope, wire, or chain shall be flagged at not more than 6-foot (1.8 m) intervals with high-visibility material;

..1926.502(f)(2)(ii)

1926.502(f)(2)(ii)

The rope, wire, or chain shall be rigged and supported in such a way that its lowest point (including sag) is no less than 34 inches (.9 m) from the walking/working surface and its highest point is no more than 39 inches (1.0 m) from the walking/working surface;

1926.502(f)(2)(iii)

After being erected, with the rope, wire, or chain attached, stanchions shall be capable of resisting, without tipping over, a force of at least 16 pounds (71 N) applied horizontally against the stanchion, 30 inches (.8 m) above the walking/working surface, perpendicular to the warning line, and in the direction of the floor, roof, or platform edge;

1926.502(f)(2)(iv)

The rope, wire, or chain shall have a minimum tensile strength of 500 pounds (2.22 kN), and after being attached to the stanchions, shall be capable of supporting, without breaking, the loads applied to the stanchions as prescribed in paragraph (f)(2)(iii) of this section; and

1926.502(f)(2)(v)

The line shall be attached at each stanchion in such a way that pulling on one section of the line between stanchions will not result in slack being taken up in adjacent sections before the stanchion tips over.

1926.502(f)(3)

No employee shall be allowed in the area between a roof edge and a warning line unless the employee is performing roofing work in that area.

..1926.502(f)(4)

1926.502(f)(4)

Mechanical equipment on roofs shall be used or stored only in areas where employees are protected by a warning line system, guardrail system, or personal fall arrest system.

1926.502(g)

"Controlled access zones." Controlled access zones [See 1926.501(b)(9) and 1926.502(k)] and their use shall conform to the following provisions.

1926.502(g)(1)

When used to control access to areas where leading edge and other operations are taking place the controlled access zone shall be defined by a control line or by any other means that restricts access.

1926.502(g)(1)(i)

When control lines are used, they shall be erected not less than 6 feet (1.8 m) nor more than 25 feet (7.7 m) from the unprotected or leading edge, except when erecting precast concrete members.

1926.502(g)(1)(ii)

When erecting precast concrete members, the control line shall be erected not less than 6 feet (1.8 m) nor more than 60 feet (18 m) or half the length of the member being erected, whichever is less, from the leading edge.

1926.502(g)(1)(iii)

The control line shall extend along the entire length of the unprotected or leading edge and shall be approximately parallel to the unprotected or leading edge.

..1926.502(g)(1)(iv)

1926.502(g)(1)(iv)

The control line shall be connected on each side to a guardrail system or wall.

1926.502(g)(2)

When used to control access to areas where overhand bricklaying and related work are taking place:

1926.502(g)(2)(i)

The controlled access zone shall be defined by a control line erected not less than 10 feet (3.1 m) nor more than 15 feet (4.5 m) from the working edge.

1926.502(g)(2)(ii)

The control line shall extend for a distance sufficient for the controlled access zone to enclose all employees performing overhand bricklaying and related work at the working edge and shall be approximately parallel to the working edge.

1926.502(g)(2)(iii)

Additional control lines shall be erected at each end to enclose the controlled access zone.

1926.502(g)(2)(iv)

Only employees engaged in overhand bricklaying or related work shall be permitted in the controlled access zone.

1926.502(g)(3)

Control lines shall consist of ropes, wires, tapes, or equivalent materials, and supporting stanchions as follows:

1926.502(g)(3)(i)

Each line shall be flagged or otherwise clearly marked at not more than 6-foot (1.8 m) intervals with high-visibility material.

..1926.502(g)(3)(ii)

1926.502(g)(3)(ii)

Each line shall be rigged and supported in such a way that its lowest point (including sag) is not less than 39 inches (1 m) from the walking/working surface and its highest point is not more than 45 inches (1.3 m) [50 inches (1.3 m) when overhand bricklaying operations are being performed] from the walking/working surface.

1926.502(g)(3)(iii)

Each line shall have a minimum breaking strength of 200 pounds (.88 kN).

1926.502(g)(4)

On floors and roofs where guardrail systems are not in place prior to the beginning of overhand bricklaying operations, controlled access zones shall be enlarged, as necessary, to enclose all points of access, material handling areas, and storage areas.

1926.502(g)(5)

On floors and roofs where guardrail systems are in place, but need to be removed to allow overhand bricklaying work or leading edge work to take place, only that portion of the guardrail necessary to accomplish that day's work shall be removed.

1926.502(h)

"Safety monitoring systems." Safety monitoring systems [See 1926.501(b)(10) and 1926.502(k)] and their use shall comply with the following provisions:

1926.502(h)(1)

The employer shall designate a competent person to monitor the safety of other employees and the employer shall ensure that the safety monitor complies with the following requirements:

1926.502(h)(1)(i)

The safety monitor shall be competent to recognize fall hazards;

..1926.502(h)(1)(ii)

1926.502(h)(1)(ii)

The safety monitor shall warn the employee when it appears that the employee is unaware of a fall hazard or is acting in an unsafe manner;

1926.502(h)(1)(iii)

The safety monitor shall be on the same walking/working surface and within visual sighting distance of the employee being monitored;

1926.502(h)(1)(iv)

The safety monitor shall be close enough to communicate orally with the employee; and

1926.502(h)(1)(v)

The safety monitor shall not have other responsibilities which could take the monitor's attention from the monitoring function.

1926.502(h)(2)

Mechanical equipment shall not be used or stored in areas where safety monitoring systems are being used to monitor employees engaged in roofing operations on low-slope roofs.

1926.502(h)(3)

No employee, other than an employee engaged in roofing work [on low-sloped roofs] or an employee covered by a fall protection plan, shall be allowed in an area where an employee is being protected by a safety monitoring system.

1926.502(h)(4)

Each employee working in a controlled access zone shall be directed to comply promptly with fall hazard warnings from safety monitors.

..1926.502(i)

1926.502(i)

"Covers." Covers for holes in floors, roofs, and other walking/working surfaces shall meet the following requirements:

1926.502(i)(1)

Covers located in roadways and vehicular aisles shall be capable of supporting, without failure, at least twice the maximum axle load of the largest vehicle expected to cross over the cover.

1926.502(i)(2)

All other covers shall be capable of supporting, without failure, at least twice the weight of employees, equipment, and materials that may be imposed on the cover at any one time.

1926.502(i)(3)

All covers shall be secured when installed so as to prevent accidental displacement by the wind, equipment, or employees.

1926.502(i)(4)

All covers shall be color coded or they shall be marked with the word "HOLE" or "COVER" to provide warning of the hazard.

Note: This provision does not apply to cast iron manhole covers or steel grates used on streets or roadways.

1926.502(j)

"Protection from falling objects." Falling object protection shall comply with the following provisions:

1926.502(j)(1)

Toeboards, when used as falling object protection, shall be erected along the edge of the overhead walking/working surface for a distance sufficient to protect employees below.

..1926.502(j)(2)

1926.502(j)(2)

Toeboards shall be capable of withstanding, without failure, a force of at least 50 pounds (222 N) applied in any downward or outward direction at any point along the toeboard.

1926.502(j)(3)

Toeboards shall be a minimum of 3 1/2 inches (9 cm) in vertical height from their top edge to the level of the walking/working surface. They

shall have not more than 1/4 inch (0.6 cm) clearance above the walking/working surface. They shall be solid or have openings not over 1 inch (2.5 cm) in greatest dimension.

1926.502(j)(4)

Where tools, equipment, or materials are piled higher than the top edge of a toeboard, paneling or screening shall be erected from the walking/working surface or toeboard to the top of a guardrail system's top rail or midrail, for a distance sufficient to protect employees below.

1926.502(j)(5)

Guardrail systems, when used as falling object protection, shall have all openings small enough to prevent passage of potential falling objects.

1926.502(j)(6)

During the performance of overhand bricklaying and related work:

1926.502(j)(6)(i)

No materials or equipment except masonry and mortar shall be stored within 4 feet (1.2 m) of the working edge.

..1926.502(j)(6)(ii)

1926.502(j)(6)(ii)

Excess mortar, broken or scattered masonry units, and all other materials and debris shall be kept clear from the work area by removal at regular intervals.

1926.502(j)(7)

During the performance of roofing work:

1926.502(j)(7)(i)

Materials and equipment shall not be stored within 6 feet (1.8 m) of a roof edge unless guardrails are erected at the edge.

1926.502(j)(7)(ii)

Materials which are piled, grouped, or stacked near a roof edge shall be stable and self-supporting.

1926.502(j)(8)

Canopies, when used as falling object protection, shall be strong enough to prevent collapse and to prevent penetration by any objects which may fall onto the canopy.

1926.502(k)

"Fall protection plan." This option is available only to employees engaged in leading edge work, precast concrete erection work, or residential construction work (See 1926.501(b)(2), (b)(12), and (b)(13)) who can demonstrate that it is infeasible or it creates a greater hazard to use conventional fall protection equipment. The fall protection plan must conform to the following provisions.

1926.502(k)(1)

The fall protection plan shall be prepared by a qualified person and developed specifically for the site where the leading edge work, precast concrete work, or residential construction work is being performed and the plan must be maintained up to date.

..1926.502(k)(2)

1926.502(k)(2)

Any changes to the fall protection plan shall be approved by a qualified person.

1926.502(k)(3)

A copy of the fall protection plan with all approved changes shall be maintained at the job site.

1926.502(k)(4)

The implementation of the fall protection plan shall be under the supervision of a competent person.

1926.502(k)(5)

The fall protection plan shall document the reasons why the use of conventional fall protection systems (guardrail systems, personal fall arrest systems, or safety nets systems) are infeasible or why their use would create a greater hazard.

1926.502(k)(6)

The fall protection plan shall include a written discussion of other measures that will be taken to reduce or eliminate the fall hazard for workers who cannot be provided with protection from the conventional fall protection systems. For example, the employer shall discuss the extent to which scaffolds, ladders, or vehicle mounted work platforms can be used to provide a safer working surface and thereby reduce the hazard of falling.

1926.502(k)(7)

The fall protection plan shall identify each location where conventional fall protection methods cannot be used. These locations shall then be classified as controlled access zones and the employer must comply with the criteria in paragraph (g) of this section.

..1926.502(k)(8)

1926.502(k)(8)

Where no other alternative measure has been implemented, the employer shall implement a safety monitoring system in conformance with 1926.502(h).

1926.502(k)(9)

The fall protection plan must include a statement which provides the name or other method of identification for each employee who is designated to work in controlled access zones. No other employees may enter controlled access zones.

1926.502(k)(10)

In the event an employee falls, or some other related, serious incident occurs, (e.g., a near miss) the employer shall investigate the circumstances of the fall or other incident to determine if the fall protection plan needs to be changed (e.g. new practices, procedures, or training) and shall implement those changes to prevent similar types of falls or incidents.

[44 FR 8577, Feb. 9, 1979; 44 FR 20940, Apr. 6, 1979, as amended at 45 FR 75626, Nov. 14, 1980; 55 FR 47687, Nov. 14, 1990; 59 FR 40733, Aug. 9, 1994; 60 FR 5131, Jan. 26, 1995]

Next Standard (1926.503)

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- **Part Number:** 1926
- **Part Title:** Safety and Health Regulations for Construction
- **Subpart:** M
- **Subpart Title:** Fall Protection
- **Standard Number:** 1926.501
- **Title:** Duty to have fall protection.

1926.501(a)

"General."

1926.501(a)(1)

This section sets forth requirements for employers to provide fall protection systems. All fall protection required by this section shall conform to the criteria set forth in 1926.502 of this subpart.

1926.501(a)(2)

The employer shall determine if the walking/working surfaces on which its employees are to work have the strength and structural integrity to support employees safely. Employees shall be allowed to work on those surfaces only when the surfaces have the requisite strength and structural integrity.

1926.501(b)

1926.501(b)(1)

"Unprotected sides and edges." Each employee on a walking/working surface (horizontal and vertical surface) with an unprotected side or edge which is 6 feet (1.8 m) or more above a lower level shall be protected from falling by the use of guardrail systems, safety net systems, or personal fall arrest systems.

..1926.501(b)(2)

1926.501(b)(2)

"Leading edges."

1926.501(b)(2)(i)

Each employee who is constructing a leading edge 6 feet (1.8 m) or more above lower levels shall be protected from falling by guardrail systems, safety net systems, or personal fall arrest systems. Exception: When the employer can demonstrate that it is infeasible or creates a greater hazard to use these systems, the employer shall develop and implement a fall protection plan which meets the requirements of paragraph (k) of 1926.502.

Note: There is a presumption that it is feasible and will not create a greater hazard to implement at least one of the above-listed fall protection systems. Accordingly, the employer has the burden of establishing that it is appropriate to implement a fall protection plan which complies with 1926.502(k) for a particular workplace situation, in lieu of implementing any of those systems.

1926.501(b)(2)(ii)

Each employee on a walking/working surface 6 feet (1.8 m) or more above a lower level where leading edges are under construction, but who is not engaged in the leading edge work, shall be protected from falling by a guardrail system, safety net system, or personal fall arrest system. If a guardrail system is chosen to provide the fall protection, and a controlled access zone has already been established for leading edge work, the control line may be used in lieu of a guardrail along the edge that parallels the leading edge.

1926.501(b)(3)

"Hoist areas." Each employee in a hoist area shall be protected from falling 6 feet (1.8 m) or more to lower levels by guardrail systems or personal fall arrest systems. If guardrail systems, [or chain, gate, or guardrail] or portions thereof, are removed to facilitate the hoisting operation (e.g., during landing of materials), and an employee must lean through the access opening or out over the edge of the access opening (to receive or guide equipment and materials, for example), that employee shall be protected from fall hazards by a personal fall arrest system.

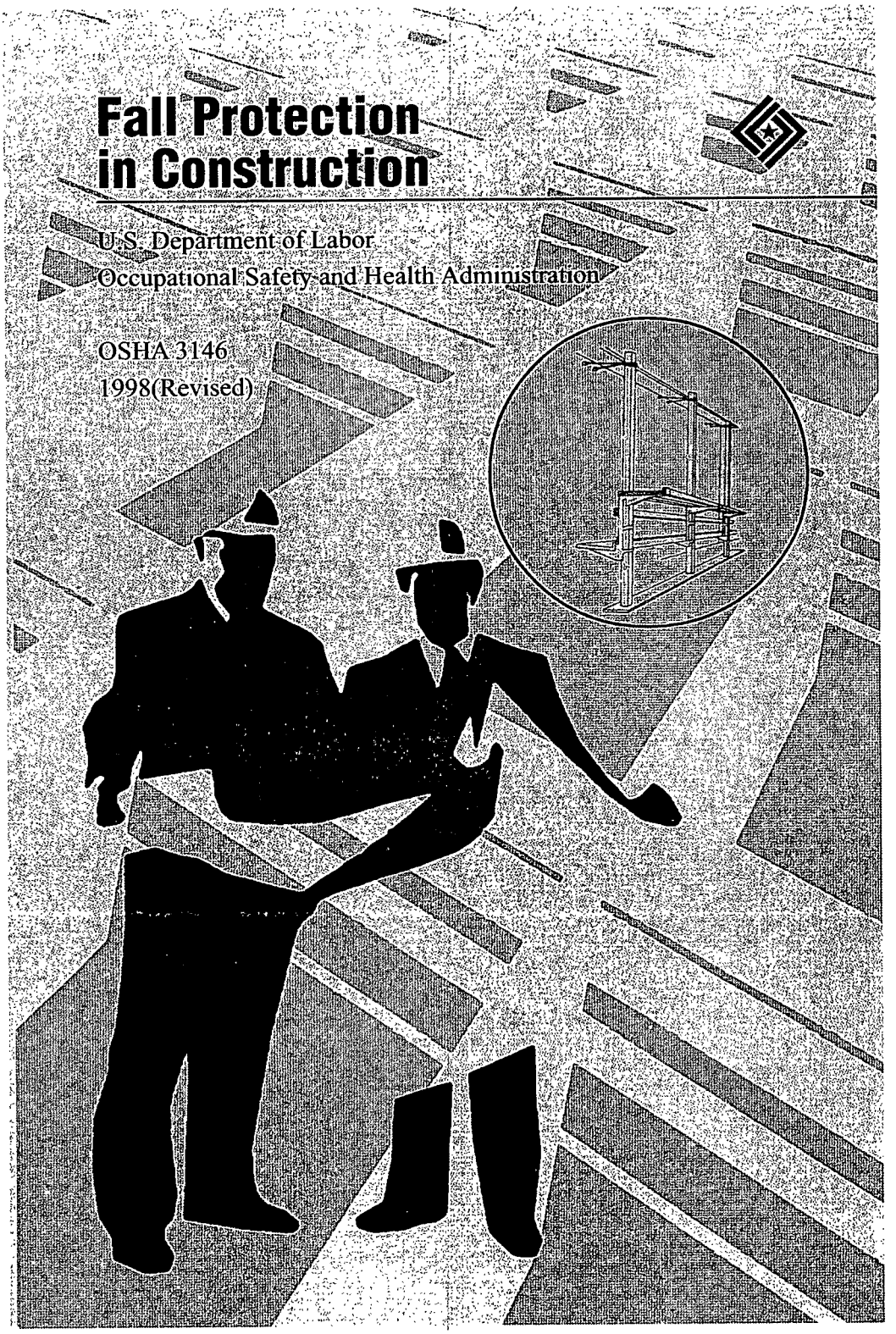
..1926.501(b)(4)

1926.501(b)(4)

Fall Protection in Construction

U.S. Department of Labor
Occupational Safety and Health Administration

OSHA 3146
1998(Revised)



This informational booklet is intended to provide a generic, non-exhaustive overview of a particular standards-related topic. This publication does not itself alter or determine compliance responsibilities, which are set forth in OSHA standards themselves, and the *Occupational Safety and Health Act.* Moreover, because interpretations and enforcement policy may change over time, for additional guidance on OSHA compliance requirements, the reader should consult current administrative interpretations and decisions by the Occupational Safety and Health Review Commission and the courts.

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Fall Protection in Construction

U.S. Department of Labor
Alexis M. Herman, Secretary

Occupational Safety and Health Administration
Charles N. Jeffress, Assistant Secretary

OSHA 3146
1998 (Revised)

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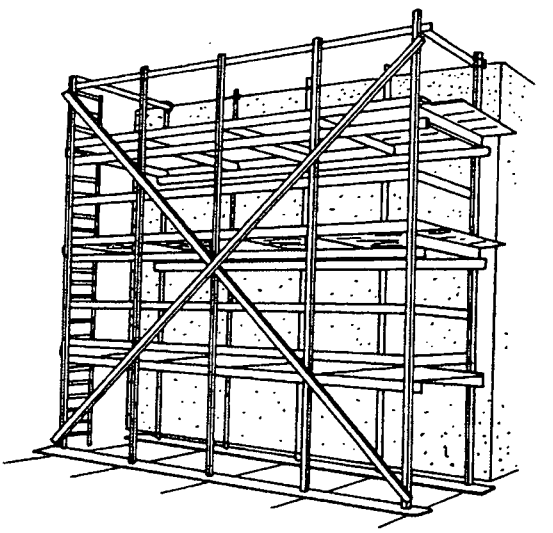
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Why Does OSHA Have a Standard for Fall Protection? 1

In the construction industry in the U.S., falls are the leading cause of worker fatalities. Each year, on average, between 150 and 200 workers are killed and more than 100,000 are injured as a result of falls at construction sites. OSHA recognizes that accidents involving falls are generally complex events frequently involving a variety of factors. Consequently, the standard for fall protection deals with both the human and equipment-related issues in protecting workers from fall hazards. For example, employers and employees need to do the following:

- Where protection is required, select fall protection systems appropriate for given situations.
- Use proper construction and installation of safety systems.
- Supervise employees properly.
- Use safe work procedures.
- Train workers in the proper selection, use, and maintenance of fall protection systems.



2 What Does the Fall Protection Standard Cover?

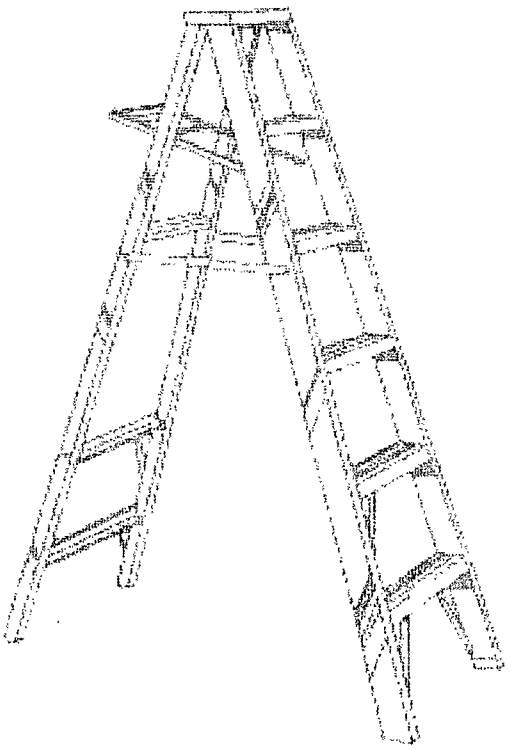
OSHA has revised its construction industry safety standards [*Title 29 Code of Federal Regulations*, Subpart M, Fall Protection, 1926.500(a), 1926.501, 1926.502, and 1926.503] and developed systems and procedures designed to prevent employees from falling off, onto, or through working levels and to protect employees from being struck by falling objects (*Federal Register*, August 9, 1994, pp. 40672-40753). The performance-oriented requirements make it easier for employers to provide the necessary protection.

The rule covers most construction workers except those inspecting, investigating, or assessing workplace conditions prior to the actual start of work or after all work has been completed.

The rule identifies areas or activities where fall protection is needed. These include, but are not limited to, ramps, runways, and other walkways, excavations, hoist areas, holes, formwork and reinforcing steel, leading edge work, unprotected sides and edges, overhand bricklaying and related work, roofing work, precast concrete erection, wall openings, residential construction, and other walking/working surfaces. The rule sets a uniform threshold height of 6 feet (1.8 meters), thereby providing consistent protection. This means that construction employers must protect their employees from fall hazards and falling objects whenever an affected employee is 6 feet (1.8 meters) or more above a lower level. Protection also must be provided for construction workers who are exposed to the hazard of falling into dangerous equipment.

Under the standard, employers are able to select fall protection measures compatible with the type of work being performed. Fall protection generally can be provided through the use of guardrail systems, safety net systems, personal fall arrest systems, positioning device systems, and warning line systems, among others.

The OSHA rule clarifies what an employer must do to provide fall protection for employees, such as identifying and evaluating fall hazards and providing specific training. Requirements to provide fall protection for workers on scaffolds and ladders and for workers engaged in steel erection of buildings are covered in other subparts of OSHA regulations.



4 What Are the Requirements of the Standard?

The standard prescribes the duty to provide fall protection, sets the criteria and practices for fall protection systems, and requires training. It covers hazard assessment and fall protection and safety monitoring systems. Also addressed are controlled access zones, safety nets, and guardrail, personal fall arrest, warning line, and positioning device systems.

Under *29 CFR Subpart M, Fall Protection, 1926.501*, employers must assess the workplace to determine if the walking or working surfaces on which employees are to work have the strength and structural integrity to safely support workers. Employees are not permitted to work on those surfaces until it has been determined that the surfaces have the requisite strength and structural integrity to support the workers. Once employers have determined that the surface is safe for employees to work on, the employer must select one of the options listed for the work operation if a fall hazard is present.

For example, if an employee is exposed to falling 6 feet (1.8 meters) or more from an unprotected side or edge, the employer must select either a guardrail system, safety net system, or personal fall arrest system to protect the worker.

Similar requirements are prescribed for other fall hazards as follows:

Controlled Access Zones - 1926.502(g)

A controlled access zone is a work area designated and clearly marked in which certain types of work (such as overhand bricklaying) may take place without the use of conventional fall protection systems—guardrail, personal arrest or safety net—to protect the employees working in the zone.

Controlled access zones are used to keep out workers other than those authorized to enter work areas from which guardrails have been removed. Where there are no guardrails, masons are the only workers allowed in controlled access zones.

Controlled access zones, when created to limit entrance to areas where leading edge work and other operations are taking place, must be defined by a control line or by any other means that restrict access. Control lines shall consist of ropes, wires, tapes or equivalent materials, and supporting stanchions, and each must be:

- Flagged or otherwise clearly marked at not more than 6-foot (1.8 meters) intervals with high-visibility material.
- Rigged and supported in such a way that the lowest point (including sag) is not less than 39 inches (1 meter) from the walking/working surface and the highest point is not more than 45 inches (1.3 meters)—nor more than 50 inches (1.3 meters) when overhand bricklaying operations are being performed—from the walking/working surface.
- Strong enough to sustain stress of not less than 200 pounds (0.88 kiloNewtons). Control lines shall extend along the entire length of the unprotected or leading edge and shall be approximately parallel to the unprotected or leading edge.
- Control lines also must be connected on each side to a guardrail system or wall.

When control lines are used, they shall be erected not less than 6 feet (1.8 meters) nor more than 25 feet (7.6 meters) from the unprotected or leading edge, except when precast concrete members are being erected. In the latter case, the control line is to be erected not less than 6 feet (1.8 meters) nor more than 60 feet (18 meters) or half the length of the member being erected, whichever is less, from the leading edge.

Controlled access zones when used to determine access to areas where **overhand bricklaying** and **related work** are taking place are to be defined by a control line erected not less than 10 feet (3 meters) nor more than 15 feet (4.6 meters) from the working edge. Additional control lines must be erected at

each end to enclose the controlled access zone. Only employees engaged in overhand bricklaying or related work are permitted in the controlled access zones.

On floors and roofs where guardrail systems are not in place prior to the beginning of overhand bricklaying operations, controlled access zones must be enlarged as necessary to enclose all points of access, material handling areas, and storage areas.

On floors and roofs where guardrail systems are in place, but need to be removed to allow overhand bricklaying work or leading edge work to take place, only that portion of the guardrail necessary to accomplish that day's work shall be removed.

Excavations - 1926.501(b)(7)

Each employee at the edge of an excavation 6 feet (1.8 meters) or more deep shall be protected from falling by guardrail systems, fences, barricades, or covers. Where walkways are provided to permit employees to cross over excavations, guardrails are required on the walkway if the fall would be 6 feet (1.8 meters) or more to the lower level.

Fall Protection Systems Criteria and Practices

Covers - 1926.502(i)

Covers located in roadways and vehicular aisles must be able to support at least twice the maximum axle load of the largest vehicle to which the cover might be subjected. All other covers must be able to support at least twice the weight of employees, equipment, and materials that may be imposed on the cover at any one time. To prevent accidental displacement resulting from wind, equipment, or workers' activities, all covers must be secured. All covers shall be color coded or bear the markings "HOLE" or "COVER."

Guardrail Systems - **1926.501(502(b)**

If the employer chooses to use guardrail systems to protect workers from falls, the systems must meet the following criteria. Toprails and midrails of guardrail systems must be at least one-quarter inch (0.6 centimeters) nominal diameter or thickness to prevent cuts and lacerations. If wire rope is used for toprails, it must be flagged at not more 6 feet intervals (1.8 meters) with high-visibility material. Steel and plastic banding cannot be used as toprails or midrails. Manila, plastic, or synthetic rope used for toprails or midrails must be inspected as frequently as necessary to ensure strength and stability.

The top edge height of toprails, or (equivalent) guardrails must be 42 inches (1.1 meters) plus or minus 3 inches (8 centimeters), above the walking/working level. When workers are using stilts, the top edge height of the top rail, or equivalent member, must be increased an amount equal to the height of the stilts.

Screens, midrails, mesh, intermediate vertical members, or equivalent intermediate structural members must be installed between the top edge of the guardrail system and the walking/working surface when there are no walls or parapet walls at least 21 inches (53 centimeters) high. When midrails are used, they must be installed at a height midway between the top edge of the guardrail system and the walking/working level. When screens and mesh are used, they must extend from the top rail to the walking/working level and along the entire opening between top rail supports. Intermediate members, such as balusters, when used between posts, shall not be more than 19 inches (48 centimeters) apart.

Other structural members, such as additional midrails and architectural panels, shall be installed so that there are no openings in the guardrail system more than 19 inches (48 centimeters).

The guardrail system must be capable of withstanding a force of at least 200 pounds (890 Newtons) applied within 2 inches of the top edge in any outward or downward direction. When the 200 pounds (890 Newtons) test is applied in a downward direction, the top edge of the guardrail must not deflect to a height less than 39 inches (1 meter) above the walking/working level.

Midrails, screens, mesh, intermediate vertical members, solid panels, and equivalent structural members shall be capable of withstanding a force of at least 150 pounds (666 Newtons) applied in any downward or outward direction at any point along the midrail or other member.

Guardrail systems shall be surfaced to protect workers from punctures or lacerations and to prevent clothing from snagging.

The ends of top rails and midrails must not overhang terminal posts, except where such an overhang does not constitute a projection hazard.

When guardrail systems are used at hoisting areas, a chain, gate or removable guardrail section must be placed across the access opening between guardrail sections when hoisting operations are not taking place.

At holes, guardrail systems must be set up on all unprotected sides or edges. When holes are used for the passage of materials, the hole shall have not more than two sides with removable guardrail sections. When the hole is not in use, it must be covered or provided with guardrails along all unprotected sides or edges.

If guardrail systems are used around holes that are used as access points (such as ladderways), gates must be used or the point of access must be offset to prevent accidental walking into the hole.

If guardrails are used at unprotected sides or edges of ramps and runways, they must be erected on each unprotected side or edge.

***Personal Fall Arrest Systems* - 1926.502(d)**

These consist of an anchorage, connectors, and a body belt or body harness and may include a deceleration device, lifeline, or suitable combinations. If a personal fall arrest system is used for fall protection, it must do the following:

- Limit maximum arresting force on an employee to 900 pounds (4 kiloNewtons) when used with a body belt;
- Limit maximum arresting force on an employee to 1,800 pounds (8 kiloNewtons) when used with a body harness;
- Be rigged so that an employee can neither free fall more than 6 feet (1.8 meters) nor contact any lower level;
- Bring an employee to a complete stop and limit maximum deceleration distance an employee travels to 3.5 feet (1.07 meters); and
- Have sufficient strength to withstand twice the potential impact energy of an employee free falling a distance of 6 feet (1.8 meters) or the free fall distance permitted by the system, whichever is less.

The use of body belts for fall arrest is currently allowed, but effective January 1, 1998, the use of a body belt for fall arrest will be prohibited; however, the use of a body belt in a positioning device system is acceptable.

Personal fall arrest systems must be inspected prior to each use for wear damage, and other deterioration. Defective components must be removed from service. Dee-rings and snaphooks must have a minimum tensile strength of 5,000 pounds (22.2 kiloNewtons). Dee-rings and snaphooks shall be proof-tested to a minimum tensile load of 3,600 pounds (16 kiloNewtons) without cracking, breaking, or suffering permanent deformation.

Snaphooks shall be sized to be compatible with the member to which they will be connected, or shall be of a locking configuration.

Unless the snaphook is a locking type and designed for the following connections, they shall not be engaged (a) directly to webbing, rope, or wire rope; (b) to each other; (c) to a dee-ring to which another snaphook or other connecter is attached; (d) to a horizontal lifeline; or (e) to any object incompatible in shape or dimension relative to the snaphook, thereby causing the connected object to depress the snaphook keeper and release unintentionally.

OSHA considers a hook to be compatible when the diameter of the dee-ring to which the snaphook is attached is greater than the inside length of the snaphook when measured from the bottom (hinged end) of the snaphook keeper to the inside curve of the top of the snaphook. Thus, no matter how the dee-ring is positioned or moved (rolls) with the snaphook attached, the dee-ring cannot touch the outside of the keeper, thus depressing it open. As of January 1, 1998, the use of nonlocking snaphooks will be prohibited.

On suspended scaffolds or similar work platforms with horizontal lifelines that may become vertical lifelines, the devices used to connect to a horizontal lifeline shall be capable of locking in both directions on the lifeline.

Horizontal lifelines shall be designed, installed, and used under the supervision of a qualified person, as part of a complete personal fall arrest system that maintains a safety factor of at least two. Lifelines shall be protected against being cut or abraded.

Self-retracting lifelines and lanyards that automatically limit free fall distance to 2 feet (0.61 meters) or less shall be capable of sustaining a minimum tensile load of 3,000 pounds (13.3 kiloNewtons) applied to the device with the lifeline or lanyard in the fully extended position.

Self-retracting lifelines and lanyards that do not limit free fall distance to 2 feet (0.61 meters) or less, ripstitch lanyards, and tearing and deforming lanyards shall be capable of sustain-

ing a minimum tensile load of 5,000 pounds (22.2 kiloNewtons) applied to the device with the lifeline or lanyard in the fully extended position.

Ropes and straps (webbing) used in lanyards, lifelines, and strength components of body belts and body harnesses shall be made of synthetic fibers.

Anchorages shall be designed, installed, and used under the supervision of a qualified person, as part of a complete personal fall arrest system that maintains a safety factor of at least two, i.e., capable of supporting at least twice the weight expected to be imposed upon it. Anchorages used to attach personal fall arrest systems shall be independent of any anchorage being used to support or suspend platforms and must be capable of supporting at least 5,000 pounds (22.2 kiloNewtons) per person attached.

Lanyards and vertical lifelines must have a minimum breaking strength of 5,000 pounds (22.2 kiloNewtons).

Positioning Device Systems - 1926.502(e)

These body belt or body harness systems are to be set up so that a worker can free fall no farther than 2 feet (0.6 meters). They shall be secured to an anchorage capable of supporting at least twice the potential impact load of an employee's fall or 3,000 pounds (13.3 kiloNewtons), whichever is greater. Requirements for snaphooks, dee-rings, and other connectors used with positioning device systems must meet the same criteria as those for personal fall arrest systems.

Safety Monitoring Systems - 1926.502(h)

When no other alternative fall protection has been implemented, the employer shall implement a safety monitoring system. Employers must appoint a competent person to

monitor the safety of workers and the employer shall ensure that the safety monitor:

- Is competent in the recognition of fall hazards,
- Is capable of warning workers of fall hazard dangers and in detecting unsafe work practices,
- Is operating on the same walking/working surfaces of the workers and can see them, and
- Is close enough to work operations to communicate orally with workers and has no other duties to distract from the monitoring function.

Mechanical equipment shall not be used or stored in areas where safety monitoring systems are being used to monitor employees engaged in roofing operations on low-sloped roofs.

No worker, other than one engaged in roofing work (on low-sloped roofs) or one covered by a fall protection plan, shall be allowed in an area where an employee is being protected by a safety monitoring system.

All workers in a controlled access zone shall be instructed to promptly comply with fall hazard warnings issued by safety monitors.

***Safety Net Systems* - 1926.502(c)**

Safety nets must be installed as close as practicable under the walking/working surface on which employees are working and never more than 30 feet (9.1 meters) below such levels. Defective nets shall not be used. Safety nets shall be inspected at least once a week for wear, damage, and other deterioration. The maximum size of each safety net mesh opening shall not exceed 36 square inches (230 square centimeters) nor be longer than 6 inches (15 centimeters) on any side, and the openings, measured center-to-center, of mesh ropes or webbing, shall not exceed 6 inches (15 centimeters). All mesh crossings shall be

secured to prevent enlargement of the mesh opening. Each safety net or section shall have a border rope for webbing with a minimum breaking strength of 5,000 pounds (22.2 kiloNewtons). Connections between safety net panels shall be as strong as integral net components and be spaced no more than 6 inches (15 centimeters) apart.

Safety nets shall be installed with sufficient clearance underneath to prevent contact with the surface or structure below.

When nets are used on bridges, the potential fall area from the walking/working surface to the net shall be unobstructed.

Safety nets must extend outward from the outermost projection of the work surface as follows:

Vertical distance from working level to horizontal plane of net surface.	**Minimum required horizontal distance of outer edge of net from edge of working surface.**
Up to 5 feet (1.5 meters)	8 feet (2.4 meters)
More than 5 feet (1.5 meters) up to 10 feet (3 meters)	10 feet (3 meters)
More than 10 feet (3 meters)	13 feet (3.9 meters)

Safety nets shall be capable of absorbing an impact force of a drop test consisting of a 400-pound (180 kilograms) bag of sand 30 inches (76 centimeters) in diameter dropped from the highest walking/working surface at which workers are exposed, but not from less than 42 inches (1.1 meters) above that level.

Items that have fallen into safety nets including—but not restricted to, materials, scrap, equipment, and tools—must be removed as soon as possible and at least before the next work shift.

***Warning Line Systems* - 1926.502(f)**

Warning line systems consist of ropes, wires, or chains, and supporting stanchions and are set up as follows:

- Flagged at not more than 6-foot (1.8 meters) intervals with high-visibility material.
- Rigged and supported so that the lowest point including sag is no less than 34 inches (0.9 meters) from the walking/working surface and its highest point is no more than 39 inches (1 meter) from the walking/working surface.
- Stanchions, after being rigged with warning lines, shall be capable of resisting, without tipping over, a force of at least 16 pounds (71 Newtons) applied horizontally against the stanchion, 30 inches (0.8 meters) above the walking/working surface, perpendicular to the warning line and in the direction of the floor, roof, or platform edge.
- The rope, wire, or chain shall have a minimum tensile strength of 500 pounds (2.22 kiloNewtons), and after being attached to the stanchions, must support without breaking the load applied to the stanchions as prescribed above.
- Shall be attached to each stanchion in such a way that pulling on one section of the line between stanchions will not result in slack being taken up in the adjacent section before the stanchion tips over.

Warning lines shall be erected around all sides of roof work areas. When mechanical equipment is being used, the warning line shall be erected not less than 6 feet (1.8 meters) from the roof edge parallel to the direction of mechanical equipment operation, and not less than 10 feet (3 meters) from the roof edge perpendicular to the direction of mechanical equipment operation.

When mechanical equipment is not being used, the warning line must be erected not less than 6 feet (1.8 meters) from the roof edge.

Formwork and Reinforcing Steel - 1926.501(b)(5)

For employees, while moving vertically and/or horizontally on the vertical face of rebar assemblies built in place, fall protection is not required when employees are moving. OSHA considers the multiple hand holds and foot holds on rebar assemblies as providing similar protection as that provided by a fixed ladder. Consequently, no fall protection is necessary while moving point to point for heights below 24 feet (7.3 meters). An employee must be provided with fall protection when climbing or otherwise moving at a height more than 24 feet (7.3 meters), the same as for fixed ladders.

Hoist Areas - 1926.501(b)(3)

Each employee in a hoist area shall be protected from falling 6 feet (1.8 meters) or more by guardrail systems or personal fall arrest systems. If guardrail systems (or chain gate or guardrail) or portions thereof must be removed to facilitate hoisting operations, as during the landing of materials, and a worker must lean through the access opening or out over the edge of the access opening to receive or guide equipment and materials, that employee must be protected by a personal fall arrest system.

Holes - 1926.501(b)(4)

Personal fall arrest systems, covers, or guardrail systems shall be erected around holes (including skylights) that are more than 6 feet (1.8 meters) above lower levels.

Leading Edges - 1926.501(b)(2)

Each employee who is constructing a leading edge 6 feet (1.8 meters) or more above lower levels shall be protected by guardrail systems, safety net systems, or personal fall arrest systems. If the employer can demonstrate that it is infeasible

or creates a greater hazard to implement these systems, he or she must develop and implement a fall protection plan that meets the requirements of 29 CFR 1926.502(k).

Overhand Bricklaying and Related Work - 1926.501(b)(9)

Each employee performing overhand bricklaying and related work 6 feet (1.8 meters) or more above lower levels shall be protected by guardrail systems, safety net systems, or personal fall arrest systems, or shall work in a controlled access zone. All employees reaching more than 10 inches (25 centimeters) below the level of a walking/working surface on which they are working shall be protected by a guardrail system, safety net system, or personal fall arrest system.

Precast Concrete Erection - 1926.501(b)(12)

Each employee who is 6 feet (1.8 meters) or more above lower levels while erecting precast concrete members and related operations such as grouting of precast concrete members shall be protected by guardrail systems, safety net systems, or personal fall arrest systems. Where the employer can demonstrate, however, that it is infeasible or creates a greater hazard to use those systems, the employer must develop and implement a fall protection plan that meets the requirements of 29 CFR 1926.502(k).

Protection from Falling Objects - 1926.502(j)

When guardrail systems are used to prevent materials from falling from one level to another, any openings must be small enough to prevent passage of potential falling objects. No materials or equipment except masonry and mortar shall be stored within 4 feet (1.2 meters) of working edges. Excess mortar, broken or scattered masonry units, and all other materials and debris shall be kept clear of the working area by removal at regular intervals.

During roofing work, materials and equipment shall not be stored within 6 feet (1.8 meters) of a roof edge unless guardrails are erected at the edge, and materials piled, grouped, or stacked near a roof edge must be stable and self-supporting.

***Canopies* - 1926.502(j)(8)**

When used as protection from falling objects canopies must be strong enough to prevent collapse and to prevent penetration by any objects that may fall onto them.

***Toeboards* - 1926.502(j)(2), (3), and (4)**

When toeboards are used as protection from falling objects, they must be erected along the edges of the overhead walking or working surface for a distance sufficient to protect persons working below. Toeboards shall be capable of withstanding a force of at least 50 pounds (222 Newtons) applied in any downward or outward direction at any point along the toeboard. Toeboards shall be a minimum of 3.5 inches (9 centimeters) tall from their top edge to the level of the walking/working surface, have no more than 0.25 inches (0.6 centimeters) clearance above the walking/working surface, and be solid or have openings no larger than 1 inch (2.5 centimeters)in size.

Where tools, equipment, or materials are piled higher than the top edge of a toeboard, paneling or screening must be erected from the walking/working surface or toeboard to the top of a guardrail system's top rail or midrail, for a distance sufficient to protect employees below.

Training - 1926.503

Employers must provide a training program that teaches employees who might be exposed to fall hazards how to recognize such hazards and how to minimize them. Employees must

be trained in the following areas: (a) the nature of fall hazards in the work area; (b) the correct procedures for erecting, maintaining, disassembling, and inspecting fall protection systems; (c) the use and operation of controlled access zones and guardrail, personal fall arrest, safety net, warning line, and safety monitoring systems; (d) the role of each employee in the safety monitoring system when the system is in use; (e) the limitations on the use of mechanical equipment during the performance of roofing work on low-slope roofs; (f) the correct procedures for equipment and materials handling and storage and the erection of overhead protection; and, (g) employees' role in fall protection plans; and (h) the standards in this Subpart.

Employers must prepare a written certification that identifies the employee trained and the date of the training. The employer or trainer must sign the certification record. Retraining also must be provided when necessary.

Residential Construction - 1926.501(b)(13)

Fall protection requirements for residential construction mirror those of "Precast Concrete Erection." In addition, however, OSHA Instruction STD 3.1, "Interim Fall Protection Compliance Guidelines for Residential Construction" issued December 8, 1995, identifies certain tasks that may be performed without the use of conventional fall protection provided the employer follows all guidelines in Appendix E of Subpart M. OSHA's STD 3.1 relieves the residential homebuilder from the obligation to show "infeasibility or greater hazard" when electing to use alternative fall protection plans in lieu of conventional fall protection. OSHA directives are on the Internet World Wide Web at http://www.osha.gov. Also, if the guidelines in Appendix E are followed, the employer is not required to have a written fall protection plan as specified in 1926.502(k).

Ramps, Runways, and Other Walkways - 1926.501(b)(6)

Each employee using ramps, runways, and other walkways shall be protected by guardrail systems against falling 6 feet (1.8 meters) or more.

Roofing

Low-Slope Roofs - 1926.501(b)(10)

Each employee engaged in roofing activities on low-slope roofs with unprotected sides and edges 6 feet (1.8 meters) or more above lower levels shall be protected from falling by guardrail systems, safety net systems, personal fall arrest systems or a combination of a warning line system and guardrail system, warning line system and safety net system, warning line system and personal fall arrest system, or warning line system and safety monitoring system. On roofs 50 feet (15.25 meters) or less in width, the use of a safety monitoring system without a warning line system is permitted.

Steep Roofs - 1926.501(b)(11)

Each employee on a steep roof with unprotected sides and edges 6 feet (1.8 meters) or more above lower levels shall be protected by either guardrail systems with toeboards, a safety net system, or a personal fall arrest system.

Wall Openings - 1926.501(b)(14)

Each employee working on, at, above, or near wall openings (including those with chutes attached) where the outside bottom edge of the wall opening is 6 feet (1.8 meters) or more above lower levels and the inside bottom edge of the wall opening is less than 39 inches (1.0 meter) above the walking/working surface must be protected from falling by the use of either a guardrail system, a safety net system, or a personal fall arrest system.

Safety and Health Program Management Guidelines

Effective management of worker safety and health protection is a decisive factor in reducing the extent and severity of work-related injuries and illnesses and their related costs. To assist employers and employees in developing effective safety and health programs, OSHA published recommended *Safety and Health Program Management Guidelines* in the January 26, 1989 [54 *Federal Register* (18): 3908-3916]. These voluntary guidelines apply to all places of employment covered by OSHA.

The guidelines identify four general elements that are critical to the development of a successful safety and health management program:

- Management commitment and employee involvement;
- Worksite analysis;
- Hazard prevention and control; and
- Safety and health training.

The guidelines recommend specific actions under each of these general elements. A single free copy of the guidelines can be obtained from the OSHA Publications Office, U.S. Department of Labor, 200 Constitution Avenue, N.W., Room N3101, Washington DC 20210 by sending a self-addressed mail label with your request.

State Programs

The *Occupational Safety and Health Act of 1970* encourages states to develop and operate their own job safety and health plans. The States administering occupational safety and health programs through plans approved under section 18(b) of the Act, must adopt standards and enforce requirements that are "at least as effective" as federal requirements. There are currently 25 state plans: 23 cover the private and public (state and local governments) sectors and 2 cover the public sector only.

For more information on OSHA-approved state plans, see the list of states with approved plans at the end of this publication.

Free Onsite Consultation

Free, onsite safety and health consultation services are available to employers in all states who want help in establishing and maintaining a safe and healthful workplace. The service is largely funded by OSHA. Primarily developed for smaller employers with more hazardous operations, the consultation service is delivered by state governments employing professional safety consultants and health consultants. Comprehensive assistance includes an appraisal of all mechanical systems, physical work practices, and environmental hazards of the workplace and all aspects of the employer's present job safety and health program. This program is completely separate from OSHA inspections. No penalties are proposed or citations issued for any safety and health problems identified by the consultants. Also, the service is confidential.

For more information concerning consultation services, see the list of consultation projects at the end of this publication.

Voluntary Protection Programs (VPP)

OSHA's Voluntary Protection Programs are designed to recognize and promote effective safety and health program management. In the VPP, management, labor, and OSHA establish cooperative relationships at workplaces that have implemented strong programs.

Sites approved for VPPs, Star, Merit, and Demonstration programs have met, and must continue to meet, rigorous participation standards. Benefits of VPP participation include improved employee motivation to work safely, leading to better quality and productivity; lost-workday case rates that generally are 60 percent to 80 percent below industry averages; reduced

workers' compensation and other injury- and illness-related costs; positive community recognition and interaction; further improvement and revitalization of already good safety and health programs; and partnership with OSHA.

For information about the VPP, contact the VPP Manager in your OSHA Regional Office, listed at the end of this publication.

Training and Education

OSHA's area offices offer a variety of informational services, such as publications, audiovisual aids, technical advice, and speakers for special engagements. OSHA's Training Institute in Des Plaines, IL, provides basic and advanced courses in safety and health for federal and state compliance officers, state consultants, federal agency personnel, and private sector employers, employees, and their representatives.

OSHA also provides funds to nonprofit organizations, through grants, to conduct workplace training and education in subjects where OSHA believes there is a lack of workplace training. Grants are awarded annually. Grant recipients are expected to contribute 20 percent of the total grant cost.

For more information on grants, training, and education, contact the OSHA Training Institute, Office of Training and Education, 1555 Times Drive, Des Plaines, IL 60018, (847) 297-4810.

Electronic Assistance

Internet—OSHA standards, interpretations, directives, technical advisors, compliance assistance, and additional information are now on the World Wide Web at http://www.osha.gov/.

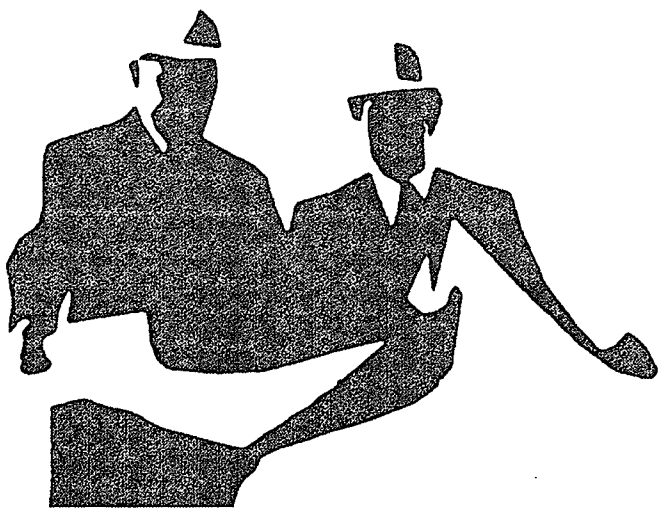
CD-ROM—A wide variety of OSHA materials including standards, interpretations, directives, and more can be purchased on CD-ROM from the Government Printing Office.

To order, write to the Superintendent of Documents, P.O. Box 371954, Pittsburgh PA 15250-7954. Specify *OSHA Regulations, Documents and Technical Information on CD- ROM, (ORDT)*, S/N729-1300000-5. The price is $38 per year ($47.50 foreign); sincle copy $15.00 ($18.75 foreign).

Emergencies

For life-threatening situations, call (800) 321-OSHA. Complaints will go immediately to the nearest OSHA area or state office for help.

For further information on any OSHA program, contact your nearest OSHA area or regional office listed at the end of this publication.



Anchorage — A secure point of attachment for lifelines, lanyards or deceleration devices.

Body belt — A strap with means both for securing it about the waist and for attaching it to a lanyard, lifeline, or deceleration device.

Body harness — Straps that may be secured about the person in a manner that distributes the fall-arrest forces over at least the thighs, pelvis, waist, chest, and shoulders with a means for attaching the harness to other components of a personal fall arrest system.

Connector — A device that is used to couple (connect) parts of a personal fall arrest system or positioning device system together.

Controlled access zone — A work area designated and clearly marked in which certain types of work (such as overhand bricklaying) may take place without the use of conventional fall protection systems—guardrail, personal arrest or safety net—to protect the employees working in the zone.

Deceleration device — Any mechanism—such as rope, grab, ripstitch lanyard, specially-woven lanyard, tearing or deforming lanyards, automatic self-retracting lifelines/lanyards—which serves to dissipate a substantial amount of energy during a fall arrest, or otherwise limits the energy imposed on an employee during fall arrest.

Deceleration distance — The additional vertical distance a falling person travels, excluding lifeline elongation and free fall distance, before stopping, from the point at which a deceleration device begins to operate.

Guardrail system — A barrier erected to prevent employees from falling to lower levels.

Hole — A void or gap 2 inches (5.1 centimeters) or more in the least dimension in a floor, roof, or other walking/working surface.

Lanyard — A flexible line of rope, wire rope, or strap that generally has a connector at each end for connecting the body belt or body harness to a deceleration device, lifeline, or anchorage.

Leading edge — The edge of a floor, roof, or formwork for a floor or other walking/working surface (such as the deck) which changes location as additional floor, roof, decking, or formwork sections are placed, formed or constructed.

Lifeline — A component consisting of a flexible line for connection to an anchorage at one end to hang vertically (vertical lifeline), or for connection to anchorages at both ends to stretch horizontally (horizontal lifeline), and that serves as a means for connecting other components of a personal fall arrest system to the anchorage.

Low-slope roof — A roof having a slope less than or equal to 4 in 12 (vertical to horizontal).

Opening — A gap or void 30 inches (76 centimeters) or more high and 18 inches (46 centimeters) or more wide, in a wall or partition, through which employees can fall to a lower level.

Personal fall arrest system — A system including but not limited to an anchorage, connectors, and a body belt or body harness used to arrest an employee in a fall from a working level. As of January 1, 1998, the use of a body belt for fall arrest is prohibited.

Positioning device system — A body belt or body harness system rigged to allow an employee to be supported on an elevated vertical surface, such as a wall, and work with both hands free while leaning backwards.

Rope grab — A deceleration device that travels on a lifeline and automatically, by friction, engages the lifeline and locks to arrest a fall.

Safety-monitoring system — A safety system in which a competent person is responsible for recognizing and warning employees of fall hazards.

Self-retracting lifeline/lanyard — A deceleration device containing a drum-wound line which can be slowly extracted from, or retracted onto, the drum under minimal tension during normal employee movement and which, after onset of a fall, automatically locks the drum and arrests the fall.

Snaphook — A connector consisting of a hook-shaped member with a normally closed keeper, or similar arrangement, which may be opened to permit the hook to receive an object and, when released automatically closes to retain the object.

Steep roof — A roof having a slope greater than 4 in 12 (vertical to horizontal).

Toeboard — A low protective barrier that prevents material and equipment from falling to lower levels and which protects personnel from falling.

Unprotected sides and edges — Any side or edge (except at entrances to points of access) of a walking/working surface (e.g., floor, roof, ramp, or runway) where there is no wall or guardrail system at least 39 inches (1 meter) high.

Walking/working surface — Any surface, whether horizontal or vertical, on which an employee walks or works, including but not limited to floors, roofs, ramps, bridges, runways, formwork, and concrete reinforcing steel. Does not include ladders, vehicles, or trailers on which employees must be located to perform their work duties.

Warning line system — A barrier erected on a roof to warn employees that they are approaching an unprotected roof side or edge and which designates an area in which roofing work may take place without the use of guardrail, body belt, or safety net systems to protect employees in the area.

Single, free copies of the following publications can be obtained from the U.S. Department of Labor, OSHA/OICA Publications, P.O. Box 37535, Washington, DC 20013-7535. Send a self-addressed mailing label with your request.

All About OSHA — OSHA 2056

Employee Workplace Rights — OSHA 3021

Ground Fault Protection on Construction Sites — OSHA 3007

Lead in Construction — OSHA 3142

Occupational Exposure to Cadmium in the Construction Industry — OSHA 3139

OSHA Publications and Audiovisual Programs — OSHA 2019

Personal Protective Equipment — OSHA 3077

Sling Safety — OSHA 3072

The following publications are available from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402 (202) 512-1800. Include GPO Order No. and make checks payable to Superintendent of Documents.

Construction Industry Digest – OSHA 2202
Order No. 029-016-00151-4; cost $2.25.

Controlling Electrical Hazards – OSHA 3075
Order No. 029-016-00126-3; cost $1.00.

Ergonomics: The Study of Work – OSHA 3125
Order No. 029-016-00124-7; cost $1.00.

Hand and Power Tools – OSHA 3080
Order No. 029-016-00143-3; cost $1.00.

Job Hazard Analysis – OSHA 3071
Order No. 029-016-00142-5; cost $1.00.

Commissioner
Alaska Department of Labor
1111 West 8th Street
Room 306
Juneau, AK 99801
(907) 465-2700

Director
Industrial Commission
of Arizona
800 W. Washington
Phoenix, AZ 85007
(602) 542-5795

Director
California Department
of Industrial Relations
45 Fremont Street
San Francisco, CA 94105
(415) 972-8835

Commissioner
Connecticut Department
of Labor
200 Folly Brook Boulevard
Wethersfield, CT 06109
(203) 566-5123

Director
Hawaii Department of Labor
and Industrial Relations
830 Punchbowl Street
Honolulu, HI 96813
(808) 586-8844

Commissioner
Indiana Department of Labor
State Office Building
402 West Washington Street
Room W195
Indianapolis, IN 46204
(317) 232-2378

Commissioner
Iowa Division of Labor
Services
1000 E. Grand Avenue
Des Moines, IA 50319
(515) 281-3447

Secretary
Kentucky Labor Cabinet
1049 U.S. Highway, 127
South Suite 2
Frankfort, KY 40601
(502) 564-3070

Commissioner
Maryland Division of Labor
and Industry
Department of Licensing
and Regulation
1100 North Eutaw St.
Room 613
Baltimore, MD 21202-2206
(410) 767-2215

Director
Michigan Department
of Consumer
and Industry Services
4th Floor, Law Building
P.O. Box 30004
Lansing, MI 48909
(517) 373-7230

Commissioner
Minnesota Department
of Labor and Industry
443 Lafayette Road
St. Paul, MN 55155
(612) 296-2342

Director
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400 West King Street
Carson City, NV 89710
(702) 687-3032

Secretary
New Mexico Environment
Department
1190 St. Francis Drive
P.O. Box 26110
Santa Fe, NM 87502
(505) 827-2850

Commissioner
New York Department
of Labor
W. Averell Harriman State
Office Building - 12
Room 500
Albany, NY 12240
(518) 457-2741

Commissioner
North Carolina Department
of Labor
319 Chapanoke Road
Raleigh, NC 27603
(919) 662-4585

Administrator
Department of Consumer
and Business Services
Occupational Safety
and Health
Division (OR-OSHA)
350 Winter Street, N.E.
Room 430
Salem, OR 97310-3220
(503) 378-3272

Secretary
Puerto Rico Department
of Labor and Human
Resources
Prudencio Rivera Martinez
Building
505 Munoz Rivera Avenue
Hato Rey, PR 00918
(809) 754-2119

Commissioner
South Carolina Department
of Labor, Licensing,
and Regulation
Koger Office Park,
Kingstree Bldg.
110 Centerview Drive
P.O. Box 11329
Columbia, SC 29216
(803) 896-4300

Commissioner
Tennessee Department
of Labor
Attn: Robert Taylor
710 James Robertson
Parkway
Nashville, TN 37243-0659
(615) 741-2582

Commissioner
Industrial Commission
of Utah
160 East 300 South,
3rd Floor
P.O. Box 146650
Salt Lake City, UT 84114-
6650
(801) 530-6898

Commissioner
Vermont Department of Labor
and Industry
National Life Building -
Drawer 20
120 State Street
Montpelier, VT 05620
(802) 828-2288

Commissioner
Virgin Islands Department
of Labor
2131 Hospital Street, Box 890
Christiansted
St. Croix, VI 00820-4666
(809) 773-1994

Commissioner
Virginia Department of Labor
and Industry
Powers-Taylor Building
13 South 13th Street
Richmond, VA 23219
(804) 786-2377

Director
Washington Department
of Labor and Industries
General Administration
Building
P.O. Box 44001
Olympia, WA 98504-4001
(360) 902-4200

Administrator
Workers' Safety
and Compensation Division
(WSC)
Wyoming Department
of Employment
Herschler Building
2nd Floor East
122 West 25th Street
Cheyenne, WY 82002
(307) 777-7786

32 OSHA Consultation Project Directory

State	Telephone
Alabama	(205) 348-7136
Alaska	(907) 269-4957
Arizona	(602) 542-5795
Arkansas	(501) 682-4522
California	(415) 972-8515
Colorado	(970) 491-6151
Connecticut	(860) 566-4550
Delaware	(302) 761-8219
District of Columbia	(202) 576-6339
Florida	(904) 488-3044
Georgia	(404) 894-2643
Guam	011(671) 475-0136
Hawaii	(808) 586-9100
Idaho	(208) 385-3283
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Indiana	(317) 232-2688
Iowa	(515) 965-7162
Kansas	(913) 296-7476
Kentucky	(502) 564-6895
Louisiana	(504) 342-9601
Maine	(207) 624-6460
Maryland	(410) 333-4970
Massachusetts	(617) 727-3982
Michigan	(517) 332-1817 (H)
	(517) 322-1809 (S)
Minnesota	(612) 297-2393
Mississippi	(601) 987-3981
Missouri	(573) 751-3403
Montana	(406) 444-6418
Nebraska	(402) 471-4717
Nevada	(702) 486-5016
New Hampshire	(603) 271-2024
New Jersey	(609) 292-2424
New Mexico	(505) 827-4230

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Oregon	(503) 378-3272
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Tennessee	(615) 741-7036
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Wisconsin	(608) 266-8579 (H)
	(414) 521-5063 (S)
Wyoming	(307) 777-7786

(H) - Health
(S) - Safety

34 OSHA Area Offices

Area	Telephone
Albany, NY	(518) 464-4338
Albuquerque, NM	(505) 248-5302
Allentown, PA	(610) 776-0592
Anchorage, AK	(907) 271-5152
Appleton, WI	(414) 734-4521
Austin, TX	(512) 916-5783
Avenel, NJ	(908) 750-3270
Baltimore, MD	(410) 962-2840
Bangor, ME	(207) 941-8177
Baton Rouge, LA	(504) 389-0474
Bayside, NY	(718) 279-9060
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Billings, MT	(406) 247-7494
Birmingham, AL	(205) 731-1534
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Des Plaines, IL	(847) 803-4800
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Frankfort, KY	(502) 227-7024
Harrisburg, PA	(717) 782-3902
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Hasbrouck Heights, NJ	(201) 288-1700
Guaynabo, PR	(787) 277-1560
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Houston, TX	(281) 591-2438
Indianapolis, IN	(317) 226-7290
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Jacksonville, FL	(904) 232-2895
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Little Rock, AR	(501) 324-6291
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1100 Main Street, Suite 800
Kansas City, MO 64105
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1999 Broadway, Suite 1690
Denver, CO 80202-5716
Telephone: (303) 844-1600

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71 Stevenson Street
Room 420
San Francisco, CA 94105
Telephone: (415) 975-4310

Region X
(AK,* ID, OR,* WA*)
1111 Third Avenue
Suite 715
Seattle, WA 98101-3212
Telephone: (206) 553-5930

*These states and territories operate their own OSHA-approved job safety and health programs (Connecticut and New York plans cover public employees only). States with approved programs must have a standard that is identical to, or at least as effective, as the federal standard.

Exhibit 10

Report of Proaxis Therapy – 07/14/11

proaxistherapy

CASE MANAGER &/OR ADJUSTER COMMUNICATION

To: Carol Powers From: Tom

Fax: 888.244.0845 Pages: _____

Phone: _____ Date: 7.14.11

RE Client: Sean Daley 6.16.76

Attached Documentation:

Initial Evaluation Status Report Discharge Summary Request for Authorization Missed visit Notification

- This client cancelled Today's appointment. The reason for cancellation was _____.
  This is the client's _____ cancellation.
- This client did not show for Today's appointment.
  I was unable to reach the client for explanation.
  I called the client and the client's reason for cancellation was _____.
  This is the _____ excused and/or the _____ unexcused absence.

Scheduled Visits this Week: 2 Attended Visits this week: 2

SPECIFIC COMPLIANCE / INCONSISTENCIES / CONCERNS NOTED:
Near maximal level FABQ scores indicating poor prognosis and fear of physical activity.

WEEKLY STATUS UPDATE:
Patient demonstrates adequate compliance / effort despite consistent complaints of pain. Patient activity tolerance minimally improved over past 1-2 weeks. Patient / x'd talking about upcoming deposition

Our goal is to ensure that you have current information regarding your client's program. A response is not necessary, but please feel free to call if you have any questions or concerns. Proaxistherapy would also like to extend an offer to all case managers to stop in at any one of our 7 locations at any time to get a cup of coffee, use the phone as needed. We are here as a resource for you!

EXHIBIT 10

PENGAD 800-631-6989

Exhibit 11

Claimant's Timesheets

Pre- and Post-Accident

Exhibit 11

Chapman Mechanical Employee Handbook

Introductory Statement

Effective Date: 5/1/2007

INTRODUCTORY STATEMENT

This handbook is designed to acquaint you with Chapman Mechanical and provide you with information about working conditions, employee benefits, and some of the policies affecting your employment. You should read, understand, and comply with all provisions of the handbook. It describes many of your responsibilities as an employee and outlines the programs developed by Chapman Mechanical to benefit employees. One of our objectives is to provide a work environment that is conducive to both personal and professional growth.

No employee handbook can anticipate every circumstance or question about policy. As Chapman Mechanical continues to grow, the need may arise and Chapman Mechanical reserves the right to revise, supplement, or rescind any policies or portion of the handbook from time to time as it deems appropriate, in its sole and absolute discretion. The only exception to any changes is our employment-at-will policy permitting you or Chapman Mechanical to end our relationship for any reason at any time. Employees will, of course, be notified of such changes to the handbook as they occur. Nothing in any of Chapman Mechanical, Inc.'s rules, policies, handbooks, procedures or other documents relating to employment creates any express or implied contract of employment. No promises or assurances, whether written or oral that are contrary to or inconsistent with the limitations set forth on this paragraph create any contract of employment unless: 1) The terms are put in writing; 2) The document is labeled "Contract"; 3) The document states the terms of employment; and 4) The document is signed by both parties.

PENGAD 800-631-6989

EXHIBIT

11

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Employee Welcome Message

Effective Date: 5/1/2007

Welcome new employee!

On behalf of your colleagues, I welcome you to Chapman Mechanical and wish you every success here.

We believe that each employee contributes directly to Chapman Mechanical's growth and success, and we hope you will take pride in being a member of our team.

This handbook was developed to describe some of the expectations of our employees and to outline the policies, programs, and benefits available to eligible employees. Employees should familiarize themselves with the contents of the employee handbook as soon as possible, for it will answer many questions about employment with Chapman Mechanical.

We hope that your experience here will be challenging, enjoyable, and rewarding. Again, welcome!

Sincerely,

Keith Chapman

Owner/ President

Chapman Mechanical

Customer Relations

Effective Date: 5/1/2007

Customers are among our organization's most valuable assets. Every employee represents Chapman Mechanical to our customers and the public. The way we do our jobs presents an image of our entire organization. Customers judge all of us by how they are treated with each employee contact. Therefore, one of our first business priorities is to assist any customer or potential customer. Nothing is more important than being courteous, friendly, helpful, and prompt in the attention you give to customers.

Our personal contact with the public, our manners on the telephone, and the communications we send to customers are a reflection not only of ourselves, but also of the professionalism of Chapman Mechanical. Positive customer relations not only enhance the public's perception or image of Chapman Mechanical, but also pay off in greater customer loyalty and increased sales and profit.

Employee Relations

Effective Date: 5/1/2007

Chapman Mechanical believes that the work conditions, wages, and benefits it offers to its employees are competitive with those offered by other employers in this area and in this industry. If employees have concerns about work conditions or compensation, they are strongly encouraged to voice these concerns openly and directly to their supervisors.

Our experience has shown that when employees deal openly and directly with supervisors, the work environment can be excellent, communications can be clear, and attitudes can be positive. We believe that Chapman Mechanical amply demonstrates its commitment to employees by responding effectively to employee concerns.

Equal Employment Opportunity

Effective Date: 5/1/2007

In order to provide equal employment and advancement opportunities to all individuals, employment decisions at Chapman Mechanical will be based on merit, qualifications, and abilities. Chapman Mechanical does not discriminate in employment opportunities or practices on the basis of race, color, religion, sex, national origin, age, or any other characteristic protected by law.

This policy governs all aspects of employment, including selection, job assignment, compensation, discipline, termination, and access to benefits and training.

Any employees with questions or concerns about any type of discrimination in the workplace are encouraged to bring these issues to the attention of their immediate supervisor or the Office Manager. Employees can raise concerns and make reports without fear of reprisal. Anyone found to be engaging in any type of unlawful discrimination will be subject to disciplinary action, up to and including termination of employment.

Business Ethics and Conduct

Effective Date: 5/1/2007

The successful business operation and reputation of Chapman Mechanical is built upon the principles of fair dealing and ethical conduct of our employees. Our reputation for integrity and excellence requires careful observance of the spirit and letter of all applicable laws and regulations, as well as a scrupulous regard for the highest standards of conduct and personal integrity.

The continued success of Chapman Mechanical is dependent upon our customers' trust and we are dedicated to preserving that trust. Employees owe a duty to Chapman Mechanical, its customers, and shareholders to act in a way that will merit the continued trust and confidence of the public.

Chapman Mechanical will comply with all applicable laws and regulations and expects its directors, officers, and employees to conduct business in accordance with the letter, spirit, and intent of all relevant laws and to refrain from any illegal, dishonest, or unethical conduct.

In general, the use of good judgment, based on high ethical principles, will guide you with respect to lines of acceptable conduct. If a situation arises where it is difficult to determine the proper course of action, the matter should be discussed openly with your immediate supervisor and, if necessary, with the Department Manager for advice and consultation.

Compliance with this policy of business ethics and conduct is the responsibility of every Chapman Mechanical employee. Disregarding or failing to comply with this standard of business ethics and conduct could lead to disciplinary action, up to and including possible termination of employment.

Immigration Law Compliance

Effective Date: 5/1/2007

Chapman Mechanical is committed to employing only United States citizens and aliens who are authorized to work in the United States and does not unlawfully discriminate on the basis of citizenship or national origin.

In compliance with the Immigration Reform and Control Act of 1986, each new employee, as a condition of employment, must complete the Employment Eligibility Verification Form I-9 and present documentation establishing identity and employment eligibility. Former employees who are rehired must also complete the form if they have not completed an I-9 with Chapman Mechanical within the past three years, or if their previous I-9 is no longer retained or valid.

Employees with questions or seeking more information on immigration law issues are encouraged to contact the Office Manager. Employees may raise questions or complaints about immigration law compliance without fear of reprisal.

Conflicts of Interest

Effective Date: 5/1/2007

Employees have an obligation to conduct business within guidelines that prohibit actual or potential conflicts of interest. This policy establishes only the framework within which

Chapman Mechanical wishes the business to operate. The purpose of these guidelines is to provide general direction so that employees can seek further clarification on issues related to the subject of acceptable standards of operation. Contact the Office Manager for more information or questions about conflicts of interest.

Transactions with outside firms must be conducted within a framework established and controlled by the executive level of Chapman Mechanical. Business dealings with outside firms should not result in unusual gains for those firms. Unusual gain refers to bribes, product bonuses, special fringe benefits, unusual price breaks, and other windfalls designed to ultimately benefit either the employer, the employee, or both. Promotional plans that could be interpreted to involve unusual gain require specific executive-level approval. An actual or potential conflict of interest occurs when an employee is in a position to influence a decision that may result in a personal gain for that employee or for a relative as a result of Chapman Mechanical's business dealings. For the purposes of this policy, a relative is any person who is related by blood or marriage, or whose relationship with the employee is similar to that of persons who are related by blood or marriage.

No "presumption of guilt" is created by the mere existence of a relationship with outside firms. However, if employees have any influence on transactions involving purchases, contracts, or leases, it is imperative that they disclose to an officer of Chapman Mechanical as soon as possible the existence of any actual or potential conflict of interest so that safeguards can be established to protect all parties.

Personal gain may result not only in cases where an employee or relative has a significant ownership in a firm with which Chapman Mechanical does business, but also when an employee or relative receives any kickback, bribe, substantial gift, or special consideration as a result of any transaction or business dealings involving Chapman Mechanical.

Non-Disclosure

Effective Date: 5/1/2007

The protection of confidential business information and trade secrets is vital to the interests and the success of Chapman Mechanical. Such confidential information includes, but is not limited to, the following examples:

*compensation data

*customer lists

*customer preferences

*financial information

*pending projects and proposals

*research and development strategies

Employees who improperly use or disclose trade secrets or confidential business information will be subject to disciplinary action, up to and including termination of employment and legal action, even if they do not actually benefit from the disclosed information.

Access to Personnel Files

Effective Date: 5/1/2007

Chapman Mechanical maintains a personnel file on each employee. The personnel file includes such information as the employee's job application, resume, records of training, documentation of performance appraisals and salary increases, and other employment records.

Personnel files are the property of Chapman Mechanical, and access to the information they contain is restricted. Generally, only supervisors and management personnel of Chapman Mechanical who have a legitimate reason to review information in a file are allowed to do so.

Employees who wish to review their own file should contact the Office Manager. With reasonable advance notice, employees may review their own personnel files in Chapman Mechanical's offices and in the presence of an individual appointed by Chapman Mechanical to maintain the files.

Personnel Data Changes

Effective Date: 5/1/2007

It is the responsibility of each employee to promptly notify Chapman Mechanical of any changes in personnel data. Personal mailing addresses, telephone numbers, number and names of

dependents, individuals to be contacted in the event of emergency, educational accomplishments, and other such status reports should be accurate and current at all times. If any personnel data has changed, notify the Office Manager.

Introductory Period

Effective Date: 5/1/2007

The introductory period is intended to give new employees the opportunity to demonstrate their ability to achieve a satisfactory level of performance and to determine whether the new position meets their expectations. Chapman Mechanical uses this period to evaluate employee capabilities, work habits, and overall performance. Either the employee or Chapman Mechanical may end the employment relationship at will at any time during or after the introductory period, with or without cause or advance notice.

All new and rehired employees work on an introductory basis for the first 90 calendar days after their date of hire. Employees who are promoted or transferred within Chapman Mechanical must complete a secondary introductory period of the same length with each reassignment to a new position. Any significant absence will automatically extend an introductory period by the length of the absence. If Chapman Mechanical determines that the designated introductory period does not allow sufficient time to thoroughly evaluate the employee's performance, the introductory period may be extended for a specified period. In cases of promotions or transfers within Chapman Mechanical, an employee who, in the sole judgment of management, is not successful in the new position can be removed from that position at any time during the secondary introductory period. If this occurs, the employee may be allowed to return to his or her former job or to a comparable job for which the employee is qualified, depending on the availability of such positions and Chapman Mechanical's needs.

Upon satisfactory completion of the initial introductory period, employees enter the "regular" employment classification. During the initial introductory period, new employees are eligible for those benefits that are required by law, such as workers' compensation insurance and Social Security. They may also be eligible for other Chapman Mechanical-provided benefits, subject to the terms and conditions of each benefits program. Employees should read the information for each specific benefits program for the details on eligibility requirements. Employment status is not changed during the secondary introductory period those results from a promotion or transfer within Chapman Mechanical.

Employment Applications

Effective Date: 5/1/2007

Chapman Mechanical relies upon the accuracy of information contained in the employment application, as well as the accuracy of other data presented throughout the hiring process and employment. Any misrepresentations, falsifications, or material omissions in any of this information or data may result in the exclusion of the individual from further consideration for employment or, if the person has been hired, termination of employment.

Performance Evaluation

Effective Date: 5/1/2007

Supervisors and employees are strongly encouraged to discuss job performance and goals on an informal, day-to-day basis. Formal performance evaluations are conducted at the end of an employee's initial period in any new position. This period, known as the introductory period, allows the supervisor and the employee to discuss the job responsibilities, standards, and performance requirements of the new position. Additional formal performance evaluations are conducted to provide both supervisors and employees the opportunity to discuss job tasks, identify and correct weaknesses, encourage and recognize strengths, and discuss positive, purposeful approaches for meeting goals. Performance evaluations are scheduled approximately every 12 months, coinciding generally with the anniversary of the employee's original date of hire.

Employee Benefits

Effective Date: 5/1/2007

Eligible employees at Chapman Mechanical are provided a wide range of benefits. A number of the programs (such as Social Security, workers' compensation, state disability, and unemployment insurance) cover all employees in the manner prescribed by law.

Benefits eligibility is dependent upon a variety of factors, including employee classification. Your supervisor can identify the programs for which you are eligible. Details of many of these programs can be found elsewhere in the employee handbook.

The following benefit programs are available to eligible employees:

*401(k) Savings Plan

*Dental Insurance

*Medical Insurance

*Life Insurance

*Long-Term Disability

*Short-Term Disability

*Supplemental Insurance

*Paid Time Off (PTO)

*Vacation Benefits

Some benefit programs require contributions from the employee, but most are fully paid by Chapman Mechanical.

Vacation Benefits

Effective Date: 5/1/2007

Vacation time off with pay is available to eligible employees to provide opportunities for rest, relaxation, and personal pursuits. Employees in the following employment classification(s) are eligible to earn and use vacation time as described in this policy:

*Regular full-time employees

The amount of paid vacation time employees receive each year increases with the length of their employment as shown in the following schedule:

*Upon initial eligibility the employee is entitled to 6 paid holidays each year. Christmas, Thanksgiving, Labor Day and 3 floating holidays.

*After a year (12mos) working with Chapman Mechanical Inc. you are entitled to 40 hrs of vacation.

* After 3 years (36mos) working with the Chapman Mechanical Inc. you are entitle to an

additional 40 hrs. of vacation making it 80 hrs. total for the calendar year.

The length of eligible service is calculated on the basis of a "benefit year." This is the 12-month period that begins when the employee earns vacation time. An employee's benefit year may be extended for any significant leave of absence except military leave of absence. Military leave has no effect on this calculation. (See individual leave of absence policies for more information.)

Once employees enter an eligible employment classification, they qualifed for paid vacation time according to the schedule. However, before vacation time can be used, a waiting period of 12 months must be completed. After that time, employees can request use of earned vacation time.

Paid vacation time can be used in minimum increments of one-half day. To take vacation, employees should request advance approval from their supervisors. Requests will be reviewed based on a number of factors, including business needs and staffing requirements.

Vacation time off is paid at the employee's base pay rate at the time of vacation. It does not include overtime or any special forms of compensation such as incentives, commissions, bonuses, or shift differentials.

As stated above, employees are encouraged to use available paid vacation time for rest, relaxation, and personal pursuits. In the event that available vacation is not used by the end of the calendar year, employees will forfeit the unused time.

Upon termination of employment, employees will be paid for unused vacation time that has been earned through the last day of work. However, if Chapman Mechanical, in its sole discretion, terminates employment for cause, forfeiture of unused vacation time may result.

Child Care Benefits

Effective Date: 5/1/2007

Chapman Mechanical provides child care assistance to all eligible employees as a benefit of employment. Eligible employee classifications are:

*Regular full-time employees

Given below is a brief description of child care assistance that may be provided when feasible. For more detailed information, please contact the Office Manager.

*FLEXIBLE LEAVE: The employer recognizes that the fulfillment of child care responsibilities can provide a compelling reason for time-off requests. Where feasible, employees' needs will be accommodated.

Holidays

Effective Date: 5/1/2007

Chapman Mechanical will grant holiday time off to all employees on the holidays listed below:

*Labor Day (first Monday in September)

*Thanksgiving (fourth Thursday in November)

*Christmas (December 25)

Chapman Mechanical will grant paid holiday time off to all eligible employees immediately upon assignment to an eligible employment classification. Holiday pay will be calculated based on the employee's straight-time pay rate (as of the date of the holiday) times the number of hours the employee would otherwise have worked on that day. Eligible employee classification(s):

*Regular full-time employees

If a recognized holiday falls during an eligible employee's paid absence (such as vacation or sick leave), holiday pay will be provided instead of the paid time off benefit that would otherwise have applied. If eligible nonexempt employees work on a recognized holiday, they will receive holiday pay plus wages at their straight-time rate for the hours worked on the holiday. In addition to the recognized holidays previously listed, eligible employees will receive 3 floating holidays in each anniversary year. These holidays must be scheduled with the prior approval of the employee's supervisor. Paid time off for holidays will not be counted as hours worked for the purposes of determining overtime.

Sick Leave Benefits

Effective Date: 5/1/2007

Chapman Mechanical provides paid sick leave benefits to all eligible employees for periods of temporary absence due to illnesses or injuries. Eligible employee classification (s):

*Regular full-time employees

Eligible employees will accrue sick leave benefits at the rate of 2 days per year (.17 of a day for every full month of service). Sick leave benefits are calculated on the basis of a "benefit year," the 12-month period that begins when the employee starts to earn sick leave benefits.

Paid sick leave can be used in minimum increments of one-half day. An eligible employee may use sick leave benefits for an absence due to his or her own illness or injury, or that of a child, parent, or spouse of the employee.

Employees who are unable to report to work due to illness or injury should notify their direct supervisor before the scheduled start of their workday if possible. The direct supervisor must also be contacted on each additional day of absence.

Sick leave benefits will be calculated based on the employee's base pay rate at the time of absence and will not include any special forms of compensation, such as incentives, commissions, bonuses, or shift differentials.

Unused sick leave benefits will be allowed to accumulate until the employee has accrued a total of 7 calendar days worth of sick leave benefits. If the employee's benefits reach this maximum, further accrual of sick leave benefits will be suspended until the employee has reduced the balance below the limit.

Sick leave benefits are intended solely to provide income protection in the event of illness or injury, and may not be used for any other absence. Unused sick leave benefits will not be paid to

employees while they are employed or upon termination of employment.

Paid Time Off (PTO)

Effective Date: 5/1/2007

Paid Time Off (PTO) is an all purpose time-off policy for eligible employees to use for vacation, illness or injury, and personal business. It combines traditional vacation and sick leave plans into one flexible, paid time-off policy. Employees in the following employment classification(s) are eligible to earn and use PTO as described in this policy:

*Regular full-time employees

Once employees enter an eligible employment classification, they begin to earn PTO according to the schedule below. However, before PTO can be used, a waiting period of 90 calendar days must be completed. After that time, employees can request use of earned PTO including that accrued during the waiting period.

The amounts of PTO employees receive each year increases with the length of their employment as shown in the following schedule:

*Upon initial eligibility the employee is entitled to 0 PTO days each year, accrued weekly at the rate of 0 days.

The length of eligible service is calculated on the basis of a "benefit year." This is the 12-month period that begins when the employee starts to earn PTO. An employee's benefit year may be extended for any significant leave of absence except military leave of absence. Military leave has no effect on this calculation. (See individual leave of absence policies for more information.)

PTO can be used in minimum increments of one-half day. Employees who have an unexpected need to be absent from work should notify their direct supervisor before the scheduled start of their workday, if possible. The direct supervisor must also be contacted on each additional day of unexpected absence.

To schedule planned PTO, employees should request advance approval from their supervisors. Requests will be reviewed based on a number of factors, including business needs and staffing requirements.

PTO is paid at the employee's base pay rate at the time of absence. It does not include overtime or any special forms of compensation such as incentives, commissions, bonuses, or shift differentials.

In the event that available PTO is not used by the end of the benefit year, employees will forfeit the unused PTO.

Upon termination of employment, employees will be paid for unused PTO that has been earned through the last day of work. However, if Chapman Mechanical, in its sole discretion, terminates employment for cause, forfeiture of unused PTO may result.

Health Insurance

Effective Date: 5/1/2007

Chapman Mechanical's health insurance plan provides employees and their dependents access to medical and dental insurance benefits. Employees in the following employment classifications are eligible to participate in the health insurance plan:

*Regular full-time employees

Eligible employees may participate in the health insurance plan subject to all terms and conditions of the agreement between Chapman Mechanical and the insurance carrier.

Details of the health insurance plan are described in the Summary Plan Description (SPD). An SPD and information on cost of coverage will be provided in advance of enrollment to eligible employees. Contact the Office Manager for more information about health insurance benefits.

Life Insurance

Effective Date: 5/1/2007

Life insurance offers you and your family important financial protection. Chapman Mechanical provides a basic life insurance plan for eligible employees. Additional supplemental life insurance coverage may also be purchased.

Employees in the following employment classifications are eligible to participate in the life insurance plan:

*Regular full-time employees

Eligible employees may participate in the life insurance plan subject to all terms and conditions of the agreement between Chapman Mechanical and the insurance carrier.

Details of the basic life insurance plan including benefit amounts are described in the Summary Plan Description provided to eligible employees. Contact the Office Manager for more information about life insurance benefits.

Long-Term Disability

Effective Date: 5/1/2007

Chapman Mechanical provides a long-term disability (LTD) benefits plan to help eligible employees cope with an illness or injury that results in a long-term absence from employment. LTD is designed to ensure a continuing income for employees who are disabled and unable to work.

Employees in the following employment classifications are eligible to participate in the LTD plan:

*Regular full-time employees

Eligible employees may participate in the LTD plan subject to all terms and conditions of the agreement between Chapman Mechanical and the insurance carrier.

Details of the LTD benefits plan including benefit amounts, and limitations and restrictions are described in the Summary Plan Description provided to eligible employees. Contact the Office Manager for more information about LTD benefits.

Workers' Compensation Insurance

Effective Date: 4/10/2008

Chapman Mechanical provides a comprehensive workers' compensation insurance program at no cost to employees. This program covers any injury or illness sustained in the course of employment that requires medical, surgical, or hospital treatment. Subject to applicable legal requirements, workers' compensation insurance provides benefits after a short waiting period or, if the employee is hospitalized, immediately.

Our workers' compensation benefit has several goals:

* To provide employees with access to quality medical care for work-related injuries.
* To facilitate prompt payment of benefits during the time employees are unable to work.
* To speed recovery through the use of modified duty and return injured employees to full duty as soon as possible.
* To help us achieve these goals, we have developed a temporary modified duty program, where injured employees are placed in temporary jobs that meet the physical limitations established by a physician.

In the case of accidents that result in injury, regardless of how insignificant the injury may appear, immediately report the injury to your supervisor. A drug test is required from the employee following the accident.

* If necessary, your supervisor will assist you in accessing a local medical provider.

* Based on the injury, the medical provider may restrict your activities (e.g., limits on how much you can lift, how long you can sit or stand, use of your hands, etc.)
* We will make every effort to find temporary work within the restrictions specified by your medical provider. Your temporary assignment may be completely unrelated to your regular job.
* As you recover, the medical provider periodically will evaluate your progress and may modify these restrictions. As this occurs, we will change your modified duty assignment to help move you closer to your regular job duties.

401(k) Savings Plan

Effective Date: 01/01/2010

Chapman Mechanical has established a 401(k) savings plan to provide employees the potential for future financial security for retirement.

To be eligible to join the 401(k) savings plan, you must be 18 years of age or older and served one year (1,000 service hours or more in a year). You may join the plan only during open enrollment periods in January 1st and July 1st. Eligible employees may participate in the 401(k) plan subject to all terms and conditions of the plan.

The 401(k) savings plan allows you to elect how much salary you want to contribute and direct the investment of your plan account, so you can tailor your own retirement package to meet your individual needs. Chapman Mechanical also contributes an additional matching amount to each employee's 401(k) contribution.

Contribution options:

-**Pre-tax** contribution to the 401(k) plan is automatically deducted from your pay before federal and state tax withholdings are calculated, you save tax dollars now by having your current taxable amount reduced. While the amounts deducted generally will be taxed when they are finally distributed, favorable tax rules typically apply to 401(k) distributions.

-**Roth** contribution to the 401 (k) plan is automatically deducted from your pay after federal and state tax withholdings are calculated, making it that you have already paid taxes on your 401(k) contributions. The amounts contributed will not be tax when they are finally distributed.

Complete details of the 401(k) savings plan are described in the Summary Plan Description provided to eligible employees. Contact the Office Manager for more information about the 401(k) plan.

Timekeeping

Effective Date: 5/1/2007

Accurately recording time worked is the responsibility of every nonexempt employee. Federal and state laws require Chapman Mechanical to keep an accurate record of time worked in order to calculate employee pay and benefits. Time worked is all the time actually spent on the job performing assigned duties.

Nonexempt employees should accurately record the time they begin and end their work, as well as the beginning and ending time of each meal period. They should also record the beginning and ending time of any split shift or departure from work for personal reasons. Overtime work must always be approved before it is performed.

Altering, falsifying, tampering with time records, or recording time on another employee's time record may result in disciplinary action, up to and including termination of employment. It is the employees' responsibility to sign their time records to certify the accuracy of all time recorded. The supervisor will review and then initial the time record before submitting it for payroll processing. In addition, if corrections or modifications are made to the time record, both the employee and the supervisor must verify the accuracy of the changes by initialing the time record.

Employment Termination

Effective Date: 5/1/2007

Termination of employment is an inevitable part of personnel activity within any organization, and many of the reasons for termination are routine. Below are examples of some of the most common circumstances under which employment is terminated:

*Resignation - voluntary employment termination initiated by an employee.

*Discharge - involuntary employment termination initiated by the organization.

Since employment with Chapman Mechanical is based on mutual consent, both the employee and Chapman Mechanical have the right to terminate employment at will, with or without cause, at any time.

Safety

Effective Date: 4//10/2008

To assist in providing a safe and healthful work environment for employees, customers, and visitors, Chapman Mechanical has established a workplace safety program. This program is a top priority for Chapman Mechanical. The Safety Manager has responsibility for implementing, administering, monitoring, and evaluating the safety program. Its success depends on the alertness and personal commitment of all.

Chapman Mechanical provides information to employees about workplace safety and health issues through regular internal communication channels such as supervisor-employee meetings, bulletin board postings, memos, or other written communications.

Each employee is expected to obey safety rules and to exercise caution in all work activities. Employees must immediately report any unsafe condition to the appropriate supervisor.

Employees who violate safety standards, who cause hazardous or dangerous situations, or who fail to report or, where appropriate, remedy such situations, may be subject to disciplinary action, up to and including termination of employment.

Work Schedules

Effective Date: 5/1/2007

Work schedules for employees vary throughout our organization. Supervisors will advise employees of their individual work schedules. Staffing needs and operational demands may necessitate variations in starting and ending times, as well as variations in the total hours that may be scheduled each day and week. Flexible scheduling, or flextime, is available in some cases to allow employees to vary their starting and ending times each day within established limits. Flextime may be possible if a mutually workable schedule can be negotiated with the supervisor involved. However, such issues as staffing needs, the employee's performance, and

the nature of the job will be considered before approval of flextime. Employees should consult their supervisor to request participation in the flextime program.

Use of Phone and Mail Systems

Effective Date: 5/1/2007

Personal use of the telephone for long-distance and toll calls is not permitted. Employees should practice discretion when making local personal calls and may be required to reimburse Chapman Mechanical for any charges resulting from their personal use of the telephone.

To ensure effective telephone communications, employees should always use the approved greeting and speak in a courteous and professional manner. Please confirm information received from the caller, and hang up only after the caller has done so.

Smoking

Effective Date: 5/1/2007

In keeping with Chapman Mechanical's intent to provide a safe and healthful work environment, smoking in the workplace is discouraged. Nonsmoking areas are clearly designated where smoking is expressly prohibited, and employees are asked to respect these designations. In situations where the preferences of smokers and nonsmokers are in direct conflict, the preferences of nonsmokers will prevail.

This policy applies equally to all employees, customers, and visitors.

Note: Once a Jobsite is closed in with windows and roof, no employee may eat, drink or smoke on the jobsite. Even if other trades are.

Break and Lunch Schedule

Effective Date: 7/26/2009

Work 6 - 8 hours	30 minute lunch break and (1) 15 minute break
More than 8 hours or more	30 minute lunch break and (2) 15 minute breaks

Employees can not break up the 15-minute break to make additional breaks. Also, there is no North Carolina law requiring Chapman Mechanical to give its employees a smoke-break or to provide a place for its employees to smoke. There are no additional smoking breaks.

Overtime

Effective Date: 5/1/2007

When operating requirements or other needs cannot be met during regular working hours, employees will be given the opportunity to volunteer for overtime work assignments. All overtime work must receive the supervisor's prior authorization. Overtime assignments will be distributed as equitably as practical to all employees qualified to perform the required work.

Overtime compensation is paid to all nonexempt employees in accordance with federal and state wage and hour restrictions. Overtime pay is based on actual hours worked. Time off on sick leave, vacation leave, or any leave of absence will not be considered hours worked for purposes of performing overtime calculations. Employees who work overtime without receiving prior authorization from the supervisor may be subject to disciplinary action, up to and including possible termination of employment.

Use of Equipment

Effective Date: 5/1/2007

Equipment essential in accomplishing job duties are expensive and may be difficult to replace. When using property, employees are expected to exercise care, perform required maintenance, and follow all operating instructions, safety standards, and guidelines.

Please notify the supervisor if any equipment, machines, tools, or vehicles appear to be damaged, defective, or in need of repairs. Prompt reporting of damages, defects, and the need for repairs could prevent deterioration of equipment and possible injury to employees or others. The supervisor can answer any questions about an employee's responsibility for maintenance and care of equipment used on the job.

The improper, careless, negligent, destructive, or unsafe use or operation of equipment can result in disciplinary action, up to and including termination of employment.

Use of Company's Vehicle

Effective Date: 4/10/08

The assignment and use of a Company Vehicle is a privilege and it is Chapman Mechanical's policy to insist that employees operate in a safe and economical manner all vehicles owned or used by Chapman Mechanical Inc. This document is intended to help you comply with that policy and summarize the controls that make up the program.

Controls

* You may operate your vehicle on company business and to and from work only.
* Only Chapman Mechanical Inc. employees who have been pre-approved by the office may operate a company vehicle.
* The vehicle must be in safe mechanical condition and its operation must not damage it.
* You must be mentally and physically able to drive safely.
* You must conform to all traffic laws, signals, and markings, and make proper allowance for adverse weather and traffic conditions.
* You must be courteous at all times, respecting the rights of other drivers and pedestrians.
* You and all passengers must wear seatbelts and all other available active restraints.
* You must not use your cell phone while operating your vehicle.

Driver Qualification

1. You must have a valid license from the state in which you live.

2. Chapman Mechanical must obtain a copy of your Motor Vehicle Report (it must not be no more than one week old) prior to operating company's vehicle. You must have be willing to permit an annual and an as needed or for cause basis review of your driving record (MVR).

3. The following are unacceptable infractions that would prevent and revoke driving privilege if occur within the last three years:

* Three or more moving violations and/or at fault accidents.
* Suspension of license
* DUI
* Reckless driving
* Felony convictions

If your company vehicle is involved in an accident (regardless of who is driving) y*ou must notify Chapman Mechanical Inc.* immediately and follow the procedures established and required by our insurance carrier.

Emergency Closings

Effective Date: 5/1/2007

At times, emergencies such as severe weather, fires, power failures, or earthquakes, can disrupt company operations. In extreme cases, these circumstances may require the closing of a work facility.

When operations are officially closed due to emergency conditions, the time off from scheduled work will be unpaid. However, with supervisory approval, employees may use available paid leave time, such as unused vacation benefits. In cases where an emergency closing is not authorized, employees who fail to report for work will not be paid for the time off.

Business Travel Expenses

Effective Date: 5/1/2007

Chapman Mechanical will reimburse employees for reasonable business travel expenses incurred while on assignments away from the normal work location. All business travel must be approved in advance by the owner.

Employees whose travel plans have been approved are responsible for making their own travel arrangements.

When approved, the actual costs of travel, meals, lodging, and other expenses directly related to accomplishing business travel objectives will be reimbursed by Chapman Mechanical. Employees are expected to limit expenses to reasonable amounts.

Employees who are involved in an accident while traveling on business must promptly report the incident to their immediate supervisor. Vehicles owned, leased, or rented by Chapman Mechanical may not be used for personal use without prior approval.

When travel is completed, employees should submit completed travel expense reports within 25 days. Reports should be accompanied by receipts for all individual expenses.

Employees should contact their supervisor for guidance and assistance on procedures related to travel arrangements, expense reports, reimbursement for specific expenses, or any other business travel issues.

Abuse of this business travel expenses policy, including falsifying expense reports to reflect costs not incurred by the employee, can be grounds for disciplinary action, up to and including termination of employment.

Computer and E-mail Usage

Effective Date: 5/1/2007

Computers, computer files, the e-mail system, and software furnished to employees are Chapman Mechanical property intended for business use. Employees should not use a password, access a file, or retrieve any stored communication without authorization. To ensure compliance with this policy, computer and e-mail usage may be monitored.

Chapman Mechanical strives to maintain a workplace free of harassment and sensitive to the diversity of its employees. Therefore, Chapman Mechanical prohibits the use of computers and the e-mail system in ways that are disruptive, offensive to others, or harmful to morale.

For example, the display or transmission of sexually explicit images, messages, and cartoons is not allowed. Other such misuse includes, but is not limited to, ethnic slurs, racial comments, off-color jokes, or anything that may be construed as harassment or showing disrespect for others.

Employees should notify their immediate supervisor, the Office Manager or any member of management upon learning of violations of this policy. Employees who violate this policy will be subject to disciplinary action, up to and including termination of employment.

Internet Usage

Effective Date: 5/1/2007

Internet access to global electronic information resources on the World Wide Web is provided by Chapman Mechanical to assist employees in obtaining work-related data and technology. The following guidelines have been established to help ensure responsible and productive Internet usage.

All Internet data that is composed, transmitted, or received via our computer communications systems is considered to be part of the official records of Chapman Mechanical and, as such, is subject to disclosure to law enforcement or other third parties. Consequently, employees should always ensure that the business information contained in Internet e-mail messages and other

transmissions is accurate, appropriate, ethical, and lawful. The equipment, services, and technology provided to access the Internet remain at all times the property of Chapman Mechanical. As such, Chapman Mechanical reserves the right to monitor Internet traffic, and retrieve and read any data composed, sent, or received through our online connections and stored in our computer systems.

Data that is composed, transmitted, accessed, or received via the Internet must not contain content that could be considered discriminatory, offensive, obscene, threatening, harassing, intimidating, or disruptive to any employee or other person. Examples of unacceptable content may include, but are not limited to, sexual comments or images, racial slurs, gender-specific comments, or any other comments or images that could reasonably offend someone on the basis of race, age, sex, religious or political beliefs, national origin, disability, sexual orientation, or any other characteristic protected by law. Internet users should take the necessary anti-virus precautions before downloading or copying any file from the Internet. All downloaded files are to be checked for viruses; all compressed files are to be checked before and after decompression.

Abuse of the Internet access provided by Chapman Mechanical in violation of law or Chapman Mechanical policies will result in disciplinary action, up to and including termination of employment. Employees may also be held personally liable for any violations of this policy. The following behaviors are examples of previously stated or additional actions and activities that are prohibited and can result in disciplinary action:

*Sending or posting discriminatory, harassing, or threatening messages or images

*Using the organization's time and resources for personal gain

*Stealing, using, or disclosing someone else's code or password without authorization

*Copying, pirating, or downloading software and electronic files without permission

*Sending or posting confidential material, trade secrets, or proprietary information outside of the organization

*Engaging in unauthorized transactions that may incur a cost to the organization or initiate unwanted Internet services and transmissions

*Sending or posting messages or material that could damage the organization's image or reputation

*Participating in the viewing or exchange of pornography or obscene materials

*Attempting to break into the computer system of another organization or person

Workplace Violence Prevention

Effective Date: 5/1/2007

Chapman Mechanical is committed to preventing workplace violence and to maintaining a safe work environment. Given the increasing violence in society in general, Chapman Mechanical has adopted the following guidelines to deal with intimidation, harassment, or other threats of (or actual) violence that may occur during business hours or on its premises.

All employees, including supervisors and temporary employees, should be treated with courtesy and respect at all times. Employees are expected to refrain from fighting, "horseplay," or other conduct that may be dangerous to others. Firearms, weapons, and other dangerous or hazardous devices or substances are prohibited from the premises of Chapman Mechanical without proper authorization.

Conduct that threatens, intimidates, or coerces another employee, a customer, or a member of the public at any time, including off-duty periods, will not be tolerated. This prohibition includes all acts of harassment, including harassment that is based on an individual's sex, race, age, or any characteristic protected by federal, state, or local law.

All threats of (or actual) violence, both direct and indirect, should be reported as soon as possible to your immediate supervisor or any other member of management. This includes threats by employees, as well as threats by customers, vendors, solicitors, or other members of the public. When reporting a threat of violence, you should be as specific and detailed as possible.

All suspicious individuals or activities should also be reported as soon as possible to a supervisor. Do not place yourself in peril. If you see or hear a commotion or disturbance near your work station, do not try to intercede or see what is happening.

Chapman Mechanical will promptly and thoroughly investigate all reports of threats of (or actual) violence and of suspicious individuals or activities. The identity of the individual making a report will be protected as much as is practical. In order to maintain workplace safety and the integrity of its investigation, Chapman Mechanical may suspend employees, either with or without pay, pending investigation.

Anyone determined to be responsible for threats of (or actual) violence or other conduct that is in violation of these guidelines will be subject to prompt disciplinary action up to and including

termination of employment.

Chapman Mechanical encourages employees to bring their disputes or differences with other employees to the attention of their supervisors or the Office Manager before the situation escalates into potential violence. Chapman Mechanical is eager to assist in the resolution of employee disputes, and will not discipline employees for raising such concerns.

Cell Phone Usage

Effective Date: 5/1/2007

Chapman Mechanical provides cellular telephones to some employees as a business tool. They are provided to assist employees in communicating with management and other employees, their clients, associates, and others with whom they may conduct business. Cell phone use is primarily intended for business-related calls. However, occasional, brief personal use is permitted within a reasonable limit. Cell phone invoices may be regularly monitored.

As a Chapman Mechanical representative, cell phone users are reminded that the regular business etiquette employed when speaking from office phones or in meetings applies to conversations conducted over a cell phone.

Employee Conduct and Work Rules

Effective Date: 5/1/2007

To ensure orderly operations and provide the best possible work environment, Chapman Mechanical expects employees to follow rules of conduct that will protect the interests and safety of all employees and the organization.

It is not possible to list all the forms of behavior that are considered unacceptable in the workplace. The following are examples of infractions of rules of conduct that may result in disciplinary action, up to and including termination of employment:

*Theft or inappropriate removal or possession of property

*Falsification of timekeeping records

*Working under the influence of alcohol or illegal drugs

*Possession, distribution, sale, transfer, or use of alcohol or illegal drugs in the workplace, while on duty, or while operating employer-owned vehicles or equipment

*Fighting or threatening violence in the workplace

*Negligence or improper conduct leading to damage of employer-owned or customer-owned property

*Insubordination or other disrespectful conduct

*Violation of safety or health rules

*Sexual or other unlawful or unwelcome harassment

*Possession of dangerous or unauthorized materials, such as explosives or firearms, in the workplace

*Excessive absenteeism or any absence without notice

*Unauthorized absence from work station during the workday

*Unauthorized use of telephones, mail system, or other employer-owned equipment

*Unauthorized disclosure of business "secrets" or confidential information

*Violation of personnel policies

*Unsatisfactory performance or conduct

Employment with Chapman Mechanical is at the mutual consent of Chapman Mechanical and the employee, and either party may terminate that relationship at any time, with or without cause, and with or without advance notice.

Drug and Alcohol Use

Effective Date: 5/1/2007

It is Chapman Mechanical's desire to provide a drug-free, healthful, and safe workplace. To promote this goal, employees are required to report to work in appropriate mental and physical

condition to perform their jobs in a satisfactory manner.

While on Chapman Mechanical premises and while conducting business-related activities off Chapman Mechanical premises, no employee may use, possess, distribute, sell, or be under the influence of alcohol or illegal drugs. The legal use of prescribed drugs is permitted on the job only if it does not impair an employee's ability to perform the essential functions of the job effectively and in a safe manner that does not endanger other individuals in the workplace.

Violations of this policy may lead to disciplinary action, up to and including immediate termination of employment, and/or required participation in a substance abuse rehabilitation or treatment program. Such violations may also have legal consequences. Employees with questions or concerns about substance dependency or abuse are encouraged to discuss these matters with their supervisor or the Office Manager to receive assistance or referrals to appropriate resources in the community. Employees with drug or alcohol problems that have not resulted in, and are not the immediate subject of, disciplinary action may request approval to take unpaid time off to participate in a rehabilitation or treatment program through Chapman Mechanical's health insurance benefit coverage. Leave may be granted if the employee agrees to abstain from use of the problem substance; abides by all Chapman Mechanical policies, rules, and prohibitions relating to conduct in the workplace; and if granting the leave will not cause Chapman Mechanical any undue hardship. Employees with questions on this policy or issues related to drug or alcohol use in the workplace should raise their concerns with their supervisor or the Office Manager without fear of reprisal.

Sexual and Other Unlawful Harassment

Effective Date: 5/1/2007

Chapman Mechanical is committed to providing a work environment that is free from all forms discrimination and conduct that can be considered harassing, coercive, or disruptive, including sexual harassment. Actions, words, jokes, or comments based on an individual's sex, race, color, national origin, age, religion, disability, sexual orientation, or any other legally protected characteristic will not be tolerated.

Sexual harassment is defined as unwanted sexual advances, or visual, verbal, or physical conduct of a sexual nature. This definition includes many forms of offensive behavior and includes gender-based harassment of a person of the same sex as the harasser. The following is a partial list of sexual harassment examples:

* Unwanted sexual advances.

* Offering employment benefits in exchange for sexual favors.

* Making or threatening reprisals after a negative response to sexual advances.

* Visual conduct that includes leering, making sexual gestures, or displaying of sexually suggestive objects or pictures, cartoons or posters.

* Verbal conduct that includes making or using derogatory comments, epithets, slurs, or jokes.

* Verbal sexual advances or propositions.

* Verbal abuse of a sexual nature, graphic verbal commentaries about an individual's body, sexually degrading words used to describe an individual, or suggestive or obscene letters, notes, or invitations.

* Physical conduct that includes touching, assaulting, or impeding or blocking movements.

Unwelcome sexual advances (either verbal or physical), requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when: (1) submission to such conduct is made either explicitly or implicitly a term or condition of employment; (2) submission or rejection of the conduct is used as a basis for making employment decisions; or, (3) the conduct has the purpose or effect of interfering with work performance or creating an intimidating, hostile, or offensive work environment.

If you experience or witness sexual or other unlawful harassment in the workplace, report it immediately to your supervisor. If the supervisor is unavailable or you believe it would be inappropriate to contact that person, you should immediately contact the Office Manager or any other member of management. You can raise concerns and make reports without fear of reprisal or retaliation.

All allegations of sexual harassment will be quickly and discreetly investigated. To the extent possible, your confidentiality and that of any witnesses and the alleged harasser will be protected against unnecessary disclosure. When the investigation is completed, you will be informed of the outcome of the investigation.

Any supervisor or manager who becomes aware of possible sexual or other unlawful harassment must immediately advise the Office Manager or any member of management so it can be investigated in a timely and confidential manner. Anyone engaging in sexual or other unlawful harassment will be subject to disciplinary action, up to and including termination of employment.

Attendance and Punctuality

Effective Date: 5/1/2007

To maintain a safe and productive work environment, Chapman Mechanical expects employees to be reliable and to be punctual in reporting for scheduled work. Absenteeism and tardiness place a burden on other employees and on Chapman Mechanical. In the rare instances when employees cannot avoid being late to work or are unable to work as scheduled, they should notify their supervisor as soon as possible in advance of the anticipated tardiness or absence.

Poor attendance and excessive tardiness are disruptive. Either may lead to disciplinary action, up to and including termination of employment.

Personal Appearance

Effective Date: 5/1/2007

Dress, grooming, and personal cleanliness standards contribute to the morale of all employees and affect the business image Chapman Mechanical presents to customers and visitors.

During business hours or when representing Chapman Mechanical, you are expected to present a clean, neat, and tasteful appearance. You should dress and groom yourself according to the requirements of your position and accepted social standards. This is particularly true if your job involves dealing with customers or visitors in person.

Your supervisor or department head is responsible for establishing a reasonable dress code appropriate to the job you perform. If your supervisor feels your personal appearance is inappropriate, you may be asked to leave the workplace until you are properly dressed or groomed. Under such circumstance, you will not be compensated for the time away from work. Consult your supervisor if you have questions as to what constitutes appropriate appearance. Where necessary, reasonable accommodation may be made to a person with a disability.

Return of Property

Effective Date: 5/1/2007

Employees are responsible for all Chapman Mechanical property, materials, or written information issued to them or in their possession or control. Employees must return all Chapman Mechanical property immediately upon request or upon termination of employment. Where permitted by applicable laws, Chapman Mechanical may withhold from the employee's check or final paycheck the cost of any items that are not returned when required. Chapman Mechanical may also take all action deemed appropriate to recover or protect its property.

Resignation

Effective Date: 5/1/2007

Resignation is a voluntary act initiated by the employee to terminate employment with Chapman Mechanical. Although advance notice is not required, Chapman Mechanical requests at least 1 weeks' written notice of resignation from nonexempt employees and 2 weeks' notice from exempt employees.

Security Inspections

Effective Date: 5/1/2007

Chapman Mechanical wishes to maintain a work environment that is free of illegal drugs, alcohol, firearms, explosives, or other improper materials. To this end, Chapman Mechanical prohibits the possession, transfer, sale, or use of such materials on its premises. Chapman Mechanical requires the cooperation of all employees in administering this policy.

Desks, lockers, and other storage devices may be provided for the conveniences of employees but remain the sole property of Chapman Mechanical. Accordingly, they, as well as any articles found within them, can be inspected by any agent or representative of Chapman Mechanical at any time, either with or without prior notice.

Chapman Mechanical likewise wishes to discourage theft or unauthorized possession of the property of employees, Chapman Mechanical, visitors, and customers. To facilitate enforcement of this policy, Chapman Mechanical or its representative may inspect not only desks and lockers but also persons entering and/or leaving the premises and any packages or other belongings. Any employee who wishes to avoid inspection of any articles or materials should not bring such items onto Chapman Mechanical's premises.

Solicitation

Effective Date: 5/1/2007

In an effort to ensure a productive and harmonious work environment, persons not employed by Chapman Mechanical may not solicit or distribute literature in the workplace at any time for any purpose.

Chapman Mechanical recognizes that employees may have interests in events and organizations outside the workplace. However, employees may not solicit or distribute literature concerning these activities during working time. (Working time does not include lunch periods, work breaks, or any other periods in which employees are not on duty.)

In addition, the posting of written solicitations on company bulletin boards is restricted. These bulletin boards display important information, and employees should consult them frequently for:

*Employee announcements

*Internal memoranda

*Job openings

*Organization announcements

*Payday notice

If employees have a message of interest to the workplace, they may submit it to the Office

Manager for approval. All approved messages will be posted by the Office Manager.

Background Screening

Effective Date 01/01/2010

Chapman Mechanical, Inc. is committed to providing a safe and secure working environment for its employees, vendors and customers. To this end, the company's selection process includes background checks of all potential employees. Chapman Mechanical, Inc. will follow all applicable state, federal and local laws governing employment and background screening in all respects. The following procedures will be followed to ensure compliance with our Background Screening Policy:

Applicants

As part of the selection process, all applicants in sensitive positions will be required to sign a release for the completion of a background check when being considered for potential employment. The following information will be verified:

* Criminal Search

* Motor Vehicle Report (if position requires a valid driver's license)

Procedures

1. The Human Resources Department will initiate background checks at the time a CONTINGENT employment offer is made to an applicant. No offer of employment is binding until completion of a background check and notification from HR to the hiring manager that a final offer can be made.

2. Human Resources will confirm to the hiring manager that the background screen is complete and that the applicant meets Chapman Mechanical Inc.'s criteria for employment. In the event adverse information such as felonies is discovered, the offer will be retracted and the selection process and next steps will be determined on a case-by-case basis.

3. The external vendor will notify the applicant of any information that cannot be verified through customary search methods to obtain another source of verification such as W2s, paycheck stubs or diploma. Any material information that cannot be verified will result in a disposition of "Not Recommended."

4. Any prospective employee that receives a "Not Recommended" result will receive communications consistent with Fair Credit Reporting Act (FCRA) requirements.

Should you have any questions regarding this process, please feel free to contact your Office Manager.

Drug-Free Workplace

Effective Date: 5/1/2007

Chapman Mechanical is committed to providing a safe, efficient, and productive work environment for all employees. Using or being under the influence of drugs or alcohol on the job may pose serious safety and health risks. To help ensure a safe and healthful working environment, employees may be asked to provide body substance samples (such as urine and/or blood) to determine the illicit or illegal use of drugs and alcohol. Refusal to submit to drug testing may result in disciplinary action, up to and including termination of employment. Copies of the drug testing policy will be provided to all employees. Questions concerning this policy or its administration should be directed to the Office Manager.

Drug Testing
Effective Date: 01/01/2010

Chapman Mechanical, Inc. is committed to providing a safe and secure working environment for its employees, vendors and customers. To this end, the company's selection process includes drug testing of all potential employees. No prospective employee will be asked to submit to testing unless an offer of employment has been made. An offer of Chapman Mechanical, Inc.'s, however, is conditioned on the prospective employee testing negative for drugs and alcohol.

Safeguards- Chapman Mechanical Inc.'s policy is intended to comply with all state laws governing drug and alcohol testing and is designed to safeguard employee privacy rights to the fullest extent of the law.

Selection- All of Chapman Mechanical Inc.'s prospective employees will be asked to submit to drug and alcohol testing.

Tested Substances- Chapman Mechanical Inc.'s drug and alcohol testing program is limited to testing for illegal drugs. Any other substances that may be tested using the same method used to test for controlled substances will not be tested and, if found, will not be reported.

Written Notice- Before being asked to submit to a drug and/or alcohol test, the employee will receive written notice of the request or requirements.

Licensed Laboratories- Any drug and/or alcohol testing required or requested by Chapman Mechanical, Inc. will be conducted by a laboratory licensed by the state. The employee may obtain the name and location of the laboratory that will analyze the employee's test sample by contacting the Office Manager.

Notice of Results- If the employee is asked to submit to a drug or alcohol test, Chapman Mechanical Inc. will notify the employee of the results within 48 hrs after it receives them from the laboratory. To preserve the confidentiality Chapman Mechanical, Inc. strives to maintain, the employee will be notified by written notice whether the test was negative or confirmed positive and, if confirmed positive, what the next step is.

Positive Test Results- If the employee receives notice that the employee's test results were confirmed positive, the employee will be given the opportunity to explain the positive result following the employee's receipt of the test results. In addition, the employee may have the same sample retested at a laboratory of the employee's choice.

Confidentiality- Chapman Mechanical, Inc. will make every effort to keep the results of drug and alcohol tests confidential. Only persons with a need to know the results will have access to them. The employee will be asked for the employee's consent before test results are released to anyone else. Be advised, however, that test results may be used in arbitration, administrative hearings and court cases arising as a result of the employee's drug testing. Also, results will be sent to federal agencies as required by federal law. If the employee is to be referred to a treatment facility for evaluation, the employee's test results will also be made available to the employee's counselor. The results of drug testing in the workplace will not be used against the employee in any criminal prosecution.

Costs- Chapman Mechanical, Inc. will pay the cost of any drug and alcohol testing that it requires or requests employees submit to, including retesting of confirmed positive results. Any additional tests that the employee requests will be paid for by the employee.

Progressive Discipline

Effective Date: 5/1/2007

The purpose of this policy is to state Chapman Mechanical's position on administering equitable and consistent discipline for unsatisfactory conduct in the workplace. The best disciplinary measure is the one that does not have to be enforced and comes from good leadership and fair supervision at all employment levels.

Chapman Mechanical's own best interest lies in ensuring fair treatment of all employees and in making certain that disciplinary actions are prompt, uniform, and impartial. The major purpose of any disciplinary action is to correct the problem, prevent recurrence, and prepare the employee for satisfactory service in the future. Although employment with Chapman Mechanical is based on mutual consent and both the employee and Chapman Mechanical have the right to terminate employment at will, with or without cause or advance notice, Chapman Mechanical may use progressive discipline at its discretion.

Disciplinary action may call for any of four steps -- verbal warning, written warning, suspension with or without pay, or termination of employment -- depending on the severity of the problem and the number of occurrences. There may be circumstances when one or more steps are bypassed.

Progressive discipline means that, with respect to most disciplinary problems, these steps will normally be followed: a first offense may call for a verbal warning; a next offense may be followed by a written warning; another offense may lead to a suspension; and, still another offense may then lead to termination of employment.

Chapman Mechanical recognizes that there are certain types of employee problems that are serious enough to justify either a suspension, or, in extreme situations, termination of employment, without going through the usual progressive discipline steps. While it is impossible to list every type of behavior that may be deemed a serious offense, the Employee Conduct and Work Rules policy includes examples of problems that may result in immediate suspension or termination of employment. However, the problems listed are not all necessarily serious offenses, but may be examples of unsatisfactory conduct that will trigger progressive discipline.

By using progressive discipline, we hope that most employee problems can be corrected at an early stage, benefiting both the employee and Chapman Mechanical.

Problem Resolution

Effective Date: 5/1/2007

Chapman Mechanical is committed to providing the best possible working conditions for its employees. Part of this commitment is encouraging an open and frank atmosphere in which any problem, complaint, suggestion, or question receives a timely response from Chapman Mechanical supervisors and management.

Chapman Mechanical strives to ensure fair and honest treatment of all employees. Supervisors, managers, and employees are expected to treat each other with mutual respect. Employees are encouraged to offer positive and constructive criticism.

If employees disagree with established rules of conduct, policies, or practices, they can express their concern through the problem resolution procedure. No employee will be penalized, formally or informally, for voicing a complaint with Chapman Mechanical in a reasonable, business-like manner, or for using the problem resolution procedure.

If a situation occurs when employees believe that a condition of employment or a decision affecting them is unjust or inequitable, they are encouraged to make use of the following steps. The employee may discontinue the procedure at any step.

1. Employee presents problem to immediate supervisor within 30 calendar days, after incident occurs. If supervisor is unavailable or employee believes it would be inappropriate to contact that person, employee may present problem to Office Manager or any other member of management.

2. Supervisor responds to problem during discussion or within 30 calendar days, after consulting with appropriate management, when necessary. Supervisor documents discussion.

3. Employee presents problem to Office Manager within 30 calendar days, if problem is unresolved.

4. Office Manager counsels and advises employee, assists in putting problem in writing, visits with employee's manager (s), if necessary, and directs employee to owner for review of problem.

5. Employee presents problem to owner in writing.

6. Owner reviews and considers problem. Owner informs employee of decision within 30 calendar days, and forwards copy of written response to Office Manager for employee's file. The owner has full authority to make any adjustment deemed appropriate to resolve the problem.

Not every problem can be resolved to everyone's total satisfaction, but only through understanding and discussion of mutual problems can employees and management develop confidence in each other. This confidence is important to the operation of an efficient and harmonious work environment, and helps to ensure everyone's job security.

Workplace Etiquette

Effective Date: 5/1/2007

Chapman Mechanical strives to maintain a positive work environment where employees treat each other with respect and courtesy. Sometimes issues arise when employees are unaware that their behavior in the workplace may be disruptive or annoying to others. Many of these day-to-day issues can be addressed by politely talking with a co-worker to bring the perceived problem to his or her attention. In most cases, common sense will dictate an appropriate resolution. Chapman Mechanical encourages all employees to keep an open mind and graciously accept constructive feedback or a request to change behavior that may be affecting another employee's ability to concentrate and be productive.

The following workplace etiquette guidelines are not necessarily intended to be hard and fast work rules with disciplinary consequences. They are simply suggestions for appropriate workplace behavior to help everyone be more conscientious and considerate of co-workers and the work environment. Please contact the owner if you have comments, concerns, or suggestions regarding these workplace etiquette guidelines.

*Return copy machine and printer settings to their default settings after changing them.

*Replace paper in the copy machine and printer paper trays when they are empty.

*Keep the area around the copy machine and printers orderly and picked up.

*Be careful not to take or discard others' print jobs or faxes when collecting your own.

*Avoid public accusations or criticisms of other employees. Address such issues privately with those involved or your supervisor.

*Try not to block walkways while carrying on conversations.

*Monitor the volume when listening to music, voice mail, or a speakerphone that others can hear.

*Clean up after yourself and do not leave behind waste or discarded papers.

Exhibit 12

Recorded Statement – Zaire Meyers

IN RE:

Sean Daley/Chapman Mechanical

COPY

STATEMENT ON THE RECORD OF
ZAIRE MYERS

DATE TAKEN: Friday, September 16, 2011
TIME BEGAN: 9:41 a.m.
TIME ENDED: 10:13 a.m.
LOCATION: 15 North Irvine Street
Greenville, South Carolina 29601

REPORTED BY: TARI B. KRAMER, RMR, CRR
GALLAGHER COURT REPORTING
864-234-5744

APPEARANCES:

JEFFREY D. EZELL, ESQUIRE
11 North Irvine Street
Suite 15
Greenville, South Carolina 29601

Also Attending: (None)

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ZAIRE MYERS, having been duly affirmed, testified as follows:

EXAMINATION BY MR. EZELL:

Q. Mr. Meyers -- I'm going to refer to you as Mr. Meyers just for purposes of the record.

A. That's perfectly fine.

Q. My name is Jeff Ezell. We met before. We are here today just to take a statement from you under oath just as if you were testifying in court regarding some information you have about Sean Daley who was, at the time that we're dealing with, employed with Chapman Mechanical where I understand you were also employed at or near the same time.

A. (Nods head up and down.)

Q. I'll need you to answer for me out loud, if you could. If at any point I ask you a question and you don't understand what my question is or don't understand what I'm asking you, please speak up. Let me know. I need to make as certain as possible that if I ask you a question, you understood me and the answer you give back was answering the question I asked, not something you thought I asked.

A. Right.

Q. She's taking everything down here on this fancy little machine that I've never seen one like that before and on the computer. So if I ask a yes or no question, if you could say yes or no. I've been doing this 23 years. I still say uh-huh and huh-uh. But on tape, that's hard to say if that's a uh-huh yes, or huh-uh no. So if it's a yes or no question, if you would give me a yes or no answer, that would be great.

A. Okay.

Q. Obviously, if you don't remember an answer to a question, I don't remember is a perfectly acceptable answer. If you don't know the answer to a question, I don't know is a perfectly acceptable answer. Just because I ask you a question does not bind you to give me an answer. All I'm here to do is to find out as much as I can, about your knowledge of the situation with Sean Daley and Chapman Mechanical as it relates to his Workers' Compensation injury on February 9th, 2011 and the events with Chapman subsequent to that. Is that fair enough?

A. Yes.

Q. Do you have any questions about the process before we begin?

A. Just ready to get started.
Q. Also, you have the right -- she's going to take this back and type it all up. You have the right to read that and sign it beforehand if you choose to. You can't really change your answers except for spelling, that kind of thing. It's generally tremendously more of a hassle than it's worth but you do have that right to do it. You just need to let her know before we leave today if you'd like to do that.
Most people waive that right. She's very, very good at what she does. I've been using her for years. I have no qualms whatsoever about her putting down what you said accurately. But that's just something you need to let her know before we leave.
A. Okay.
Q. Your full name, Zaire -- do you have a middle name?
A. Leon.
Q. Leon Myers. And what's your date of birth?
A. 02/12/1981.
Q. And where do you currently reside?
A. Greenville, South Carolina.
Q. And what's your address?

A. 38 Blake Street, Greenville, South Carolina 29605.
Q. And I've got a cell phone number of you as 864-551-6454.
A. That's correct.
Q. Is that usually the best number to reach you?
A. Yes.
Q. You are married?
A. Yes.
Q. And as you told me beforehand, you got a big old pack of kids and one on the way.
A. That's right.
Q. So you are a busy man, I imagine.
How far did you go in school?
A. Graduated high school.
Q. And when was that?
A. '99.
Q. Have you grown up in this area or --
A. No.
Q. Where are you originally from?
A. California.
Q. How long have you been in the Greenville area?
A. Since 2002. Actually, no. I moved to Georgia. Greenville would probably be '07-ish.
Q. Give me just a real sort of short thumbnail

sketch of your vocational history since high school. What type of work have you done?

A. Mainly construction. Probably most of the time. Started off as a framer then went into plumbing. Been -- started off as residential for the first year and then ever since then up until now, I've been a commercial plumber.

Q. Are you currently employed now?

A. Yes.

Q. And who are you working for?

A. Apex Construction. But it's 1099 so I'm really self-employed.

Q. You were employed at one point in time with Chapman Mechanical and I think you told me you were there between six or eight months.

A. Yes.

Q. Do you know roughly what -- roughly your start date and roughly your end date?

A. Roughly the start date would be in February. I would say the 22nd.

Q. Of '11?

A. Yes.

Q. And then you last worked there?

A. I remember distinctly because of my separation. It was my wife's birthday. Would have put it at

June. It was the day before her birthday, so it would have put it June 17th.

Q. And as I understand -- I'll just run through this myself quickly just to save time but you can correct me where I'm wrong. According to the handbook that you were provided with with Chapman, overtime was a voluntary activity; correct?

A. Yes.

Q. According to the handbook, it was not compulsory. You were not required to work overtime if overtime was there.

A. Correct.

Q. And if I also understand correctly, you had already put in 40 or more hours on the week of your termination.

A. Yes.

Q. And then Chad Cox basically demanded that you come work over time. Would that be a fair statement?

A. Yes.

Q. And when you declined to do that, he terminated you?

A. Yes.

Q. Even though the handbook said that the overtime

was a voluntary option.
A. Yes.
Q. Have you had much contact at all or any with Chad Cox since then?
A. Yes.
Q. What -- tell me about the nature of that contact.
A. I called them several times to get my separation papers. I needed it for my own documentation, unemployment and Medicaid and all that other stuff. And he told me he would give it to me and he never did.
Q. Did you apply for and receive unemployment?
A. I applied for it but I have not received it yet.
Q. Did they deny or disqualify you for a period of time or did Chapman fight it or what happened?
A. I'm automatically disqualified for a period of time.
Q. Because of the --
A. I was terminated. So it's under investigation.
Q. Have you appealed that?
A. It hasn't come up yet.
Q. Do you intend to appeal it?
A. Oh, yeah. Yes.
Q. Getting a little away from you and into Sean

Daley, you are familiar with who Sean Daley is?
A. Yes.
Q. And I understand that was from seeing him on the job site at the Glenview High School -- or Middle School project.
A. Yes.
Q. And that was one of several school projects that Chapman had going on at the time?
A. Yes.
Q. His injury date was February 9th of 2011. So basically everything I talk to you about today will be dealing with that date and subsequent to that date.
A. Okay.
Q. I suspect, because he was not I think at Glenview prior to February 9th, 2011, you probably did not see him before then. Would that be --
A. Yes.
Q. -- fair?
A. Yes.
Q. I think he was actually working some jobs in Hendersonville, North Carolina before that.
A. Yes.
Q. One of the first times you and I spoke when I

brought up Sean Daley's name, you made a comment basically to the effect of -- and I'm paraphrasing and I'll let you either -- as best you can, correct it to what you feel like you remember you said, or at least either confirm or deny that that's how you felt. But basically you said that Chapman did Sean wrong.

A. Yes. It's accurate.

Q. You feel that's an accurate statement?

A. Yes.

Q. And is that your opinion in terms of how you feel about the way they treated him?

A. Yes. Absolutely.

Q. Sean's injury, just for your edification, involved falling off an eight-foot ladder and he landed on a piece of four-inch PVC pipe that was sticking two feet out of the ground that was where a pole was going to be set. And he basically landed on his kidney on that pipe and basically kind of folded in half over that. And, according to him, sustained injuries to his back, his ribs, his trunk and hips. He had some pelvic pain. He also had some head pain. He was provided with some medical care but was placed on some restrictions. And it was these

restrictions that ultimately landed him at the Glenview High School -- or Glenview Middle School job.

What they asked him to do at the Glenview Middle School job was initially to inventory the connex. Could you just for the record describe what the connex is.

A. The connex is a trailer without wheels. I would say 30-foot long or more. A little more. And it's a double door that swings open. And that's generally on a construction site where we put all of our materials.

Q. So it's a storage type unit?

A. Yes.

Q. The connex at Glenview, was that -- would you consider that to have been in a neat condition, tidy condition, disarray, or how would you describe?

A. Complete and utter disarray. Not even walking room.

Q. You said not even walking room. In terms of walking through the connex, would it be difficult to maneuver around in the connex?

A. Yes. Absolutely.

Q. At the time, just for, again, your benefit, Sean

had been placed on restrictions by the company-chosen doctor of sedentary duty with no lifting over 15 or 20 pounds. He was sent to the connex to inventory what was in the connex. Based upon your actual visual inspection and view of the connex, could that task have been accomplished from a seated position?

A. No. Absolutely not.

Q. Were the -- the parts -- by inventorying parts, my understanding what they wanted him to do was to be able to tell the powers that be that we have 45 two-inch L joints, we have 50 two-inch T joints, or whatever. I'm not a plumber so I'm just making up terms but I assume there are L joints and T joints in piping. Are there?

A. Yes, there are.

Q. In the connex at the Glenview Middle School facility, were the parts arranged together like that already or were they strewn about?

A. Yes. They were strung about. Stacked in no rhyme or reason. It's just wherever they fell.

Q. So if he were to have to count all the T joints in that connex, he would literally have to go throughout the entire connex, collect all the T joints, put them in one place, and then count

them?
A. Yes.
Q. They weren't already in one place where he could just go stand and sit or count one, two, three, four?
A. No. Especially if the connex was about 30-foot long.
Q. He had lifting restrictions of 15 to 20 pounds. Were there items in the connex, either boxes of items or individual items, that would have exceeded that pound weight restriction?
A. Yes.
Q. What types of things would have been heavier than 15 or 20 pounds?
A. The boxes themselves that were stacked. Piping that was laid on top of boxes and all around boxes which would have exceeded that. Valves. Just material in general. And plumbing. Talking about iron, cast iron and copper and four-inch copper, you know. So yes.
Q. So basically, from your experience in that connex at the Glenview High School -- I'm sorry. I don't know why I keep saying high school. Glenview Middle School. That is not something that he could do in a sedentary manner?

A. No.
Q. And that's not something that he do that would require him to -- or that would allow him to lift no more than 20 pounds? In other words, if he were to do that job, he would have had to have lifted more than 20 pounds.
A. Yes.
Q. And that would be on multiple occasions, I would assume.
A. Yes.
Q. He was also sent to the parts room. I know you're familiar with it. Maybe have some photographs. But did you recall where the parts room was at Glenview?
A. Yes.
Q. In terms of its physical condition, was it also in disarray or was it clean and neat and tidy?
A. It was much like the connex. Everything was strung about. Pipe material, valves, boxes. Everything was spread around and slung throughout the room.
Q. I'm going to show you some pictures and just take a look at them.
A. That's clean.
Q. Comparatively?

A. Yes.
Q. When you say that's clean, that's the --
A. This is clean compared to what it normally looked like on a regular basis.
Q. And did you recognize that as a parts room at Glenview?
A. This is the connex.
Q. That's the connex? Okay.
A. Yeah. That's the connex.
Q. And -- we'll mark these exhibits. But basically I see piles of stuff on the floor. I see copper pipe on scaffolding; all of which, like you said, appears to be in disarray. And I see lots of boxes that I assume he would have had to have moved and count if he were -- if he were to give an accurate inventory that would be useful to the plumbing company, they would need to know what was in those boxes and that type of thing. Would that make sense?
A. Yes.
Q. I'm not trying to put words in your mouth, but I guess more than anything else, if inventory was his job, then the plumbing company would need to know what parts it had available there so that, if they needed more than that, they could order

more; or if they needed parts somewhere else, they could draw from the Glenview site.

A. Yes. That's right. Even down to the smallest fitting. And there's no way he can reach a lot of that from a chair.

Q. I'm going to show you this one page here. Looks like big soup cans but I know that's not what they are. What are those; do you know?

A. It looks like a nipple of some sort. It's threaded and the pipe is sticking up.

Q. And those are on the floor underneath some scaffolding?

A. Yes.

Q. In terms of what was in the parts room itself, were they -- was it similar material to what was in the connex?

A. Yes.

Q. And I think you said it was also similar in nature in terms of disarray.

A. Yes.

Q. From your own personal observations of the parts room at Glenview Middle School, could that have been done from a seated position?

A. No.

Q. And could that have been done without having to

lift more than 20 pounds?
A. No.
Q. Were there times -- you said you first probably saw Sean on that Glenview Middle School site. When you saw him, did he appear to be -- how did he appear from a physical standpoint, I guess?
A. Right. He always appeared to be in extreme amount of pain, limping, grimacing, very slow and methodic.
Q. From what you saw, did he appear to be trying to do what was asked of him?
A. I guess, to be honest.
Q. Were there times, to your knowledge -- to your knowledge, if you know, that you may have actually observed him that he was not aware that you were -- that you saw him?
A. Yes. There were those times. Yes.
Q. What I'm getting at there is: Were there times where he was limping and you didn't know he was watching?
A. Yes.
Q. So in other words, the point I'm trying to make there is: He wasn't trying to put on a show for you if there were times that he was limping and he didn't know you saw him limping. He

obviously couldn't know that he was trying to show Zaire Myers that, I'm hurt.

A. Yes. There were those times.

Q. Now, I also understand that you worked at a different site for Chapman. What was the name of it?

A. Robert Anderson.

Q. Was that also a middle school?

A. Yes.

Q. You know who Ray Burkhardt is, obviously.

A. Yes.

Q. He's the CEO of Chapman.

A. Yes.

Q. Was there an occasion where you were in the same room with Mr. Burkhardt when he was on the cell phone?

A. Yes.

Q. And did you hear him -- his half of that conversation and what you heard of his half -- let me put I this way. Back up. Could you hear his half of the conversation?

A. Yes.

Q. And could you hear it distinctly? You had no trouble?

A. Yes.

Q. In the course of that conversation, did you hear him mention the name Sean?
A. Yes.
Q. And you feel a hundred percent confident of that?
A. Yes.
Q. He may not have said Sean Daley but you did hear him say Sean?
A. Yes.
Q. To your knowledge, were there any other Seans working for Chapman at that point in time?
A. No.
Q. Could you describe just as best you could sort of the overall tone of the conversation about Sean?
A. Ray was clearly aggravated and agitated and he said his name, Sean. And then after that, he's like, We got to get rid of this, expletive. It was a curse word. And the conversation from there went on.
Q. And when you say it went on, what --
A. It was clearly more aggravation and -- it's just one half of the conversation but it seemed like something that they felt like he done wrong or whatever the case was.

Q. But you did hear him saying, We need to get -- or we're going to get rid of or need to get rid of this blank --
A. Blankety, blank. Yes.
Q. And did you take that blankety, blank to be Sean?
A. Yes.
Q. And it appeared to be Ray's desire to get Sean out of Chapman?
A. Yes.
Q. Did you have any trouble discerning that intent from what you heard Ray say?
A. No. No trouble at all.
Q. Was it pretty clear that that was his --
A. Yes.
Q. And I know you -- I think I had asked you. You don't recall a specific date of that but would it -- was it at a point in time after you had seen Sean?
A. Yes.
Q. So it was after his accident then?
A. Yes.
Q. So some time -- and just to recap, some time after his accident at the Robert Anderson School project, you were in the room with Ray Burkhardt

and Ray Burkhardt was on the cell phone talking to someone, we don't know who, talking to someone. And he appeared aggravated. That be a fair statement?

A. Yes.

Q. And said that, We need to get rid of this something, expletive.

A. Yes.

Q. Curse word. Whatever. And you feel confident that that curse word was -- or the expletive was referring to Sean.

A. Yes.

Q. And then you are aware that Sean was, on April 25th, terminated?

A. Yes.

Q. And at the time, he had a pending Workers' Compensation claim?

A. Yes.

Q. When you were at the Glenview site, did you ever speak with Sean or just short small talk kind of stuff?

A. Yes.

Q. Was mostly small talk?

A. Yes.

Q. No lengthy conversations of any kind?

A. Yes. Sometimes.
Q. Anything in particular that y'all discussed, if you recall?
A. No. I don't recall.
Q. In terms of his -- and I'm not asking you to make a diagnosis here but in terms of his overall mental state, did he seem upbeat, did he seem down, did he seem -- or do you even have an opinion as to how he seemed?
A. To me, he was in pain all the time so it looked like he was in pain all the time. And everything came out with a, Ouch.
Q. He missed two days of work to attend his fiancee's father's funeral. Do you have any knowledge of any of that?
A. Yes.
Q. Tell me what you know about that.
A. I know that it was sudden. I only know after the fact, of course. And I'm going back to remember at that time. Like I said, I just know he was really taken by it, really down because of it.
Q. Did he discuss at all with you any conversations he had with Chad Cox about the time he missed for the funeral?

A. No.
Q. As I said, Sean was terminated April 25th of 2011 and the injury was February 9th of 2011. So we're looking at about a two and a half month period there.
The conversation that you overheard Ray Burkhardt refer to Sean with the expletive and, We need to get rid of this, expletive, do you have any idea as to whether that was closer to the accident date, i.e., closer to the February time, or was it closer to the April time?
A. Closer to the April time. Next thing I know, he wasn't there anymore. He was fired.
Q. So shortly after this conversation, he was gone?
A. Yes.
Q. Given what I understand and what I think Sean understood to be his marching orders at the Glenview site which was basically to inventory the connex and inventory the parts room, from your observations when you were there with him and/or saw him, did he appear to be attempting to do that job?
A. Yes.
Q. Did he discuss at all with you the fact that when -- for the first four or five days that he

was there, even though -- even the doctor said he needs to be on sedentary duty, the only thing they gave him to sit on was a paint bucket? Did he discuss that with you?

A. Yes.

Q. Did he tell you whether or not that was causing his back any problem?

A. Yes.

Q. You felt it was?

A. Yes. And he said that. That was his complaint. He had to do all this work and he was in so much pain and wasn't given adequate, you know, seating to be able to do it. So that was very obvious.

Q. Ray Burkhardt testified in his Workers' Compensation case that Sean could have done the work sitting on the floor.

From what you observed in terms of Sean's pain situation as well as the actual physical layout of the connex or the parts room, could he have inventoried that -- either of those places sitting on the floor?

A. Absolutely not. No.

(Discussion held off the record.)

EXAMINATION RESUMED BY MR. EZELL:

Q. We went off the record just a moment, Mr. Myers. The reasons given for Sean's termination were tardiness and missing the two days for his fiancee's father's funeral. The tardiness I think amounted to a total of three days. Two days were less than 30 minutes late and then the third day which I think was the day he was actually terminated was the first day he was to attend physical therapy. And he attended physical therapy and then showed up after physical therapy and was fired.

Ray Burkhardt testified that those three days of tardiness and two days he missed as -- to attend his fiancee's father's funeral rendered him -- and this is a direct quote -- ineffective as an employee.

With regard to just the manner in which Chapman conducted business, was it uncommon for employees to be tardy 15, 20, 25 minutes?

A. No. It was not uncommon.

Q. Had you, yourself been tardy 15, 20, 25 minutes at times?

A. Yes.

Q. On more than three or four or five occasions?

A. Yes.

Q. Were you ever disciplined for that?
A. No.
Q. I think you told me on one occasion Ray Burkhardt made mention to you, asked you if you knew what time the Job started.
A. Yes.
Q. And you told him yes, you did.
A. Yes.
Q. And he said, You need to be there on time?
A. Yes. And I will add, jokingly.
Q. He said that jokingly?
A. Yes.
Q. Did he, during the course of that conversation, at any point in time indicate that he felt that your tardiness made you ineffective as an employee?
A. No.
Q. Do you feel like -- in addition to yourself, are you aware of other employees that were 15, 20, 30 minutes late at times?
A. Yes.
Q. On more than one or several occasions?
A. Yes.
Q. Were they, to your knowledge, ever disciplined?
A. No.

Q. Would one of those individuals be Craig Giles?
A. Yes.
Q. And were you aware that he had been late upon numerous occasions?
A. Not so much late. Leaving early.
Q. Left early?
A. Yes.
Q. And I also understand -- and you may or may not know this. And if you don't, obviously respond accordingly. But there was also -- I have been told that he had some absenteeism problems.
A. Yes.
Q. And you're aware of that personally, yourself?
A. Yes.
Q. And, to your knowledge, he was not ever disciplined for that either?
A. No.
Q. And, in fact, he was -- he was never terminated. He was actually just laid off due to lack of work. You're aware of that?
A. Yes.
Q. So his absenteeism and his leaving early, to your knowledge, never made him -- or no supervisor or superintendent or higher level employee or officer of the corporation ever

referred to you as infective as an employee, despite your tardiness?

A. No, never.

Q. And, to your knowledge, no one ever referred to Craig Giles as ineffective as an employee despite his leaving early or his absenteeism?

A. No. Never.

Q. Were you aware of any problems with Sean Daley's work prior to his injury?

A. Can you repeat that?

Q. Were you aware -- had you ever heard any problems or any complaints about Sean Daley's work prior to his injury?

A. No. The opposite.

Q. So you heard good things?

A. All good things. Yes.

Q. Jessie Blanchard was one of the supervisors. Was he a supervisor on Glenview?

A. Yes.

Q. Was he aware that you were tardy on multiple occasions?

A. Yes.

Q. And did he -- other than just say maybe try and get here on time, did he ever tell you you were ineffective as an employee because of that?

A. No.
Q. Did he ever threaten to fire you because of that?
A. No.
Q. Did he ever even give you any indication to believe that your job was even remotely in jeopardy because of that?
A. No.
MR. EZELL:
Unless there's anything else you can think of that I haven't covered, I'm pretty well done.
THE WITNESS:
No.
(Exhibit No. 1 marked: Attached.)
(Statement concluded at 10:13 a.m.)

CERTIFICATE

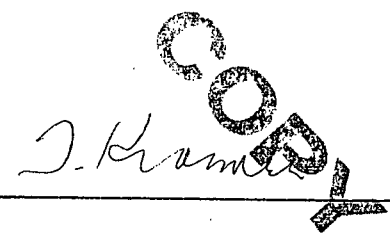
I, the undersigned, Tari B. Kramer, Notary Public in and for the State of South Carolina, do hereby certify that the foregoing statement of ZAIRE MYERS was taken on the 16th day of September, 2011;

That the within witness was sworn to tell the truth, and that the foregoing is an accurate transcription of the testimony taken under oath;

That all exhibits entered herein are attached hereto (if requested by counsel) and made a part of this statement.

I further certify that I am neither counsel nor solicitor to any of the parties in said suit, nor interested in the event of the cause.

In witness whereof, I have hereunto set my hand and seal this 20th day of September, 2011.

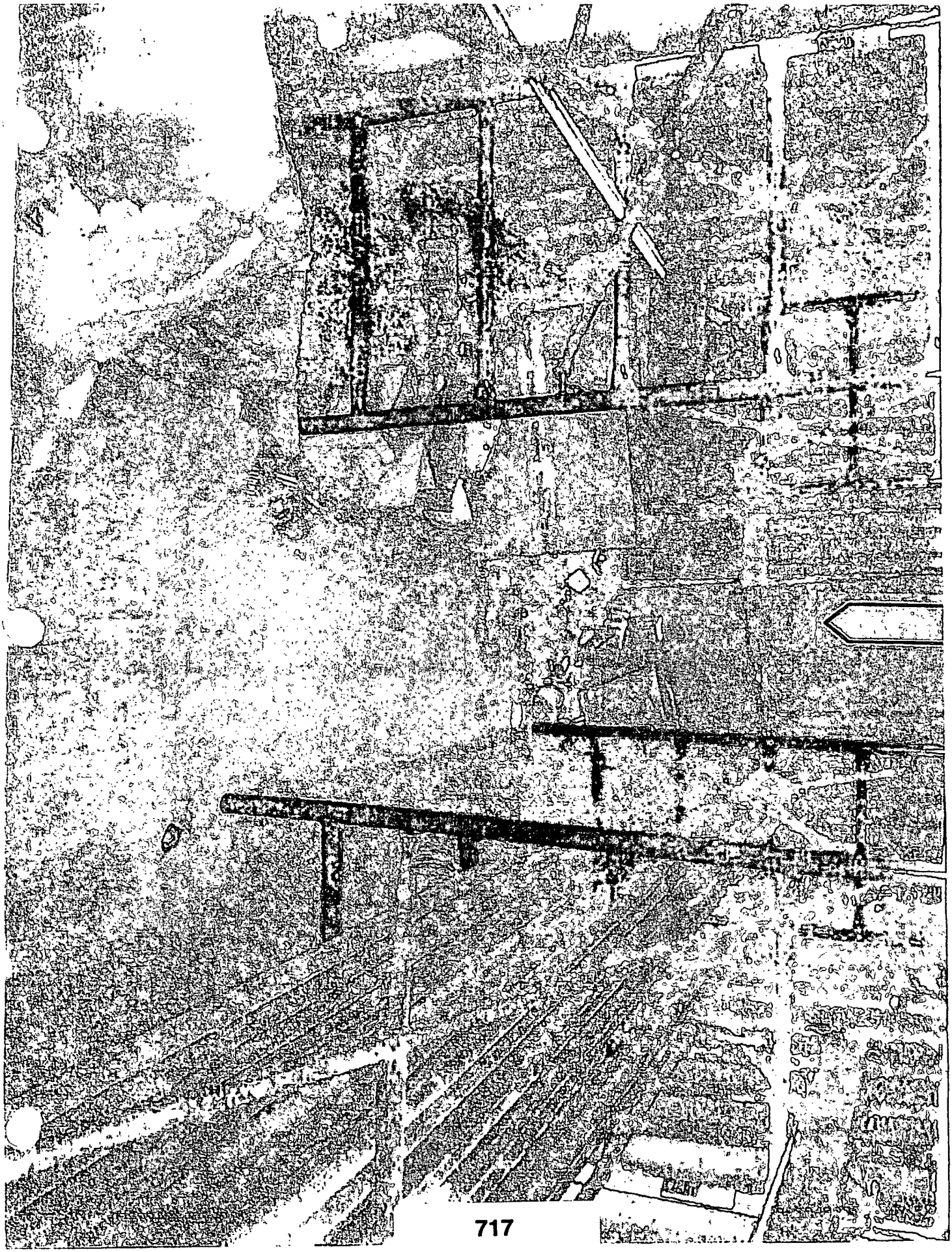


Tari B. Kramer, RMR, CRR
Notary Public for South Carolina
My Commission Expires: March 29, 2016


Exhibit 1
Myers
9/16
TK









THE STATE OF SOUTH CAROLINA
In The Court of Appeals
[In The Supreme Court]

APPEAL FROM RICHLAND COUNTY
APPELLATE PANEL, WORKERS' COMPENSATION COMMISSION

WCC File No.: 1101678
Appellate Case No.: 2013-001499

Sean Daley

Appellant

v.

Chapman Mechanical and
Stonewood Insurance Co.

Respondents

PROOF OF SERVICE

I certify that I have served the Record on Appeal on Steven M. Rudisill by depositing a copy of it in the United States Mail, postage prepaid, on November 21, 2013, addressed to Mr. Steven M. Rudisill, Rudisill White Kaplan, 212 S. Tryon Street, Suite 1440, Charlotte, NC 28281.

November 21, 2013

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STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM RICHLAND COUNTY
APPELLATE PANEL, WORKERS' COMPENSATION COMMISSION

RECEIVED
DEC 23 2013
SC Court of Appeals

WCC File No.: 1101678

Appellate Case No.: 2013-001499

Sean Daley, Employee-Claimant, Appellant

v.

Chapman Mechanical, LLC, Employer and Stonewood Insurance Company, Carrier, Defendants, Respondents.

CERTIFICATE OF COUNSEL

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

Dated: December 19, 2013

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