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THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
APPELLATE PANEL
Commissioner Campbell, III, Chair

APPELLATE CASE NO. 2015-002112

RECEIVED

Lettie Spencer, ... Employee, Appellant,

v.

NHC Parklane, Employer, and Premier Group Insurance Co., Inc.,
Carrier Respondents.

RECORD ON APPEAL

VOL 1 OF 4

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SC Court of Appeals

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SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

Lettie Spencer,	)	
Claimant,	)	SCWCC File No. 1120778.
	)	
vs.	)	
	)	DECISION AND ORDER
NHC Parklane,	)	
Employer,	)	
	)	
and	)	
	)	
Premier Group Insurance Co., Inc.,	)	
Carrier	)	
Defendants.	)	

Hearing: September 3, 2014 in Columbia, South Carolina.

Appearances: Andrew W. Creech, Esquire, Elrod Pope, Attorneys at Law, Rock Hill, S.C., for the Claimant.

Clarke W. McCants, III, of Nance, McCants & Massey, Attorneys at Law, Aiken, South Carolina, for the Defendants.

Purpose of Hearing: To determine those issues set forth on the Forms 50 and 51 and any other matters which may have timely come before the undersigned Commissioner.

Decision and Order: By R. Michael Campbell, II, Commissioner

Filed: March 12, 2015

STIPULATIONS

1. The purpose of the Hearing was to determine the issues set forth in the Hearing Notice and Forms 50 and 51, and any other matters which may have timely come before the undersigned Commissioner.
2. The Notice of the Hearing was timely and properly served upon all parties of interest.
3. The Claimant's average weekly wage is \$1,065.00. Her compensation rate is \$704.92, the maximum rate for 2011.
4. Venue for this matter is proper in Richland County, South Carolina.
5. The Claimant sustained injuries to her lower back and psyche on June 22, 2011 as a result of an accident arising out of and in the course of her employment with the Employer.
6. The Defendants have paid for certain medical treatment received by the Claimant for these injuries, and the Defendants have paid temporary total compensation to her pursuant to the provisions of the S.C. Workers' Compensation Law (hereinafter referred to as "the Act").
7. The South Carolina Workers' Compensation Commission has jurisdiction in this matter.

COMBINED APA SUBMISSIONS OF THE PARTIES

- APA No. 1: Boston Diagnostic Imaging, dated 3/18/04 to 4/21/04;
- APA No. 2: Amy Dorn, M.D., dated 11/17/04 to 5/15/04;
- APA No. 3: Spine & Brain Neurosurgery Center, dated 7/14/04 to 8/2/05;

- APA No. 4: Neuroskeletal Imaging, dated 9/15/05 to 8/16/05;
- APA No. 5: Chester Regional Medical Center, dated 1/26/09 to 3/6/14;
- APA No. 6: Carolina Occupational Health, dated 6/22/11 to 11/16/11;
- APA No. 7: Chester Internal Medicine, dated 8-10-11 to 3-20-13;
- APA No. 8: Columbia Neurosurgical Associates, dated 8/31/11 to 9/7/11;
- APA No. 9: S.C. Pain Associates, dated 11/10/11 to 4/18/12;
- APA No. 10: Select Physical Therapy, dated 3/12/12 to 3/29/12;
- APA No. 11: Carolina Orthopaedic Surgery, dated 4/17/12 to 4/2/13;
- APA No. 12: Springs Memorial Hospital, dated 9/11/12;
- APA No. 13: Sanjay Nandurkar, M.D., dated 1/18/13 to 7/15/14;
- APA No. 14: Health & Rehabilitation Psychologists, dated 3/7/13 to 1/21/14;
- APA No. 15: Deposition of Dr. William Lehman, dated 1/9/13;
- APA No. 16: The Rehab Center, dated 3-7-13 to 10-31-13;
- APA No. 17: Columbia Rehabilitation Clinic, Inc. dated 1-21-14;
- APA No. 18: Patrick B. Mullen, MD, dated 2-28-14;
- APA No. 19: Leanna Hollenbeck, MS, dated 3-8-14; and
- APA No. 20: Video of Claimant.

STATEMENT OF THE CASE

This matter is before the undersigned Commissioner to determine the issues set forth in the Parties' Forms 50 and 51. The Claimant sustained injuries to her lower back and psyche on June 22, 2011 as a result of an accident arising out of and in the course of her employment as a nurse with the Employer. Since that time the Defendants have paid for certain

medical treatment rendered to the Claimant for these injuries, and have also paid temporary total compensation to her.

The Claimant contends that she is permanently and totally disabled as a result of the accident which forms the basis for this case. She contends that she is entitled to an award of compensation for such permanent and total disability, as well as provision and payment for causally related medical care for the remainder of her life.

The Defendants agree that the Claimant has sustained some degree of permanent partial disability as a result of the accident here, but deny that the Claimant is permanently and totally disabled. The Defendants further agree that the Claimant is entitled to ongoing authorized, causally related and reasonable and necessary medical care which tends to lessen any disability sustained by her.

EVIDENCE IN THE CASE

The Claimant in this matter, Lettie Spencer, is currently 66-years of age and resides in Richburg, South Carolina. She is divorced and is the mother of two adult children.

Mrs. Spencer left school in the eighth grade, but obtained a GED and eventually earned a degree as a licensed practical nurse. She has worked as an LPN since 1982, and began working for NHC Parklane, the Employer in this case, in 2008. Her specialty and primary work interest is assisting individuals suffering from Alzheimer's Disease.

On June 22, 2011 the Claimant injured her lower back while pushing a medicine cart. She testified that as she pushed the cart from a carpeted area to a tile floor, the wheels on the cart stopped suddenly and she felt a sensation of pain in her lower back. While she finished her work shift on the date of the incident involved here, she has not returned to work with NHC

Parklane.

Mrs. Spencer has been evaluated by numerous physicians and other medical providers as part of this case. She has primarily received conservative medical treatment, to include use of prescription medication, physical therapy and lumbar spine injections in an attempt to relieve her pain symptoms.

Specifically, the Claimant has been treated by William Lehman, M.D. in Rock Hill. Dr. Lehman is of the opinion, following certain diagnostic testing, that Mrs. Spencer sustained a strain-type injury to her lower back which aggravated a pre-existing arthritic condition. He has prescribed pain medication for her and also referred her to Sanjay Nandurkar, MD for ongoing pain management treatment. Dr. Nandurkar's course of treatment has included the injection therapy and other treatment noted above.

In his report dated April 2, 2013 Dr. Lehman set forth that the Claimant has sustained a 9% permanent physical impairment to her lumbar spine as a result of the injury to her lower back. He also limited Mrs. Spencer to sedentary work activities.

Dr. Nandurkar prepared a Form 14B for this matter on February 9, 2014, which sets forth that Mrs. Spencer has sustained a 13% whole person impairment as a result of her injury. He also stated that the Claimant is limited to sedentary-type work. Finally, Dr. Nandurkar set forth that the Claimant will need future medical care in the form of "pain management, periodic spinal injections, medications, physical therapy, spinal cord stimulator."¹ The Claimant testified that she receives very limited relief from the spinal injections. She does obtain relief from the use of certain medication.

¹ Of note, the Claimant testified that she does not want to undergo implantation of a spinal cord stimulator.

Medical records for this matter also reflect that Mrs. Spencer was referred to a multi-week intensive rehabilitation program in Charlotte, North Carolina. There she received physical therapy and counseling from a social worker and psychiatrist. She testified that she received a great deal of benefit from this program, but lost those benefits after the program was completed.

The evidence for this matter indicates that the Claimant has also suffered some degree of symptoms of depression as a result of her injuries. She testified that she has lost as much as forty pounds of weight as a result of such symptoms. She is currently taking an anti-depressant, which appears to assist her with her symptoms.

The Claimant testified that she continues to experience lower back pain and problems using her legs on a continuous basis. She relates that her back pain normally measures as "6" on a scale of "0 to 10", with the higher numbers representing the more severe discomfort. She also relates that she cannot lift more than ten pounds, cannot sit for extended periods of time and experiences difficulty balancing herself, standing, walking and using stairs. She further testified that her sleep is often interrupted by her pain and discomfort.

Mrs. Spencer testified further that she is able to drive an automobile for up to two hours. She is also able to perform household chores to some degree, including work in her yard.

Extensive video evidence of the Claimant, obtained by representatives of the Defendants, was offered into evidence as part of this matter. In particular, that evidence demonstrates that during a period of time Mrs. Spencer was regularly present at a business location in Great Falls, South Carolina known as "Car Toys."

Mrs. Spencer testified that this business was operated by her son, and which

performed window-tinting and general automobile mechanical services until it closed in 2014. She testified on direct examination that she providing financing for the start-up of this business, and executed the lease and other documents to obtain utilities for the business.

The Claimant testified that believes that she is not capable of working as an LPN. Specifically, she relates that she cannot walk without difficulty, push a medicine cart or respond to the physical needs of her patients.

Counsel for the Claimant offered reports prepared by Patrick Mullen, M.D. and Leanna Hollenbeck, MS, CLCP, CRC in support of his position that the Claimant suffers from major depressive symptoms and is incapable of engaging in gainful employment at the present time.

Upon cross examination by Counsel for the Defendants, Mrs. Spencer admitted that as a health care professional it is very important that a provider obtain an accurate history from a patient before reaching a diagnosis and assessing that patient's condition and needs. She agreed that medical professionals must have accurate information in order to reach the opinions that they offer.

Mrs. Spencer agreed that Dr. Mullen's report for this matter indicates that she experienced minor medical problems until the accident in this matter, after which she began experiencing chronic pain and depression. She also agreed that Dr. Mullen's report included in her history that she had never received any psychiatric care.

The Defendants introduced records documenting medical treatment received by the Claimant prior to the accident involved in this case. Included in that evidence are records documenting treatment for Mrs. Spencer at Chester Regional Medical Center in January 2009.

In those records it is noted that she reported a past medical history of chronic pain and depression. The Claimant testified that she did not recall providing that information to providers at Chester Regional, but does not have information to demonstrate that the referenced medical report is inaccurate.

Prior medical records for Mrs. Spencer show that she underwent neck surgery in 2004. Medical records produced by Amy Dorn, M.D. demonstrate that in 2006 the Claimant reported symptoms of "hyperlipidemia, hypertension, chronic back pain, chronic neck pain status post-surgery, carpal tunnel syndrome, restless leg syndrome, smoking and anxiety." An insurance claim form prepared by the Claimant in 2005 reflects that she experiences neck pain and lower back pain.

The Claimant also admitted that she provided a history to Dr. Mullen to the effect that following the accident in this case, she had "to stay in her bed and the pain has grown worse." Upon questioning she stated that her problems have improved to the point where she does not "stay in bed all the time anymore."

Mrs. Spencer further admitted that she did not provide an accurate history to Dr. Mullen regarding her marital status. Dr. Mullen's report indicates that the Claimant resides with her husband, who is a truck driver and is not home on a regular basis. The evidence for this matter shows that Mrs. Spencer separated from her husband following a domestic dispute, and during which she was assaulted by him. When asked, she agreed that it is important for a mental health provider to fully understand the circumstances surrounding the stability of a patient's family life before reaching a medical opinion.

Dr. Mullen also set forth in his report that Mrs. Spencer "raised beautiful flowers,

but has not done any gardening since the accident." The Claimant testified that she does perform some yard work from time to time. She further agreed that Dr. Mullen's statement that she is "completely dysfunctional" is not accurate.

Mrs. Spencer agreed that Ms. Hollenbeck set forth in her report for this matter that she "reports being in agony by 5:00 p.m. after a day at home with little or no physical activity during the day." She also agreed that Ms. Hollenbeck understood that she "uses a cane when she leaves her home." The video evidence presented in this matter reflects no use of a cane by the Claimant. Further, she testified that she uses a cane only while outside and actually at her house.

Upon cross examination the Claimant also testified that she planned to work until she reached the age of sixty-years of age and then work part-time. She also testified that she wants to perform volunteer work to assist individuals suffering from Alzheimer's Disease.

The Parties stipulate that the Claimant is shown in the video sequences and segments offered into evidence in this case. The Claimant agrees that the video does show her outside of her home, driving by herself, shopping and performing errands at any given times of the day, including the morning, afternoon and into the evening and night. She further agrees that portions of the video sequences show that she walks on occasion without difficulty. She, however, contends that this is only for short distances.

With respect to the business known as Car Toys, Mrs. Spencer agrees that it was placed in her name, her name was on the lease, the power bill, water bill and the business checkbook. She also testified that she applied for the necessary permits to operate the business. She also stated that she paid the bills incurred by the business. When asked, she related that she

did not inform either Dr. Mullen or Ms. Hollenbeck that she was engaging in such business activities. She contends, however, that she never received any wages or compensation from Car Toys.

After Car Toys ceased operations, the evidence shows that Mrs. Spencer participated in winding-up its affairs. Segments of the video offered into evidence shows Mrs. Spencer assisting with clearing debris from the garage where the business was located.

Other video segments offered by the Defendants show the Claimant shopping. Specifically, she is shown emptying the contents of her shopping cart into her automobile.

One segment of video shows the Claimant operating her John Deere lawn tractor at 2:00 p.m. on July 29, 2014. Mrs. Spencer agrees that the outside temperature on that date, and at that time, was approximately ninety-seven degrees. A review of the videotape shows that the Claimant spent an extended period of time operating the tractor and cutting her large lawn. Additional video evidence shows the Claimant filling gasoline cans on other dates, which she agrees are used to supply gasoline to her tractor. Mrs. Spencer also testified that she is able to perform a number of these physical tasks with the assistance of her TENS Unit.

With respect to additional medical care Mrs. Spencer agrees that the injection therapy provided by Dr. Nandurkar only helps her briefly. She stated that there is no real use or benefit to be obtained from such injections.

Terry Sartin, the Claimant's son, testified as part of this matter. He stated that he actually operated the business known as Car Toys, which was financed by his Mother. He also testified that his Mother was depressed following her accident, and he encouraged her to get out of the bed and attempt to "do something." Upon cross examination, he admitted that his Mother

did perform some tasks for the business, including sweeping the floor areas and paying bills.

FINDINGS OF FACT

1. The purpose of the Hearing was to determine the issues set forth in the Hearing Notice and Forms 50 and 51, and any other matters which may have timely come before the undersigned Commissioner.

2. The Notice of the Hearing was timely and properly served upon all parties of interest.

3. The Claimant's average weekly wage is \$1,065.00. Her compensation rate is \$704.92, the maximum rate for 2011.

4. Venue for this matter is proper in Richland County, South Carolina.

5. The Claimant seeks compensation and benefits pursuant to the provisions of the South Carolina Workers' Compensation Law.

6. The South Carolina Workers' Compensation Commission has jurisdiction in this matter.

7. The Claimant sustained injuries to her lower back and psyche on June 22, 2011 as a result of an accident arising out of and in the course of her employment with the Employer.

8. The Defendants have paid the costs associated with certain medical treatment received by the Claimant for her injuries, and have also paid temporary total compensation to her.

9. Based upon the Form 14B prepared by Dr. Nandurkar the Claimant reached the point of maximum medical improvement on February 9, 2014, and with respect to the

injuries to her lower back and psyche.

10. Based upon the medical records and reports of Dr. Lehman and the medical records and reports of Dr. Nandurkar, the Claimant has sustained a 9% permanent physical impairment to her lower back, and a 13% whole person impairment, as a result of the injury to her lower back.

11. The Claimant testified that she intended to retire at the age of 66-years of age and is interested in performing volunteer work assisting individuals with Alzheimer's Disease.

12. Based upon the video evidence submitted into evidence in this matter the Claimant is physically active to a significant degree. Based upon this evidence, as well as the testimony of the Claimant and her son regarding the operation of Car Toys, the Claimant is capable of performing some level of work associated with such a business.

13. The Claimant is not permanently and totally disabled, and is not entitled to an award of compensation for a permanent and total disability. This finding is based upon the medical records and reports for this matter, the testimony of the Claimant and the extensive videotape evidence of the Claimant which is reliable and un-contradicted.

14. Based on the evidence when viewed as a whole, and particularly in light of the surveillance and my finding that the Claimant is physically active to a significant degree, I am not persuaded that Claimant's disability to her back, combined with the impairment to her psyche, diminishes her earning capacity to such an extent as to result in a total incapacity for work.

15. Therefore, based on the evidence cited above, Claimant sustained permanent partial disability to the back in the amount of 21%.

16. The opinions and conclusions of Dr. Mullen and Ms. Hollenbeck are given less evidentiary weight in this matter. This finding is due to the conflicts and inconsistencies between the evidence of the Claimant's prior health history and her testimony at the hearing for this matter, and the historical and factual conclusions set forth in their reports, and upon which these providers' opinions and conclusions are based.

CONCLUSIONS OF LAW

1. Pursuant to S.C. Code Ann. § 42-1-160 (1976), and other applicable law and regulation, the Claimant sustained injuries to her lower back and psyche on June 22, 2011, and as a result of an accident arising out of and in the course of her employment with the Employer.

2. The Claimant reached maximum medical improvement with respect to the injuries to her lower back and psyche on February 9, 2014.

3. Pursuant to S.C. Code Ann. § 42-15-60 (1976), and other applicable law and regulation, including the decision of Dodge v. Brucoli, Clark, Layman, Inc., et al, 334 S.C. 574, 514 S.E.2d 593 (1999), the Defendants shall be responsible for the provision and payment of additional authorized, causally related and reasonable and necessary medical treatment for the injuries the Claimant sustained to her lower back and psyche.

4. The Defendants shall be allowed to stop payment of temporary total compensation to the Claimant effective September 3, 2014.

5. The Defendants are not entitled to a credit for overpayment of temporary compensation beyond the date the Claimant reached maximum medical improvement from her injuries, as no Form 21 was filed in this matter.

6. Pursuant to S.C. Code Ann. § 42-9-30 (1976), and other applicable law and

regulation, the Claimant has sustained a 21% permanent partial disability to her lower back as a result of the accident in this matter, and shall be paid compensation therefor pursuant to the provisions of the Act.

6. Claimant has not met her burden of proving she is entitled to permanent and total disability benefits under § 42-9-10(A). Claimant has not demonstrated a total incapacity for work as a result of multiple physical injuries.

7. Benefits are to be awarded in accordance with § 42-9-30(21). Claimant has not met her burden of proving that she is entitled to permanent and total disability benefits in accordance with § 42-9-30(21) as she has not sustained a 50% or greater disability to the back.

8. The Claimant is entitled to a lump sum payment of the award of permanent partial disability in this matter, pursuant to the provisions of the Act, and in accordance with the decision of James v. Anne's Inc., et al., 390 S.C. 188, 701 S.E.2d 730 (2010).

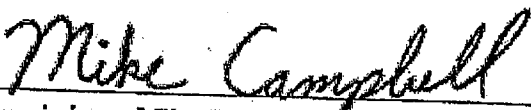
ORDER

IT IS THEREFORE ORDERED that the Defendant shall be allowed to stop payment of temporary total compensation to the Claimant effective September 3, 2014;

IT IS FURTHER ORDERED that the Defendant shall pay to the Claimant compensation for a 21% permanent partial disability to her lower back, in a lump sum, pursuant to the provisions of the Act and in accordance with the decision of James v. Anne's Inc., et al., 390 S.C. 188, 701 S.E.2d 730 (2010);

IT IS FURTHER ORDERED that the Defendants shall be responsible for that additional authorized, causally related and reasonable and necessary medical treatment for the injuries to the Claimant's lower back and psyche, pursuant to the provisions of the Act, and other applicable law and regulation, including the decision of Dodge v. Brucoli, Clark, Layman, Inc., et al. 334 S.C. 574, 514 S.E.2d 593 (1999).

IT IS SO ORDERED.



Commissioner Mike Campbell

CERTIFICATE OF SERVICE

This is to certify that the undersigned has on this date served a copy of this order in the above entitled action upon all parties to this case by sending an electronic copy hereof by electronic mail addressed to the attorneys for said parties; or if there is an unrepresented party(ies), by depositing a copy hereof, postage paid, in the United States mail, first class, addressed to the unrepresented party(ies) and to the attorney(s) for the represented party(ies).
March 12, 2015

By: Barbara Cheeseboro, Administrative Assistant to Commissioner Campbell

**APPELLATE PANEL
DECISION AND ORDER
OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO. 1120778**

Lettie Spencer,

Employee / Claimant,

Vs.

Appellant / Respondent,

NHC Parklane,

Employer,

and

Premier Group Insurance Co., Inc.,

Carrier,

Appellants / Respondents.

Appellate Panel Decision and Order filed

September 11th, 2015

APPEARANCES:

Employee Appellant / Respondent represented by
Andrew W. Creech, Esquire
of Rock Hill, South Carolina

Defendants Appellants/Respondents represented by
Clarke W. McCants, III, Esquire
of Aiken, South Carolina.

STATEMENT OF THE CASE

The Parties were heard by Commissioner R. Michael Campbell, II on September 3, 2014 in Columbia, South Carolina. On March 12, 2015, he issued the following Order:

IT IS THEREFORE ORDERED that the Defendant shall be allowed to stop payment of temporary total compensation to the Claimant effective September 3, 2014;

IT IS FURTHER ORDERED that the Defendant shall pay to the Claimant compensation for a 21% permanent partial disability to her lower back, in a lump sum, pursuant to the provisions of the Act and in accordance with the decision of James v. Anne's Inc., et al., 390 S.C. 188, 701 S.E.2d 730 (2010);

IT IS FURTHER ORDERED that the Defendants shall be responsible for that additional authorized, causally related and reasonable and necessary medical treatment for the injuries to the Claimant's lower back and psyche, pursuant to the provisions of the Act, and other applicable law and regulation, including the decision of Dodge v. Bruccoli, Clark, Layman, Inc., et al., 334 S.C. 574, 514 S.E.2d 593 (1999).

Within the statutory period, Counsel for the Employee and Counsel for the Employer and Carrier filed Applications for Review in this case setting forth their reasons, a copy of which was furnished to all interested Parties prior to oral argument presented before an Appellate Panel on June 15, 2015, and comprised of Commissioner Avery B. Wilkerson, Jr., Commissioner Aisha Taylor and Commissioner Susan S. Barden. All proffered testimony had been taken. Such, together with all documentary evidence, was delivered by oral argument to the individual members of the Appellate Panel convened on the aforesaid date.

By appeal, the Employee / Appellant respectfully submitted the following issues:

1. Did the Single Commissioner err in Finding of Fact No. 12 stating "Based upon the video evidence in this matter the Claimant is physically active to a significant degree. Based upon this evidence as well as the testimony of the Claimant and her son regarding the operation of Car Toys, the Claimant is capable of performing some level of work associated with this business" when this finding is not supported by the preponderance of the evidence?

2. Did the Single Commissioner err in Finding of Fact No. 13 stating "the Claimant is not permanently and totally disabled, and is not entitled to an award of compensation for permanent and total disability. This finding is based upon the medical records and reports for this matter, the testimony of the Claimant and the extensive videotape evidence of the Claimant which is reliable and uncontradicted" as this finding is not supported by the preponderance of the evidence?

3. Did the Single Commissioner err in Finding of Fact No. 14 stating "Based on the evidence as a whole, and particularly in light of the surveillance and my finding that the Claimant is physically active to a significant degree, I am not persuaded that Claimant's disability to her back, combined with her impairment to her psyche, diminishes her earning capacity to such an extent as to result in a total incapacity for work" as it is not supported by the preponderance of the evidence?

4. Did the Single Commissioner err in Finding of Fact No. 15 stating that the Claimant has sustained only a 21% permanent partial impairment to her back, when that finding is not supported by the preponderance of the evidence?

5. Did the Single Commissioner err in failing to find the Claimant is permanently and totally disabled per 42-9-10 and / or 42-9-30 and awarding lifetime medical to Claimant's low back and psyche - when all the medical evidence in the record states Claimant is totally disabled?

6. Did the Single Commissioner err in failing to make a finding under 42-9-20, regarding the extent of the Claimant's wage loss when wage loss was properly before the court as stipulated to the parties on the record; it is undisputed Claimant has sustained permanent injury to both back and psyche; and that the Claimant is physically unable to return to her former job as an LPN; and the Claimant submitted an unrefuted vocational evaluation noting Claimant is permanently and totally disabled, but in the alternative if she is able to find work, she will have a significant loss in earning capacity?

By appeal the Employer and Carrier / Appellants respectfully submitted the following issue:

1. Did the Single Commissioner err in finding as a fact and in concluding as a matter of law that the Defendants are not entitled to a credit for overpayment of Temporary Total Compensation?

In an Appellate Review, the Appellate Panel shall, pursuant to S. C. Code Ann. §

42-17-50 (1976), review the Award, weigh the evidence as presented at the initial hearing and, if good grounds be shown therefore, make its own Findings of Fact and reach its own Conclusions of Law consistent with or inconsistent with those of the Hearing Commissioner.

After careful review of the record for this matter, and listening to and considering the statements and arguments of Counsel, a majority of the Appellate Panel hereby makes the following Findings of Fact and Conclusions of Law:

FINDINGS OF FACT

1. The Claimant sustained injuries to her lower back and psyche on June 22, 2011 as a result of an accident arising out of and in the course of her employment with the Employer.
2. The Defendants have paid the costs associated with certain medical treatment received by the Claimant for her injuries, and have also paid temporary total compensation to her.
3. Based upon the Form 14B prepared by Dr. Nandurkar the Claimant reached the point of maximum medical improvement on February 9, 2014, and with respect to the injuries to her lower back and psyche.
4. Based upon the medical records and reports of Dr. Lehman and the medical records and reports of Dr. Nandurkar, the Claimant has sustained a 9% permanent physical impairment to her lower back, and a 13% whole person impairment, as a result of the injury to her lower back.
5. The Claimant testified that she intended to retire at the age of 66-years of age and is interested in performing volunteer work assisting individuals with Alzheimer's Disease.
6. Based upon the video evidence submitted into evidence in this matter the Claimant is physically active to a significant degree. Based upon this evidence, as well as the testimony of the Claimant and her son regarding the operation of Car Toys, the Claimant is capable of performing some level of work associated with such a business.
7. The Claimant is not permanently and totally disabled, and is not entitled to an award of compensation for a permanent and total disability. This finding is based upon the medical records and reports for this matter.

the testimony of the Claimant and the extensive videotape evidence of the Claimant which is reliable and uncontradicted.

8. Based upon the evidence when viewed as a whole, and particularly in light of the surveillance and our finding that the Claimant is physically active to a significant degree, the Panel is not persuaded that Claimant's disability to her back, combined with the impairment to her psyche, diminishes her earning capacity to such an extent as to result in a total incapacity for work.

9. Therefore, based on the evidence cited above, Claimant sustained permanent partial disability to the back in the amount of 21%.

10. The opinions and conclusions of Dr. Mullen and Ms. Hollenbeck are given less evidentiary weight in this matter. This finding is due to the conflicts and inconsistencies between the evidence of the Claimant's prior health history and her testimony at the hearing for this matter, and the historical and factual conclusions set forth in their reports, and upon which these providers' opinions and conclusions are based.

CONCLUSIONS OF LAW

1. Pursuant to S.C. Code Ann. § 42-1-160 (1976), and other applicable law and regulation, the Claimant sustained injuries to her lower back and psyche on June 22, 2011, and as a result of an accident arising out of and in the course of her employment with the Employer.

2. The Claimant reached maximum medical improvement with respect to the injuries to her lower back and psyche on February 9, 2014.

3. Pursuant to S.C. Code Ann. § 42-15-60 (1976), and other applicable law and regulation, including the decision of Dodge v. Bruccoli, Clark Layman Inc., et al. 334 S.C. 574, 514 S.E.2d 593 (1999), the Defendants shall be responsible for the provision and payment of additional authorized, causally related and reasonable and necessary medical treatment for the injuries the Claimant sustained to her lower back and psyche.

4. The Defendants shall be allowed to stop payment of temporary total compensation to the Claimant effective September 3, 2014.

5. The Defendants are not entitled to a credit for overpayment of temporary compensation beyond the date the Claimant reached maximum medical improvement from her injuries, as no Form 21 was filed in this matter.

6. Pursuant to S.C. Code Ann. § 42-9-30 (1976), and other applicable law and regulation, the Claimant has sustained a 21% permanent partial disability to her lower back as a result of the accident in this matter, and shall be paid compensation therefor pursuant to the provisions of the Act.

7. The Claimant has not met her burden on proving she is entitled to permanent and total disability benefits under § 42-9-10(A). The Claimant has not demonstrated a total incapacity for work as a result of multiple injuries.

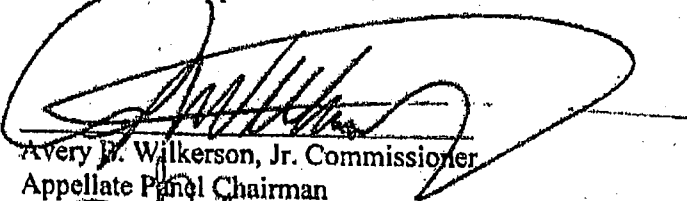
8. Benefits are to awarded in accordance with § 42-9-30(21). The Claimant has not met her burden of proving that she is entitled to permanent and total disability benefits in accordance with § 42-9-30(21) as she has not sustained a 50% or greater disability to the back.

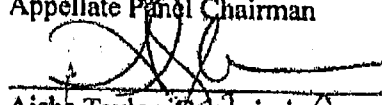
9. The Claimant is entitled to a lump sum payment of the award of permanent partial disability in this matter, pursuant to the provisions of the Act, and in accordance with the decision of *James v. Anne's Inc., et al.*, 390 S.C. 188, 701 S.E. 2d 730 (2010).

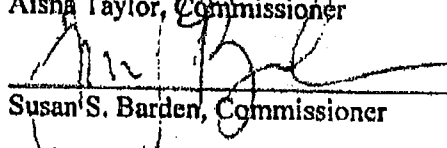
ORDER

IT IS, THEREFORE, ORDERED that the Order of the Single Commissioner filed in this matter on March 12, 2015 is hereby affirmed by a majority of the Appellate Panel, and the same shall constitute the Decision and Order of the Appellate Panel.

SO ORDERED.


Avery R. Wilkerson, Jr. Commissioner
Appellate Panel Chairman


Aisha Taylor, Commissioner


Susan S. Barden, Commissioner

Dated : September 11th 2015
Columbia, South Carolina

CERTIFICATE OF SERVICE

This is to certify that the undersigned has on this date served a copy of this order in the above entitled action upon all parties to this case by sending an electronic copy hereof by electronic mail addressed to the attorneys for said parties; or if there is an unrepresented party(ies), by depositing a copy hereof, postage paid in the United States mail, first class, addressed to the unrepresented party(ies) and to the attorney(s) for the represented party(ies).

By Kim Falls on September 11, 2015

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



WCC File #: 1120778
Carrier File #: _____
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Letitia L. Spencer SSN: 259-74-6627 Employer's Name: NHC Parklane, et al
Address: 2867 Great Falls Hwy. Address: 7601 Parklane Road
City: Richburg State: SC Zip: 29729 City: Columbia State: SC Zip: 29223
Home Phone: (407) 491-3652 Work Phone: () Insurance Carrier: Premier Group Insurance Company
Preparer's Name: Andrew W. Creech, Esquire Law Firm: Elrod Pope Law Firm Preparer's Phone #: (803) 324-7574

A claim for workers' compensation benefits is made based on the following grounds: Date of Injury or Illness: 6-22-11

☒ Injury ☐ Illness ☐ Repetitive Trauma ☐ Occupational Disease ☐ Physical Brain Injury ☐ Concurrent Jurisdiction

1. The claimant sustained an injury to low back, left leg, psyche (Part(s) of Body Injured) on 6-22-11 (Month/Day/Year) in Richland county, state of SC.
Body part(s) affected are: low back, left leg, left hip and psyche
2. Briefly describe how the accident occurred. Claimant was pushing a medical cart and it got stuck going through a door from tile to carpet. It jammed, causing sharp pain in low back through buttocks, hips and lower extremity.
3. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
4. The relationship of employer and employee existed at the time of injury.
5. At the time of the injury the claimant was performing services arising out of and in the course of employment.
6. Notice of the accidental injury was given to the Employer on 6-24-11 (Month/Day/Year) in the following manner:
By reporting same to Patti Coates.

X7. Due to injury, the claimant is in need of (check one):

☐ (a) medical examination and treatment for: Claimant is at MMI

X(b) additional medical examination and treatment for: _____

X 8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of:
Claimant is receiving TTD.

X9. Due to the injury, the claimant has permanent disability of the following nature and extent (check one):

X(1) General Disability: ☒ Total ☐ Partial X(2) Specific Disability: ☒ Total ☐ Partial X(3) Wage Loss

9a. ☐ A determination of permanent disability is premature at this time.

X10. Due to the injury, the claimant has a serious bodily disfigurement consisting of:
N/A

10a. At the time of the injury, the claimant was paid weekly wages of \$1,065.00/wk, and demands accounting of days worked and wages earned as provided by law.

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

11. Further grounds or unusual aspects of claim: None. Claimant requests order finding permanent and total disability ordering payment of remaining 500 weeks and lifetime medical to the back and psyche to include depression medication. Claimant requests lump sum; with lump sum attorney fee; Utica Langauer; and any other benefits claimant may be entitled to.

11a. List names and addresses of all physicians or other medical specialists who have seen or treated the claimant as a result of the accident:
SEE ATTACHMENT

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

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

☐ 13a. I am filing a claim. I am not requesting a hearing at this time. 14. Estimated time needed for hearing: 30 minutes

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

X Mediation

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

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

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Clarke W. McCants III, Esquire, Nance & McCants, P O Box 2881
Aiken SC 29802 on the 28th day of February 2014, by ☒ first class postage ☐ certified mail ☐ personal service.

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

Andrew W. Creech Attorney for Claimant acreech@elrodpope.com 2-28-14
Preparer's Signature Title Email Date

Questions about the use of this form should be directed to the Claims Department at 803.737.5723. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615 as well as Reg. 67-1801.

WCC Form # 50
Revised 7/13

50

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

ROA 22

Attachment to WCC Form #50

Lettie L. Spencer
WCC File No. 1120778

11a. Dr. Thomas Motycka, Carolina Occupational Healthcare, LLC, 1715 Blanding St., Columbia, SC 29201; Chester Regional Medical Center, 1 Medical Park Dr., Chester, SC 29706; Dr. Randall G. Drye, Columbia Neurosurgical Associates, P.A., 720 Rabon Rd., Columbia, SC 29203; Dr. Tony Owens, South Carolina Pain Associates, 1 Wellness Blvd., Suite 200, Irmo, SC 29063; Dr. William Lehman of Carolina Orthopedic Surgery Associates, PA, 134 Professional Park Drive, Rock Hill, SC 29732; Dr. Nandurkar, Piedmont Interventional Spine, 834 W. Meeting St. Lancaster, SC 29720

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5739 www.wcc.sc.gov



WCC File #: 1120778
Carrier File #: _____
Carrier Code #: 1100
Employer FEIN #: _____

Claimant's Name: Little L. Spencer SSN: **6627 Employer's Name: NHC Parklane
Address: 2867 Great Falls Highway Address: 7601 Parklane Road
City: Richburg State: SC Zip: 29729 City: Columbia State: SC Zip: 29223
Home Phone: 407-491-3652 Work Phone: () Insurance Carrier: Premier Group Insurance Co.
Date of Injury: 6/22/11
Preparer's Name: Clarke W. McCants, III Law Firm: Nance, McCants & Massey Preparer's Phone #: 803-649-6200

Date of Injury or Illness: 6/22/11 Estimated time for hearing: 30 minutes
Complete each information blank. Clearly specify when contentions are admitted in part and denied in part. The Employer/Carrier in answer to the claim, respectfully shows:

1. It is ☒ Admitted ☐ Denied the employee sustained an injury or illness on or about the date set forth in the Form 50. The reasons for denial are: Defendants admit injury to the low back only.
2. It is ☒ Admitted ☐ Denied both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are: _____
3. It is ☒ Admitted ☐ Denied the relationship of employer and employee existed at the time in question. The reasons for denial are: _____
4. It is ☒ Admitted ☐ Denied at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are: _____
5. It is ☒ Admitted ☐ Denied notice of injury was given the employer. The reasons for denial are: _____
6. It is ☐ Admitted ☒ Denied the employee ☒ Needs ☒ Is Entitled to Additional medical care as a result of injury or illness. The reasons for denial are: Upon information and belief, Claimant has reached maximum medical improvement.
7. It is ☒ Admitted ☒ Denied the employee is entitled to temporary total disability for the period(s) of: To be determined
8. It is ☐ Admitted ☒ Denied the employee is permanently disabled. The reasons for denial are: _____
9. It is ☐ Admitted ☒ Denied the employee has serious disfigurement.
10. It is contended that an average weekly wage of \$ 623.47 applies, according to attached Form 20 as provided by law.
11. Further contentions, grounds of defense, or unusual aspects are: _____

☒ Mediation

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

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

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

Preparer's Signature: [Signature] Title: Attorney for Defendants Email: mccants3rd@aol.com Date: 3/28/14

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Refer to R. 67-1801 for mediation. Questions about the use of this form may be directed to the Commission's Judicial Department at 803-737-5675 or judicial@wcc.sc.gov or mediation@wcc.sc.gov. Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.

WCC Form # 51
Revised 07/13

51

Employer's Answer to Request for Hearing

ROA 24

CERTIFICATE OF FILING AND SERVICE

I HEREBY CERTIFY THAT I HAVE this date filed the attached document(s)
with the South Carolina Workers' Compensation Commission, Post Office Box 1715, Columbia,
South Carolina 29202, and served a copy of said document(s) upon the following, by first class
mail with sufficient postage affixed thereto to insure proper delivery:

Andrew W. Creech, Esquire
Elrod-Pope Law Firm
P.O. Box 11091
Rock Hill, SC 29731

NANCE, MCCANTS & MASSEY

By: Erin P. Elam
Erin P. Elam, Paralegal
P. O. Box 2881
Aiken, SC 29802
(803) 649-6200 Ext.21

Dated: March 28, 2014



WCC File #: 1120778
Carrier File #: _____
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Lettie Spencer SSN: 259-74-6627 Employer's Name: National HealthCare (Parklane)
Address: 2867 Great Falls Hwy. Address: 7601 Parklane Rd.
City: Richburg State: SC Zip: 29729 City: Columbia State: SC Zip: 29223
Home Phone: (407) 491-3652- Work Phone: () Insurance Carrier: Premier Group Insurance Company
Preparer's Name: Andrew W. Creech Law Firm: Elrod Pope Law Firm Preparer's Phone #: (803) 324-7574

REQUEST FOR COMMISSION REVIEW

Request for Commission Review by ☒ Claimant ☐ Employer (check one) Date of Injury or Illness: (m/d/yyyy)
6/22/11

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

Did the Single Commissioner err in finding of fact #12 stating "Based upon the video evidence submitted into evidence in this matter - the Claimant is physically active to a significant degree. Based upon this evidence, as well as the testimony of the Claimant and her son regarding the operation of Car Toys, the Claimant is capable of performing some level of work associated with this business" when this finding is not supported by the preponderance of the evidence.

Did the Single Commissioner err in finding of fact #13 stating "the Claimant is not permanently and totally disabled, and is not entitled to an award of compensation for permanent and total disability. This finding is based upon the medical records and reports for this matter, the testimony of the Claimant and the extensive videotape evidence of the Claimant which is reliable and uncontradicted." As this finding is not supported by the preponderance of the evidence.

Did the Single Commissioner err in finding of fact #14 stating "Based on the evidence as a whole, and particularly in light of the surveillance and my finding that the claimant is physically active to a significant degree, I am not persuaded that Claimant's disability to her back, combined with her impairment to her psyche, diminishes her earning capacity to such an extent as to result in a total capacity for work" as it is not supported by the preponderance of the evidence.

Did the Single Commissioner err in finding of fact #15 stating Claimant has sustained only a 21% permanent partial impairment to her back, when that finding is not supported by the preponderance of the evidence.

Did the single Commissioner Err in failing to find Claimant is permanently and totally disabled per 42-9-10 and/or 42-9-30 and awarding lifetime medical to Claimant's low back and psyche - when all the medical evidence in the record states Claimant is totally disabled.

Did the Single Commissioner err in failing to make a finding under 42-9-20, regarding the extent of Claimant's wage loss when: Wage Loss was properly before the court as stipulated to the parties on the record; It is undisputed Claimant has sustained permanent injury to both back and psyche; and that Claimant is physically unable to return to her former job as an LPN; and Claimant submitted an unrefuted vocational evaluation noting Claimant is permanently and totally disabled, but in the alternative if she is able to find work - she will have sustained significant loss earning capacity.

Questions about the use of this form should be directed to the Judicial Department at 803.737.5675 or appeals@wcc.sc.gov.

If the claimant appeals and is not represented by counsel, the Judicial Department will properly serve this form pursuant to Reg. 67-607 C. Pursuant to Reg. 67-205 and Reg. 701, the appeal must be postmarked no later than 14 days from the date of service of the Decision and Order of the Hearing Commissioner along with the filing fee. Attach a Form 32, if you are unable to pay the filing fee. Refer to Reg. 67-211 and Reg. 67-701 through 711.

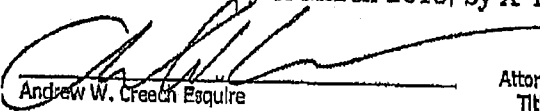
(Check one) Oral argument ☒ is ☐ is not requested. Appellant's request for oral argument is waived if not indicated on this form.

☐ Mediation

☐ Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.

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

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Clarke W. McCants, III, Esquire, Nance, McCants & Massey, Attorneys & Counselors at Law, PO Box 2881, Aiken, SC 29802-2881; Ms. Valerie Deller, Judicial Department, SC Workers' Compensation Commission, PO Box 1715, Columbia, SC 29202-1715 on the 13th day of March 2015, by ☒ First Class Postage ☐ Certified Mail ☐ Personal Service.


Andrew W. Creech Esquire

Attorney for Claimant
Title

acreech@alrodpoone.com
Email

March 13, 2015
Date

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

RECEIVED

OCT 09 2015

SC Court of Appeals

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM THE
South Carolina Workers Compensation Commission
Appellate Panel

SCWCC Case No. 1120778

Lettie Spencer, Employee, ... Claimant/Appellant,

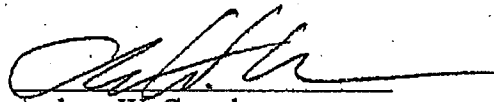
v.

NHC Parklane and
Premier Group Insurance Co. Inc., Appellants Defendants/Respondents

NOTICE OF APPEAL

Claimant, Lettie Spencer, appeals the order of the South Carolina Workers Compensation Appellate Panel dated September 11, 2015. Appellants received written notice of entry of this order on September 11, 2015.

October 9, 2015



Andrew W. Creech
Elrod Pope Law Firm
Attorneys at Law
212 E. Black Street
PO Box 11071
Rock Hill, SC 29732
(803) 324-7574

Clarke W. McCants III, Esquire
Nance, McCants, and Massey
Attorneys at Law
218 Newberry Street, S.W.
Aiken, SC 29801
ATTORNEY FOR RESPONDENT

Grounds for Appeal

- 1. Did the Appellate Panel of the Full Commission err in finding as an issue of fact and/or concluding as a matter of law "that Based on upon the video evidence submitted into evidence in this matter the Claimant is physically active to a significant degree. Based upon this evidence, as well as the testimony of the Claimant and her son regarding the operation of Car Toys, the Claimant is capable of performing some level of work associated with such business. (Finding of Fact No. 6).**
- 2. Did the Appellate Panel of the Full Commission err in finding as an issue of fact and/or concluding as a matter of law that the Claimant is not permanently and totally disabled pursuant to Section 42-9-10 and/or 42-9-30, but rather that Claimant only sustained permanent partial disability of 21% to the back and that she failed to demonstrate a total incapacity for work. (Finding of Fact Nos. 7, 8, & 9 and Conclusions of Law Nos. 6, 7, and 8.**
- 3. Did the Appellate Panel of the Full Commission err in failing to consider Claimant's permanent work restrictions – as set forth by three treating physicians, and two separate functional capacity evaluations ultimately concluding that Claimant qualifies for work restrictions which are considered "less than sedentary" pursuant to the DOT work classification guidelines.**
- 4. Did the Appellate Panel of the Full Commission err in failing to make a finding or ruling as a matter of law whether or not Claimant has sustained a loss earning capacity/wage loss claim and to what extent pursuant to Section 42-9-20 – despite it being undisputed that Claimant was physically incapable of returning back to her former employment and the only evidence of record stating that though Claimant is unlikely to return to any gainful employment, in the unlikely case that she does return to work – she will have a 70% wage loss.**

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO. 1120778

LETTIE SPENCER,	)	
	)	
CLAIMANT,	)	HEARING
	)	BEFORE COMMISSIONER
v.	)	R. MICHAEL CAMPBELL, II
	)	
	)	<u>TRANSCRIPT</u>
NATIONAL HEALTHCARE,	)	
	)	
EMPLOYER,	)	
AND	)	
	)	
PREMIER GROUP INSURANCE	)	
COMPANY,	)	
	)	
CARRIER,	)	
DEFENDANTS.	)	
	)	

THE WORKERS' COMPENSATION HEARING, TAKEN
BEFORE CORA ELLIS BRUTON, A NOTARY PUBLIC IN AND FOR
THE STATE OF SOUTH CAROLINA, COMMENCING AT THE HOUR OF
11:00 A.M., WEDNESDAY, SEPTEMBER 3, 2014, SOUTH
CAROLINA WORKERS' COMPENSATION COMMISSION, 1333 MAIN
STREET, COLUMBIA, SOUTH CAROLINA 29202.

CORA ELLIS BRUTON
COURT REPORTER
131 BROWNING COURT
LEXINGTON, SOUTH CAROLINA 29073
803-397-0189

APPEARANCES

FOR THE CLAIMANT

ANDREW W. CREECH, ESQUIRE
 ELROD POPE LAW FIRM
 POST OFFICE BOX 11091
 ROCK HILL, SOUTH CAROLINA 29731
 803-324-7574

FOR THE DEFENDANT

CLARKE W. McCANTS, III, ESQUIRE
 NANCE, McCANTS & MASSEY
 POST OFFICE BOX 2881
 AIKEN, SOUTH CAROLINA 29802
 803-649-6200

REPORTED BY

CORA ELLIS BRUTON
 COURT REPORTER
 131 BROWNING COURT
 LEXINGTON, SOUTH CAROLINA 29073
 803-397-0189

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EXHIBITS

(No Exhibits Proffered)

1 THE COURT: Today's hearing date is September
2 3rd, 2014. This is workers' comp case File Number
3 1120778. The Claimant is Lettie Spencer. Her
4 attorney is Andrew W. Creech. The Employer is
5 National Healthcare. The Carrier is Premier Group
6 Insurance Company represented by Clarke W. McCants,
7 III.

8 The date of accident is June 22nd, 2011. There
9 is an average weekly wage of \$1065.00 with a
10 corresponding rate of \$704.92. Is that correct?

11 MR. CREECH: Yes, Your Honor.

12 THE COURT: Okay.

13 MR. McCANTS: If I may. I've got \$656.73. It's
14 the max rate for 2011.

15 MR. CREECH: It's the max rate for 2011.

16 COMMISSIONER BECK: Well, one of you has \$656.73
17 is Clarke's and you've got \$704.92.

18 MR. McCANTS: It's the max rate for 2011 whatever
19 that is. I don't think he got seven -- 2011.

20 MR. CREECH: I don't I have that with me. I can
21 just --

22 MR. McCANTS: Can we just stipulate it's the max
23 rate and he and I will straighten it out?

24 THE COURT: Yes. Okay.

25 MR. McCANTS: Thank you.

1 MR. CREECH: Sorry about that.

2 THE COURT: And Mr. Creech, why don't you go
3 ahead and state your position for the record.

4 Excuse me. We're here to determine the issues
5 set forth in Claimant's Form 50 and Defendants' Form
6 51. I have received the APAs. Are there any
7 objections to APAs, jurisdiction, venue or any other
8 items?

9 MR. CREECH: None from the Claimant, Your Honor.

10 MR. McCANTS: Not from the Defendants, Your
11 Honor.

12 THE COURT: Without objection the Commission's
13 File becomes a part of the record with the exception
14 of self-serving declarations and unstipulated medical
15 reports.

16 Let the record reflect that we are going to leave
17 the record open until the close of business on this
18 Friday, which that will be September 5th, to allow the
19 Claimant to review any video footage presented by the
20 Defendants in the APAs. And so with that, Mr. Creech,
21 would you state your position?

22 COMMISSIONER BECK: Are both sides conceding that
23 absent Mr. Creech providing us with additional footage
24 that Commissioner Campbell can review just the clip
25 excerpt without reviewing in total the hours of video?

1 MR. CREECH: Yes, sir.

2 COMMISSIONER BECK: In other words, the purpose
3 of him leaving the record open is for you to look at
4 the clips --

5 MR. CREECH: Correct.

6 COMMISSIONER BECK: -- portion and if there are
7 additional clips that you want to review you're going
8 to notify him of those additional excerpts. But the
9 expectation of counsel is that he's only going to
10 review the clip version CD submitted by Mr. McCants
11 absent of the additional one that you want him to look
12 at?

13 MR. CREECH: That's correct, Your Honor.

14 COMMISSIONER BECK: Mr. McCants?

15 MR. McCANTS: That's fair with the understanding,
16 obviously, that if he looks at a clip and wants to go
17 back to that clip and expand on it that's -- that's
18 not what --

19 COMMISSIONER BECK: I understand that --

20 MR. McCANTS: -- but it's limited to the clips,
21 but I'm sure you're not going to want to watch --

22 COMMISSIONER BECK: But your expectation after
23 him wanting to do that is everything you want him to
24 see is in that clip versus the CD?

25 MR. McCANTS: That's correct, Your Honor.

1 MR. CREECH: I just have no idea what he
2 compiled on the clip.

3 THE COURT: Okay. Mr. Creech.

4 BY MR. CREECH: Thank you, Your Honor. Clarke's
5 told me I need to be brief. I told him I don't know
6 if that's possible, but I'll find out.

7 MR. McCANTS: I didn't say that.

8 MR. CREECH: It's -- thank you, Your Honor. It's
9 Claimant's position that she is permanent and totally
10 disabled pursuant to 42-9-10 and/or 42-9-30.
11 Additionally, Your Honor, we -- in pre-trial I made an
12 oral motion that I also would be allowed to plead
13 42-9-20 which is the Wage Loss Statute and that --
14 that Motion -- there's no objection to that Motion.

15 MR. McCANTS: That's correct.

16 MR. CREECH: So, Your Honor, it's -- it's
17 Claimant's position that she's permanent and totally
18 disabled and we're requesting the Court to -- to
19 provide us with the commuted value of the remaining
20 benefits of 500 weeks issued in a lump sum. I'm
21 asking for lump sum attorney's fees with James v. Anne
22 apportionment language in the Order and we're asking
23 for lifetime medical for -- and Dodge medical pursuant
24 -- related to all injured body parts. Again, in our
25 pre-trial we went over the medical in depth and so I'm

1 -- and y'all have all the medical to review; it's now
2 in evidence so I'm not going to do that again. I
3 would again just like to bring the Court's attention
4 that essentially every piece of medical evidence in
5 this case suggests that she's permanent and totally
6 disabled and that there is zero evidence been
7 submitted by the Defense to refute that.

8 THE COURT: Okay.. Mr. McCants.

9 BY MR. McCANTS: Thank you, Commissioner. As we
10 did discuss during the extensive pre-hearing
11 conference our -- my clients' position is that Ms.
12 Spencer is not permanently and totally disabled. That
13 this is an accepted case; it was a mild type sprain
14 injury to her lower back; that the medical does, in
15 fact, support that. I would again invite you to Dr.
16 Drye's report, the various diagnostics have been taken
17 in this case, specifically the CT Scan of Ms.
18 Spencer's lower back that was performed. And as we
19 discussed also, we -- we have submitted surveillance
20 of the Claimant in this case. I think that coupled
21 with her testimony as a very valuable source of
22 information leads you to a ruling in this case, so I'm
23 going to respectfully ask you to focus on all the
24 evidence; and I'm sure you will. As to recent
25 decisions I think again our Supreme Court has

1 instructed us practitioners, and the Commission is an
2 Administrative Agency within it, that's what we're
3 here for. We've got a rating in this case, at least
4 from the authorized physician, Dr. Lehman, nine
5 percent to the lower back. I think we're working off
6 of that and I thank you again for your consideration.

7 COMMISSIONER BECK: Mr. McCants, we didn't talk
8 about this during the pre-hearing conference, but the
9 back and the psyche are both admitted; is that
10 correct?

11 MR. McCANTS: That's correct.

12 COMMISSIONER BECK: Did you see --

13 MR. CREECH: I did -- that was one of the
14 surveillance -- because I haven't had an opportunity
15 to either review the compiled disc, that's the last
16 one that Clarke did and it was taken just a month ago
17 and --

18 THE COURT: This is the one -- is that from July
19 29th?

20 MR. McCANTS: No, that's probably August, two or
21 three days after this -- which is in my compilation;
22 if you're talking about this shopping and (inaudible)?

23 MR. CREECH: You can disregard that if you need
24 to.

25 COMMISSIONER BECK: You want that back?

1 MR. CREECH: Sure. Why don't we do this; I will
2 look at -- if you don't mind letting me look at it and
3 make sure it's in there and if it's not I'll notify
4 you and then we'll submit it.

5 COMMISSIONER BECK: Why don't we do this; why
6 don't we go ahead and mark that Claimant's one.

7 MR. CREECH: Yes, sir.

8 COMMISSIONER BECK: You're going to look at the
9 excerpts anyway.

10 MR. CREECH: Yes, sir.

11 COMMISSIONER BECK: If you come back and say
12 everything is in the excerpts that I want he only has
13 to look at this one; the selected video clips one.

14 MR. CREECH: Right.

15 COMMISSIOENR BECK: So we're going to mark that
16 as Claimant's one and we're going to mark these as
17 Defendants' one through three and four; four being the
18 excerpts.

19 MR. McCANTS: You've got -- so you're now going
20 to have four -- five discs?

21 COMMISSIONER BECK: Yes. Your four and the
22 Claimant's one.

23 MR. McCANTS: That's right.

24 (Claimant's Exhibit No. 1, Surveillance CD,
25 marked for identification and entered into the

1 record.)

2 (Defendants' Exhibit Nos. 1 through 4,
3 Surveillance CDs, marked for identification and
4 entered into the record.)

5 THE COURT: Mr. Creech, do you have anything to
6 add?

7 MR. CREECH: No, Your Honor, that's our -- that's
8 our position.

9 THE COURT: Mr. McCants?

10 MR. McCANTS: No, sir.

11 THE COURT: Okay. Mr. Creech, your witness.
12 How are you today?

13 THE WITNESS: I'm good, thank you.

14 THE COURT: I just have a couple of instructions
15 for you. First of all, please, if you would, when
16 you're answering a question please speak up. We don't
17 have any microphones in the room and both the
18 attorneys need to hear you, I need to hear you, most
19 importantly the court reporter needs to hear you, so
20 please make sure that you speak loudly and clearly for
21 us, if you would. Also, if you're asked a yes or no
22 answer please indicate with a verbal yes or no answer.
23 Uh-huh, huh-uh is too easily misunderstood, nodding
24 your head like I do all the time, it slows her down.
25 She has to see you do that, she has to reflect that in

1 the record, so please a clear yes or no answer. Do
2 you have any questions? Do you understand this?

3 THE WITNESS: I understand.

4 THE COURT: If you would, please raise your right
5 hand. Do you swear or affirm that the testimony that
6 you're about to give is the truth, the whole truth and
7 nothing but the truth?

8 THE WITNESS: I do.

9 THE COURT: Thank you, ma'am. Please state for
10 the record and spell for the record your full name.

11 THE WITNESS: Lettie Spencer, L-E-T-T-I-E,
12 S-P-E-N-C-E-R.

13 THE COURT: Thank you, Ms. Spencer. Your
14 witness.

15 MR. CREECH: Thank you, Your Honor, and with the
16 Court's permission and with Clarke, I may lead her a
17 little bit and Clarke, if I get out of line or start
18 getting to the juice of the stuff you let me know and
19 I'll stop.

20 MR. McCANTS: Thank you, I certainly will.

21 Lettie Spencer,

22 Having first been duly sworn, testified as follows:

23 DIRECT EXAMINATION

24 BY MR. CREECH:

25 Q All right. Ms. Spencer, you're 66 years old

1 right now?

2 A Yes.

3 Q Okay. All right. And you're recently
4 divorced; is that right?

5 A Yes.

6 Q And that was as of within the last year?

7 A Yes.

8 Q Okay. All right. And you have a couple of
9 children?

10 A Yes.

11 Q Two sons; is that right?

12 A Yes.

13 Q Okay. And one of them is here today,
14 actually; is that right?

15 A Yes.

16 Q Do either of the boys live with you?

17 A Terry lives with me most of the time, yes.

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

19 A In school, to the eighth grade.

20 Q All right. And did you ever go back to
21 school?

22 A I did, I went to night school while my sons
23 were in the same high school during the day. I
24 obtained my GED. From there I went into a CNA program
25 to make sure a nurse is what I wanted to be. After I

1 completed that program got certification as a CNA then
2 I applied for the School of Nursing in Orlando,
3 Florida and they accepted me into that school. And I
4 believe that was 1982.

5 Q And did you eventually complete that nursing
6 program and get a degree?

7 A I did.

8 Q Okay. What type of certificate or degree
9 did you get?

10 A Licensed Practical Nurse.

11 Q All right. And I believe you said that was
12 in 1982. Have you essentially worked as an LPN from
13 that day forward?

14 A Yes.

15 Q Okay. Is that the only type of work you
16 have done since 1982?

17 A Yes.

18 Q Okay. All right. And I believe -- it's my
19 understanding that you first started working for NHC
20 Parklane 15 years ago?

21 A Not Parklane.

22 Q Okay. Tell me where you -- tell me about
23 that.

24 A In 1997 I went to work for NHC Orlando,
25 Florida.

1 Q Got you. Okay. Same company, different
2 location?

3 A Right.

4 Q Okay. All right. And -- and were you
5 working there as an LPN?

6 A Yes.

7 Q Okay. And were you dealing with Alzheimer's
8 patients there?

9 A Yes.

10 Q Is that your passion?

11 A That's my passion.

12 Q And eventually did you move to South
13 Carolina?

14 A Yes.

15 Q Okay. And where did you go to work in South
16 Carolina?

17 A At first I worked at Chester Nursing Center
18 and then I found NHC Parklane and I knew the values of
19 that company; they're a great company, they take
20 excellent care of their patients and that's where I
21 wanted to work.

22 Q And did you go back to work there?

23 A I did.

24 Q Okay. And do you remember when you went
25 back to work there, what -- what year that was?

1 A I don't -- don't recall, no.

2 Q Have you got any idea how long you were
3 working there before you got hurt?

4 A Approximately three years.

5 Q Okay. All right. And did they put you back
6 to work at the Alzheimer's unit?

7 A Yes, eventually they did.

8 Q Okay. And our records show that you were
9 making approximately \$1062.00 before the tax man took
10 taxes out; does that sound -- does that sound about
11 right to you?

12 A It sounds about right.

13 Q Okay. All right. And it's my understanding
14 you hurt your back on June 22nd, 2011; does that sound
15 right?

16 A I'm not sure if it was 2010 or 2011.

17 Q They all kind of run together?

18 A Yes.

19 Q I know the feeling. Do you remember when
20 you hurt yourself?

21 A Yes.

22 Q All right. Tell us what happened.

23 A I was pushing a medicine cart. It was
24 around 1:00 in the afternoon, maybe a quarter 'til
25 1:00 and I was going from a carpeted area to a tiled

1 area and there's this little -- I don't know what you
2 call that thing that separates the carpet from the
3 tile; a little strip of something. And the wheels on
4 the medicine carts are very small and when I got the
5 med cart, the front wheels to that strip I don't know
6 if a wheel was locked on it, I don't know what -- it
7 didn't want to go over the little hump so I gave it a
8 push; and when I did then I felt pain in my back. And
9 so I -- I completed my shift; I remember I was off the
10 next day. I did not do an incident report that day
11 because I was going to be off the next day and I
12 thought, well, I'm going to be okay. If I go home and
13 I rest all day tomorrow I'll be okay, you know, I just
14 -- just thought, you know, it was -- it was -- I hurt
15 at the moment, it wasn't going to be permanent. And
16 so it -- it didn't get better it got worse and as the
17 days and the weeks and the months passed it continued
18 to get worse. When I went back to work after my day
19 off I notified the Directory of Nursing; her name is
20 Patty. I can't recall her last name at the moment,
21 but I did an incident report that same day. After I
22 finished my shift I went to the company doctor who is
23 on Blanding Street here in Columbia.

24 Q Okay. And eventually did you get referred
25 to see Dr. Lehman?

1 A I did.

2 Q And do you remember what type of doctor
3 Dr. Lehman is?

4 A I believe orthopedic.

5 Q Okay. And were your visits -- when you saw
6 Dr. Lehman who paid for those visits?

7 A I paid for the first visit; workers' comp
8 paid --

9 Q -- for the rest of them?

10 A Yes.

11 Q Okay. All right. And do you remember what
12 all Dr. Lehman did for you?

13 A I -- I believe he did the dye test in my
14 back.

15 Q Okay.

16 A If it wasn't him it was Dr. Nan De Caro.
17 All these doctors and visits, and this -- I can't keep
18 my dates straight anymore.

19 Q That's okay. Do you think Dr. Lehman did
20 physical -- ordered physical therapy for you?

21 A I think he did.

22 Q Did he recommend you have some injections in
23 your back?

24 A I think he did.

25 Q Do you remember having injections in your

1 back?

2 A Yes.

3 Q Tell me about those. Did they help you at
4 all? How many injections do you remember having?

5 A Dr. Owens did one or two. Dr. Nandurkar did
6 two. And I think Dr. Lehman did that -- where they
7 put dye in.

8 Q Okay.

9 A And I think that's right. I am not a
10 hundred percent sure which doctor ordered --

11 Q Okay. Let me ask you this: Ultimately, did
12 Dr. Lehman think you needed surgery?

13 A No.

14 Q And you never had -- and you still haven't
15 had surgery?

16 A No.

17 Q All right. And -- but I believe while you
18 were treating with Dr. Lehman, did he refer you to Dr.
19 Nandurkar?

20 A Yes.

21 Q Do you remember what type of Dr. Nandurkar
22 is?

23 A He is a pain doctor.

24 Q And I believe you said just a minute ago
25 that Dr. Nandurkar has given you a couple of

1 injections; is that right?

2 A Yes.

3 Q And did those injections help you?

4 A They did for a few hours during the time
5 that my back was completely numb from the injection.
6 That is the most relief I have had from my back, is
7 when it was totally numb. The injections I think
8 helped a day or two, but no.

9 Q Okay. All right. And in addition did Dr.
10 Nandurkar start -- did he prescribe you pain
11 medications?

12 A Yes, he did.

13 Q And what type of pain medications is he
14 prescribing you; do you know?

15 A Nucynta and Zanaflex.

16 Q The Nucynta, how many times do you take that
17 daily?

18 A Three times, every eight hours.

19 Q And what about the Zanaflex?

20 A The Zanaflex is as needed. It's -- if I
21 overdo -- you know, if I walk too long, I take one.
22 It's a -- it's a muscle relaxer.

23 Q It's as needed?

24 A As needed, yes. If I do anything strenuous,
25 like attempt to vacuum, which I can't, I've tried and

1 it just hurts too bad; the next day I can't do
2 anything; I take one.

3 Q How many times do you take this -- how many
4 times do you need this as needed Zanaflex? How many
5 times a week?

6 A Five or six times a week.

7 Q Okay. So you need it almost every day?

8 A Almost every day.

9 Q All right. Now, in addition to Dr.
10 Nandurkar, did workers' comp send you to a
11 rehabilitation program?

12 A Yes, they did.

13 Q Can you tell the Court a little bit about
14 this program; how long you were there; what all they
15 did for you?

16 A It was a rehab program. They had --
17 workers' comp had me picked up at 6:00, 6:15 in the
18 morning at my house. They drove me to Charlotte to
19 the Rehab Center. And at the Rehab Center they have a
20 psychiatrist, a social worker, a medical doctor and
21 several physical therapists. And I spent time, at
22 least once a week with the social worker, once a week
23 with the medical doctor. Maybe it was more often with
24 the medical doctor. Once a week with the psychiatrist
25 and physical therapy every day. And initially it was

1 ordered for four weeks, but I was doing really well, I
2 thought, I was giving it my best, and so they asked
3 for an extension for two more weeks.

4 Q And did you want that extension?

5 A I did. I felt better while I was going
6 there. Of course, I've lost all the affects of the
7 benefits I gained, but I felt better.

8 Q I know we are talking about what they are
9 doing. Were you in physical therapy?

10 A Physical therapy.

11 Q Were they teaching you coping mechanisms for
12 your pain?

13 A Yes.

14 Q Okay. And they were trying -- in addition
15 to back pain, have you -- have you been diagnosed with
16 depression?

17 A Yes.

18 Q Okay. And -- and since your accident, how
19 -- how much -- what's the most amount -- did you
20 experience substantial weight loss at one point?

21 A I did.

22 Q Okay. How much -- what's the high -- the
23 greatest amount of weight that you have lost at one
24 point?

25 A Well, I believe when I had the accident I

1 weighed about 134/135. And I got down to I think 102
2 or 103. I was very depressed when I was taken out of
3 work because --

4 THE COURT: Take your time, ma'am.

5 Q During -- during this rehab program did they
6 have you talking with a psychologist?

7 A Yes.

8 Q And did -- did you feel like you had got
9 some benefit from this program with regards to your
10 depression?

11 A No.

12 Q It did not help your depression?

13 A No.

14 Q Have you subsequently been prescribed an
15 antidepressant?

16 A Yes.

17 Q Okay. Who is prescribing you that
18 antidepressant?

19 A My family doctor.

20 Q Okay. What -- what drug is he giving you?

21 A Vybrid.

22 Q Okay. And since taking that have you
23 noticed any improvement in your depression?

24 A Yes.

25 Q Have you actually started gaining some

1 weight back?

2 A I'm up to 110.

3 Q So you've got a way to go?

4 A Yes.

5 Q And are you continuing to take that Vybrid?

6 Is it your understanding you are going to need that on
7 an indefinite basis?

8 A Yes.

9 Q All right.

10 A Can I go back to that question you asked?

11 Q Which -- sure.

12 A I was depressed when they stopped me from
13 working because there was several of my patients that
14 were getting to end stage of dementia and my job was
15 to help the families cope and get through that. And I
16 was good at that. I was good at my job. And I felt
17 like that I left my job unfinished when they took me
18 out of work, so that was the major cause of my
19 depression. Because my -- my families depended on me
20 for answers to their questions about their loved one's
21 dementia, which I have extensive training in.

22 Q Understandable. Going back to your medical
23 treatment, you successfully completed the rehab
24 program?

25 A I did.

1 Q And upon completion of the rehab program,
2 did you continue to treat with Dr. Nandurkar?

3 A Yes.

4 Q All right. And -- and is Dr. Nandurkar
5 still prescribing you the Nucynta and Zanaflex?

6 A Yes.

7 Q Okay. And is it your understanding you are
8 going to need that medication on an ongoing basis
9 indefinitely?

10 A Yes.

11 Q Does the medication help you?

12 A It helps, but nothing helps a hundred
13 percent.

14 Q Are there -- it helps with the pain, but are
15 there side affects to the medication as well?

16 A Not gastrointestinal side effects. I have
17 --

18 Q Well, how does it make you feel? Mentally,
19 does it make you feel any different?

20 A Drowsy. It just -- I think it affects my
21 memory somewhat.

22 Q Okay. At one point did Dr. Nandurkar talk
23 to you about a spinal cord stimulator?

24 MR. MCANTS: I am going to object to any hearsay.

25 THE COURT: Please rephrase the question.

1 BY MR. CREECH:

2 Q Ms. Spencer, do you want a spinal cord
3 stimulator?

4 A No.

5 Q Did you watch -- have you watched a video on
6 spinal cord stimulator?

7 A Yes.

8 Q Have you talked -- have you researched the
9 effects of a spinal cord stimulator, both negative and
10 positive?

11 A I've done some research, yes.

12 Q Okay. And -- and can you tell The Court
13 what's kind of lead you to decide not to have it?

14 A My neighbor, who we are pretty close, has
15 one, and she's had it for several years and she said
16 that --

17 MR. MCCANTS: Objection.

18 THE COURT: You can't say what she said because
19 that's hearsay and she's not here to testify as to
20 what she said.

21 A Okay.

22 Q What type of results did your neighbor have
23 from the spinal cord stimulator?

24 MR. MCCANTS: I -- respectfully, Commissioner, I
25 -- I think that's calling for not only information

1 that I'm not entirely sure she's familiar with, but
2 it's kind of looking for an opinion, it's medical type
3 --

4 THE COURT: Sustained.

5 MR. MCCANTS: I don't have any problem with her
6 testifying to how she -- what actions she observed or
7 how she appeared and things like that, to her.

8 BY MR. CREECH:

9 Q You have a neighbor that has a spinal cord
10 stimulator?

11 A I do.

12 Q From the observations that you saw, that you
13 personally witnessed when your interactions with this
14 neighbor, did she -- did she have any benefit from her
15 -- that implantation of the spinal cord stimulator?
16 Did it benefit her?

17 A No.

18 Q Okay. All right. Let's talk about your
19 problems that you are having today, where you are
20 today. Okay? Dr. Nandurkar has technically released
21 you from his care; is that right?

22 A Yes.

23 Q Okay. But you're still treating with him
24 indefinitely?

25 A Yes.

1 Q Okay. Are you still having back pain today?

2 A Yes.

3 Q Tell me about your back pain. Does it come
4 and go? Is it constant? How would you describe it?

5 A It's constant, and it's worse in the
6 evenings. If I don't lay down sometimes during the
7 day -- like if I get up at 6:00 and it's 9:00 o'clock
8 before I go to bed, I'm in agony by then. And
9 actually the pain medication does not last eight
10 hours. After about the first four to five hours the
11 pain is coming back, but then I still have to wait.
12 Sometimes that's when I take a Zanaflex, to break
13 through the pain. I have to wait eight hours before I
14 can take it again.

15 Q Okay. Do you have back pain right now?

16 A Yes.

17 Q Okay. We use a zero to ten, zero being no
18 pain, ten you need to go to the hospital; how would
19 you rate your pain right now?

20 A A six.

21 Q Okay. Would you say during most days that's
22 kind of where it stays?

23 A Most days; unless I'm sleeping.

24 Q Does it feel better when you lay down and
25 sleep?

1 A Yes.

2 Q What about -- you mentioned recliner. Do
3 you get relief when you lay in your recliner?

4 A Yes, I do. If I sit there long enough it
5 eases -- my back pain eases -- eases off enough that I
6 can take a nap. And as long as I am in that recliner
7 chair, after I take a short nap, I don't move around,
8 I'm -- I'm good. But when I get up it's there. When
9 I get out of the chair it comes right back.

10 Q Let's talk about lifting. Do you have
11 problems lifting stuff?

12 A Yes.

13 Q How much -- how much weight do you think you
14 can lift?

15 A Not much more than ten pounds.

16 Q Could you lift more than that before you got
17 hurt?

18 A Yes.

19 Q Okay. What about sitting for long periods
20 of time?

21 A That's not comfortable; depending on the
22 type of chair.

23 Q You can drive; is that right?

24 A Yes.

25 Q How long do you think you can -- how -- how

1 long could you drive before you need to kind of stop
2 and pull over?

3 A It would be two hours at the most. But I
4 had to stop coming from my house to here this morning.

5 Q So some days are better than others?

6 A Yes, absolutely.

7 Q What about standing and walking?

8 A I do better walking. Standing in one spot,
9 I get -- that's very painful. To stand -- to just
10 stand in one spot, that's very painful.

11 Q Do you get some relief walking?

12 A No relief, but it -- I don't want to be in a
13 wheelchair either, so I walk as much as I can to keep
14 my legs strong.

15 Q Okay. Problems with stairs?

16 A Yes.

17 Q Do you have any -- do you have -- I mean do
18 you have problems with balance, like stepping upwards?

19 A I do. My balance is not as good as it was;
20 I have a fear of falling. And I have three steps at
21 my house that I have to go up, even when I'm coming in
22 or out. I have a place there, if I've been to the
23 grocery, I have a place there I can bring my groceries
24 up and put it on this place and then go up the steps
25 and get it and then go inside with it.

1 MR. CREECH: And Your Honor, in the -- in the
2 surveillance video that's been produced, I'll
3 highlight the clip, but there are clips -- of course,
4 she has no idea she's being videotaped and she can't
5 even step up a six inch curb without having to use a
6 car for support. I'll highlight that in my
7 submissions later on.

8 Q Before you got hurt did you have a hundred
9 percent use of your back?

10 A I did. I mean I had -- it wasn't nothing
11 that I didn't do, that I couldn't do.

12 Q Any problems doing your job at all?

13 A No.

14 Q Okay. How much use do you feel like you
15 have with your back right?

16 A Not much.

17 Q If you had a hundred percent before, what do
18 you think you have now?

19 MR. MCCANTS: Commissioner, to the extent that's
20 asking for an opinion as to impairment rating, I
21 object.

22 MR. CREECH: I'm not asking for an impairment.
23 I'm asking for her lay opinion on how much loss of use
24 she has sustained. I think she's capable of that.

25 MR. MCCANTS: She's testified as to that.

1 THE COURT: Sustained.

2 Q Do you have problems sleeping nowadays?

3 A Yes, sir.

4 Q Okay. Tell me about that.

5 A In the mornings my back wakes me up before
6 -- before daylight. I have to just get up and get out
7 of bed. Going to sleep at night I -- I have medicine
8 that I take at night time to help me sleep throughout
9 the night. So after I take my medicine, it takes a
10 while after I am laying down for my back to stop
11 hurting enough that I -- I can go to sleep, when I
12 have taken my medication.

13 Q We've talked a lot about your back. In
14 addition to your back do you have problems with your
15 legs?

16 A I do.

17 Q Tell the Court a little bit about what's
18 going on with your -- is it -- is it one leg or both
19 legs? Tell me -- tell me about that.

20 A In the beginning it was mostly my left -- my
21 left leg, but it -- now it feels like it's both legs
22 that are affected. The cramps, when my back has a
23 muscle spasm, it shoots down my legs.

24 Q When you say shoots down, explain -- what do
25 you mean?

1 A A sharp stabbing pain.

2 Q Okay. How often are you experiencing these
3 leg issues?

4 A Daily.

5 Q It's not all the time?

6 A No, not all the time.

7 Q But it -- it's happening daily?

8 A Yes.

9 Q We've talked a little -- we've talked pretty
10 in depth about some of the pain and problems you
11 having; but there are still things that you can do; is
12 that right?

13 A Yes.

14 Q Okay. And I believe we talked about you are
15 still able to drive a car?

16 A Yes.

17 Q And I think you actually said you -- on a
18 good day you think you could sit in a car and drive up
19 -- for up to two hours?

20 A Yes.

21 Q Are you able to clean your house?

22 A I can dust and clean the kitchen. Vacuum is
23 the thing I cannot do, or shampoo the carpet; I cannot
24 do that. I can do it, but the next day or so I'm
25 incapacitated. It makes my back hurt so bad then,

1 it's just -- I'd rather have a dirty floor than my
2 back hurt that bad.

3 Q You're still able to shop, aren't you?

4 A Yes.

5 Q Okay. And you go to the grocery store?

6 A Yes.

7 Q And you run errands?

8 A Yes.

9 Q Okay. Do you have problems shopping?

10 A No. I do tell the people don't make one bag
11 too heavy. If I'm buying single bottles of water,
12 I'll say just put three bottles in this bag. They're
13 -- they're -- most of the stores I go to know to not
14 to make the bags too heavy.

15 Q And now are you -- are you walking around
16 the grocery store carrying baskets, or how are you
17 getting around in the store?

18 A No, the shopping cart, and the care also I
19 lean on it. It helps take some pressure off my back
20 as I'm shopping, as I'm walking.

21 Q Okay. And you're still able to do some yard
22 work?

23 A Yes.

24 Q Tell me about -- tell me about your yard
25 work. What all can you do out in the yard?

1 A I can pull weeds from my flower beds. And
2 when I was at therapy we did a lot of squatting, a lot
3 of kneeling.

4 Q How -- how does that make your back feel?

5 A When I squat for a few minutes it makes my
6 back feel a lot better.

7 Q It helps you?

8 A Yes, but I can't stay in that position very
9 long; I wish I could. Anyway I can -- I can pull
10 weeds out of my flower garden. I can take my little
11 hand snips and -- and -- and trim my bushes. I have a
12 little plastic wheelbarrow. I can roll it over there
13 and dump it out. There -- there are places in my yard
14 where I can ride the lawnmower and cut the grass if I
15 have my TENS Unit on and turned up pretty high.

16 Q All right. And you know that people have
17 followed you around videotaping you?

18 A Yes.

19 Q That's no surprise to you?

20 A No.

21 Q Okay. And you haven't curbed what you can
22 and cannot do as a result of that, right?

23 A Right.

24 Q All right. And the video shows you going to
25 a place of business for a period of time. Do you know

1 what I'm talking about?

2 A Yes.

3 Q All right. It looked like a tire business
4 to me, but can you tell the Court what type of
5 business we're talking about.

6 A It's a business where they do window tint,
7 oil changes on cars, sell tires; they fix flat tires;
8 they work on cars, motor problems.

9 Q Okay. Who owns -- what was the name of the
10 business?

11 A Car Toys.

12 Q Who is the owner of the business?

13 A My name was on as the owner.

14 Q Okay. Who ran the business?

15 A My son.

16 Q Why -- why was your name -- why were you
17 named as the owner?

18 A Well, he doesn't have a driver's license.
19 He didn't have the money to start, so I just -- as a
20 gift.

21 Q Did you finance the business?

22 A Finance? Yes, I did.

23 Q How did you finance this business?

24 A I paid the utilities, I paid the rent.

25 Q What money did you use to finance it?

1 A I pulled my 401K money.

2 Q So you cashed in your 401K to help your son?

3 A Yes.

4 Q All right. Did you ever receive any type of
5 financial payment, financial benefit from this
6 business?

7 A No.

8 Q Did you ever work as an employee in any
9 capacity for this business?

10 A No. No.

11 Q Okay. All right. Now, would you often go
12 to this business?

13 A Yes.

14 Q All right. Tell me why -- why would you go
15 there?

16 A My son would ask me to come. Mom, I don't
17 want you sitting around home being depressed all day,
18 come on -- come on down to the shop. I love talking
19 to people so I did enjoy going down there. But I
20 didn't go every day.

21 Q Okay. How often would you go down there?

22 A It just depended. Sometimes I'd go
23 three, four, five times a week. Sometimes I'd skip a
24 week. I had no set schedule. I'd come and -- you
25 know, I'd come and go as I pleased.

1 Q When you were at this business, where were
2 you kind of hanging out?

3 A I did a lot of walking there, but there's a
4 little sofa inside, and a TV and a computer. If my
5 back started bothering me too much I could lay down on
6 the sofa during the daytime when I was there; I
7 watered plants, once in a while I'd sweep a little
8 bit.

9 Q Is this place still in business today?

10 A No.

11 Q Okay. What happened?

12 A It -- the town's very small. There just
13 wasn't enough money coming in to keep it going there.

14 Q Okay. So you cashed in your 401K and the
15 business dissolved?

16 A Yes.

17 Q All right. And you -- you've met Mr.
18 McCants on several occasions; is that right?

19 A Yes.

20 Q Okay. And he's deposed you a couple times?

21 A Yes.

22 Q And I believe at one point he asked you did
23 you -- did you ever have a plan of retiring and do you
24 remember what your answer was?

25 A I believe my answer was to retire at 66 and

1 work part-time a couple days a week.

2 Q Was that before or after you cashed in your
3 401K?

4 A Before.

5 Q Okay. Would -- would cashing in your 401K
6 affect your plan?

7 A No, not if I was well, no.

8 Q Not if you were -- I'm sorry.

9 A I said no it wouldn't.

10 Q What do you mean by that?

11 A Repeat the question.

12 Q You said ultimately your plan was when you
13 hit 66 you were going to retire and work part-time.

14 A Yes.

15 Q Okay. And when you said that I believe you
16 still had your 401K intact?

17 A Yes.

18 Q And that was before you cashed it in for
19 this business to help your son?

20 A Yes.

21 Q Did cashing in this 401K, your retirement,
22 okay, since you did that for your son, if you hadn't
23 have been hurt would you still -- would you have
24 followed through with your plan and retired or would
25 you have kept on working?

1 A I would have kept on working.

2 Q Okay. Did you love your job?

3 A I did.

4 Q Can you do your job now?

5 A No.

6 Q Why not?

7 A I don't think I can push the medication
8 cart. In fact, I know I can't push it.

9 Q Is a medication cart different than a
10 shopping cart?

11 A Yes.

12 Q Okay. Well, because we know you can push
13 shopping carts, why couldn't you push the medication
14 cart?

15 A I believe it's a little heavier. It doesn't
16 maneuver as well as a shopping cart does. I don't --
17 legally I don't think I would be able to do the
18 documentation.

19 Q Why is that?

20 A Like I said, my memory and the pain
21 medicine.

22 Q Because you've got to take the pain
23 medicine?

24 A Yes.

25 Q What about -- what about walking? Does that

1 job involve a lot of walking?

2 A Yes.

3 Q Could you do that?

4 A Could I do that now?

5 Q Yes.

6 A No.

7 Q Okay. How often on a -- in a normal day
8 before you got hurt how often were you on your feet?

9 A Pretty much all day every day.

10 Q And you are dealing with Alzheimer's
11 patients; is that right?

12 A Yes.

13 Q Do these patients -- are they always aware
14 of what's going on?

15 A No.

16 Q Do sometimes they -- do they act out
17 sometimes?

18 A Absolutely.

19 Q Would you be able to deal with those
20 incidents?

21 A No.

22 Q No further questions.

23 THE COURT: Mr. McCants.

24 MR. McCANTS: Thank you, Commissioner.

25 COMMISSIONER BECK: Just a couple points of

1 Clarification before you do your cross examination,
2 Mr. McCants. Have y'all agreed on a maximum medical
3 improvement date?

4 MR. McCANTS: I think we can go by that 14B.
5 Lehman, I think, said in his deposition, I'll give up
6 that date before we leave; I think we -- we got a
7 couple of dates.

8 MR. CREECH: My date -- it would be my position
9 that it would be the date released by the pain -- the
10 pain physician, when he released her at MMI per a 14B.

11 MR. McCANTS: What's the date on that?

12 MR. CREECH: I don't --

13 COMMISSIONER BECK: Somebody get us a date, if
14 you don't mind.

15 MR. CREECH: Sure.

16 COMMISSIONER BECK: And secondly, is --

17 MR. McCANTS: Can I tell you this, I'm going to
18 stick by my 58 and say Dr. Lehman, 4/2/13 is the
19 rating date.

20 MR. CREECH: Say that again, Clarke.

21 MR. McCANTS: April 2, 2013.

22 MR. CREECH: Dr. Nandurkar filled out his 14B at
23 MMI on February 6, 2014.

24 COMMISSIONER BECK: Now is there TTD being paid?

25 MR. CREECH: Yes, sir.

1 MR. McCANTS: Yes.

2 COMMISSIONER BECK: Is there an issue of credit
3 if the Claimant is not found permanently and totally
4 disabled?

5 MR. McCANTS: Yes, sure is

6 COMMISSIONER BECK: Back to what date?

7 MR. McCANTS: Back to April.

8 THE COURT: April 2nd?

9 MR. McCANTS: April 2nd.

10 THE COURT: And you have not filed a 21 as yet?

11 MR. McCANTS: Not, no. We don't have it, to
12 answer your question about that.

13 COMMISSIONER BECK: And one thing I was trying to
14 find through the course of your direct examination,
15 Mr. Creech, was were there any nerve conduction
16 studies done?

17 MR. CREECH: I don't believe there has ever been
18 an ENG done.

19 COMMISSIONER BECK: All right, but there has been
20 an NCS done?

21 MR. CREECH: No, sir. There's been clinical
22 objector findings found in the way of leg raises and
23 stuff like that.

24 MR. McCANTS: I thought it had been done. I may
25 want to look for that in a second if I can.

1 THE COURT: Mr. McCants.

2 CROSS EXAMINATION

3 BY MR. MCCANTS:

4 Q Hello, Ms. Spencer.

5 A Good morning.

6 Q Nice to see you again.

7 A Same here.

8 Q I do have a few questions for you today. I
9 want to talk a little bit about some of the folks that
10 evaluated you at your attorney's request. Do you
11 remember Dr. Mullen? He was a psychiatrist that you
12 went to see, Patrick Mullen?

13 A Yes.

14 Q I've looked at his report and the opening of
15 his report, Ms. Spencer, is "The patient", referring
16 to you, "was well until June of 2011 when she hurt her
17 back at work." Now I would understand that to mean
18 you were doing pretty good until June of 2011 when you
19 hurt your back pushing that cart. Do you agree with
20 that?

21 A Yes.

22 Q All right. And as you may know, I have
23 gathered and submitted some medical records of yours
24 documenting medical problems and treatment for those
25 problems prior to June of 2011. Are you aware of

1 that?

2 A I think my attorney did mention that.

3 Q Have you had a chance to look at them?

4 A I haven't looked at it.

5 Q Because I know you've testified you've got
6 maybe some memory issues here. Bear with me as I try
7 to go through some of these, okay. Because Dr.
8 Mullen later wrote in his report that while you had
9 some restless leg syndromes, your medical problems
10 have all been fairly minor until the chronic pain and
11 depression. Then Dr. Mullen wrote, "She has never had
12 any psychiatric care." Are you with me there?

13 A Yes.

14 Q Do you understand what that means?

15 A Psychiatric care, yes.

16 Q We're kind of fortunate. You've been in
17 the medical field for a long time, so you kind of know
18 where I'm -- what I'm talking about; is that correct?

19 A That's correct.

20 Q I mean, I read this to say that Dr. Mullen
21 in reaching his opinion in this case has said you are
22 doing pretty well until June of 2011. In fact, he
23 said all of your medical problems have been fairly
24 minor before you were pushing that medical cart. Do
25 you agree with that?

1 A I have had issues in the past, a couple of
2 car accidents.

3 Q And you know, as a medical professional like
4 you are, would you -- would you agree with me that in
5 order for a doctor to get a valid opinion as to a
6 patient's condition, that doctor has to have an
7 accurate history?

8 MR. CREECH: I'm going to object. He was
9 objecting to my client making opinions about medical
10 diagnosis and what she is able to do. I would make
11 that same objection.

12 MR. McCANTS: I'll rephrase.

13 Q How about a nurse, an LPN, what you are --
14 I'm going to ask you for your opinion, okay. In order
15 for you to provide patient care, determine diagnoses
16 to present to the doctor, do you agree that you have
17 to have an accurate history from your patients?

18 A It would be helpful, yes.

19 Q Well, if it ain't true, what's the risk?
20 What's the worst case scenario with an inaccurate
21 history? Would you agree with me that it's death?

22 A I would say death would be, yeah, the worst
23 case scenario.

24 Q To medical professionals this -- this isn't
25 difficult -- the medical professions have to have

1 accurate histories to provide opinions, don't you
2 agree with me, Ms. Spencer?

3 A Yes, I'm sure they ask the questions they
4 need the answers to.

5 Q All right. And going back to Dr. Mullen's
6 report, he's given his opinion in the case, he is of
7 the opinion, based on your history, there weren't many
8 problems prior to June of 2011? I got --

9 A I was able to do my work.

10 Q All right. I got this report from Chester
11 Regional Medical Center, and this is January of 2009.
12 Okay? It's a year and a half prior to that time that
13 you were pushing that medical cart. And it says right
14 here, "Past medical history: chronic pain and
15 depression." And I'm happy to let you look at this
16 report. But when you went to the Chester Hospital in
17 January of 2009 did you tell them that you had a past
18 medical history of chronic pain and depression?

19 A I don't recall saying that. What --

20 MR. McCANTS: May I approach.

21 THE COURT: Permission to approach.

22 Q Let me give you the note. I've got
23 highlighted, I think the areas that are important.

24 MR. McCANTS: And just for your benefit,
25 Commissioner, that's page 17 of my APAs.

1 A Yes, I see that.

2 Q Does that help refresh your memory?

3 A Yes. And may I go further?

4 Q Absolutely. But let me just do something
5 real quick.

6 MR. McCANTS: For the record, she's looked at my
7 APA, page 17. That's the report from Chester Hospital
8 January of 2009.

9 Q I'm sure the Commissioner will let you
10 explain.

11 A Explain now?

12 Q Yes.

13 A Okay. I am on some medication that is an
14 antidepressant, but I use it for sleep and I've been
15 on that for years. It's called Trazodone. And they
16 relate the medication --

17 MR. McCANTS: I am going to object to any
18 hearsay.

19 MR. CREECH: You asked her the question. You
20 opened the door. She can explain why she's on this
21 medication.

22 MR. McCANTS: I just object.

23 THE COURT: I'm going to allow it. You can
24 answer the question.

25 BY MR. McCANTS:

1 A The -- the medication I take at bed time is
2 Trazodone and it is an antidepressant, in that
3 category. But I did not take it for depression. But
4 that -- that's what category it is listed in. It was
5 given to me by Dr. Bradley to help me sleep at night.
6 But I wasn't treated for depression here.

7 Q Do you have any information today, Ms.
8 Spencer, though, that would demonstrate that that
9 medical report that you've reviewed is inaccurate?

10 A No, I don't have any.

11 Q All right. And let me just go just briefly
12 through a couple of other records documenting your
13 medical treatment prior to June of 2011, keeping in
14 mind Dr. Mullen says that you've had a pretty good
15 history, medical history until this incident in June
16 of 2011. In fact, you had a right bad injury to your
17 -- your neck back in 2004; isn't that correct?

18 A That's correct.

19 Q Resulting in a surgical procedure to your
20 neck; is that correct?

21 A That's correct.

22 Q Do you remember what the surgical procedure
23 was?

24 A (No response).

25 Q Let me help you out if I can. These are

1 just in the first few documents that I've got. While
2 I'm thinking about it, and you and I have talked about
3 this, are you still smoking, Ms. Spencer?

4 A Yes, sir.

5 Q All right. Because these records from way
6 back when indicate that you were a smoker then, and
7 you continue to do that today; is that correct?

8 A Yes, sir.

9 Q Despite the doctors giving you advice to
10 quit; is that correct?

11 A Yes, sir.

12 Q All right. I'm not -- I'm not picking on
13 that regard. You and I have had that conversation.
14 I'm just looking at it from a medical standpoint.

15 A I understand.

16 Q All right. Thank you. And I -- and I see
17 -- all right, I don't see exactly what they did, but
18 I'm seeing a situation where you had your neck surgery
19 and at least a year, maybe a year and a half later
20 you've still got chronic neck pain; is that correct?
21 Do you remember that? That really -- that neck pain
22 really stuck with you?

23 A It didn't stick with me that long. After
24 the doctor did the surgery -- it was a pinched nerve.
25 He did the surgery and I wore the brace. I was able

1 to go back to work and do my full duties at work. I
2 have no chronic pain in my neck.

3 Q All right. Well, I'm only asking you this
4 because we've got Dr. Mullen's opinion based in part
5 on a clean medical history. Okay?

6 A Okay.

7 Q I'm trying to show that opinion. Maybe it
8 isn't as strong as it should be, but in any event --
9 let's look in February of 2006, this is the medical
10 problems you reported to Dr. Dorn. Do you remember
11 Amy Dorn who treated you?

12 A Yes.

13 Q All right. Pretty good doctor?

14 A Yes.

15 Q You had hyperlipidemia, hypertension,
16 chronic back pain, chronic neck pain status post
17 surgery, carpal tunnel syndrome, restless leg
18 syndrome, smoker, anxiety --

19 MR. CREECH: What page are you at, Mr. McCants.

20 MR. MCCANTS: Dr. Dorn's records are at pages 2,
21 3, 4, 5, 6, 7 of my APAs.

22 THE COURT: Two through seven?

23 MR. MCCANTS: Yes. I have to look because I'm
24 working with the copies and unfortunately they're
25 missing some numbers.

1 BY MR. McCANTS:

2 Q That -- that's not a clear medical history,
3 is it, Ms. Spencer, what I just described to you?

4 A Would you describe it again, please.

5 Q Sure. Dr. Dorn in 2006, specifically
6 February of 2006, and I'll show the record to you, was
7 of the impression that you suffered from the
8 following: hyperlipidemia, hypertension. I don't know
9 what hyperlipidemia is. What is it, you're a nurse;
10 what is it; do you know?

11 A I don't take any medication for it, whatever
12 it is. I don't remember.

13 Q All right. Hypertension, chronic back pain,
14 chronic neck pain status post surgery, carpal tunnel
15 syndrome, restless leg syndrome, smoking and anxiety.
16 Was that -- let me show you the report. That's again
17 dated February 21 of 2006. Does that help refresh
18 your memory?

19 A It does. But chronic back pain, once the
20 surgery was done --

21 MR. CREECH: Clarke, what page are we on?

22 MR. McCANTS: That's right, I'm now to page
23 seven. It should be seven.

24 COMMISSIONER BECK: Page seven, under
25 impression.

1 THE COURT: That's that medical note from 2004?

2 MR. McCANTS: It's dated 2006.

3 BY MR. McCANTS:

4 Q Have you ever had -- did you ever have any
5 low back pains before because, just let me tell you,
6 that report suggested there is back pain and neck
7 pain? Had you ever had any low back pain before June
8 of 2011?

9 A Looking back at this, the second -- I
10 believe it was the second car accident, I did have
11 some pain, but it got better, it went away completely.

12 Q That's fair. But you had still had those
13 medical problems; is that correct?

14 A They're still listed, yes.

15 Q And you did not provide that information to
16 Dr. Mullen, did you?

17 A I wasn't aware -- I don't -- I wasn't aware
18 that these diagnoses were there.

19 Q Well, let me show you this if I can.

20 MR. McCANTS: This is page 14 and 15.

21 Q Let me show you this document that I've put
22 in. This is a claim form, I believe from Triple A,
23 back in 2005, and you correct me if I'm wrong, and
24 that's in your own handwriting, saying that you had
25 neck pain and low back pain. Can you look at that for

1 me please, Ms. Spencer?

2 THE COURT: What page was that again?

3 COMMISSIONER BECK: Page 14.

4 BY MR. McCANTS:

5 Q If I can help you, I don't mean to reach
6 over you. Just let me point it out to you to save
7 time. Okay? First off, on page 14, is that your
8 handwriting, Ms. Freeman?

9 A Yes.

10 Q I mean Spencer; you were a Freeman at the
11 time; is that correct?

12 A Yes.

13 Q All right. Is that your handwriting on that
14 page?

15 A Yes.

16 Q All right. Look in the middle there and
17 read to the Commissioner how you described your
18 situation and why you were seeking benefits from
19 Triple A at that point. Read that right there if you
20 would.

21 A "Fully describe your injuries. I was taken
22 by ambulance to Health Central Hospital Emergency Room
23 with neck pain and low back pain."

24 Q So, at least at that point you in your own
25 handwriting had reported that you had neck pain and

1 low back pain; is that fair?

2 A Yes, it's been --

3 Q I realize -- listen, I realize that's been a
4 while ago. Okay? And I'm going to move on, but my
5 point is, is that I want to make sure Dr. Mullen had a
6 clear history before he gave an opinion in the case.
7 And that's all I am asking about, okay. All right.
8 Now, Dr. Mullen in his report, again he -- he wrote,
9 "Her depression began about six months after her
10 initial injury." That's not really true because you
11 had depression to some degree before the accident in
12 June of 2011; is that fair?

13 A No, I didn't have depression. I mean I may
14 have been on depression medications, and they may have
15 written depression, but I had no depression, no.

16 Q All right. Then it said, "She had to quit
17 working and stayed in bed a lot and the pain has grown
18 worse." Did you tell him that after the accident,
19 what happened to you, in June of 2011, that you had to
20 stay in your bed and the pain has grown worse?

21 A June --

22 Q This is what you -- what -- what is in Dr.
23 Mullen's report from you.

24 A Yes, when -- when I was first taken out of
25 work I did stay in bed. I was depressed.

1 Q All right. Well, obviously you've gotten a
2 lot better in some regards, because you don't stay in
3 bed all the time anymore, do you?

4 A No.

5 Q You do a lot of things, which we'll talk
6 about in just a little bit, but you're not at home in
7 bed all the time like Dr. Mullen wrote in his report,
8 at least back in February of 2014? All right. Now
9 let me -- I have to ask you about this and I want you
10 to understand I may be in a sensitive area and you and
11 I have talked about this a little bit. But Dr. Mullen
12 believes at least as of February of 2014 you're still
13 with your husband. And you know we talked about this.
14 You and your husband split up, at least my notes say
15 back in the summer of 2013; is that correct?

16 A I am getting these dates mixed up.

17 Q And I'm not trying to confuse you. Let's go
18 back over it. Okay? And you -- you weren't really
19 sure in your deposition when it was that you had the
20 problem with your husband. Let's go ahead and tell
21 the Commissioner. What happened is you and your
22 husband got into an altercation. He pushed you.

23 A Yes.

24 Q Police were involved. In fact, a charge of
25 criminal domestic violence is still pending against

1 him in the state of South Carolina; is that correct?

2 A That's correct.

3 Q All right. He's somewhere off in Virginia
4 or West Virginia, correct?

5 A Somewhere, I don't know where.

6 Q Doesn't provide a lick of support for you,
7 does he?

8 A No.

9 Q All right. This report -- that -- that --
10 that -- from what I could remember was in 2013;
11 that incident. You weren't sure if it was 2012 or
12 2013, which, frankly, Ms. Spencer, for purposes of
13 conversation, I don't think it's important, because
14 Dr. Mullen in February of 2014 believes that you are
15 still married, living with your husband and he does
16 travel a lot. But he believes that you're married.
17 Okay? And it's not a huge thing, but I think a
18 psychologist or psychiatrist is interested in knowing
19 about the stability of your family life. That's not
20 unreasonable, is it?

21 A No.

22 Q All right. So did you tell him -- did you
23 tell Dr. Mullen that your husband had assaulted you
24 and that y'all were separated and perhaps on the way
25 to a divorce?

1 A I don't recall him asking anything like
2 that, and I don't recall saying that.

3 Q Do you know how he got the information that
4 you quote currently live with your husband who is a
5 truck driver and not home very much?

6 A I may have said that.

7 Q All right. Well, that wasn't accurate, was
8 it?

9 A No.

10 Q All right. Here's the next thing I want to
11 ask you about. He -- and this is significant, because
12 I was listening very closely to your testimony. It
13 says in his report, Dr. Mullen's report, "She says she
14 raised beautiful flowers, but she has not done any
15 gardening since the accident." And if I understood
16 your sworn testimony 10 or 15 minutes ago, you are
17 gardening?

18 A Not like I used to. I used to could go to
19 the store and buy a plant, come home and dig a hole
20 and plant it. I can't do that anymore. What I mean
21 by gardening is pulling the weeds from around the
22 plants that are already there.

23 Q I'm going to show you Dr. Mullen's report.
24 And, again, I am not trying to be difficult, but see
25 where it says, "She", and you read it for me. "She

1 says" --

2 A "She raises beautiful flowers, but she's not
3 done any gardening since the accident."

4 Q That says any gardening, Ms. Spencer.

5 THE COURT: What page is that on?

6 MR. McCANTS: That's his APA 306.

7 Q It doesn't say do some. It doesn't any.

8 A To me gardening is planting things.

9 Q All right. Fair enough. The last thing I'm
10 going to ask you about -- excuse me. Dr. Mullen, he
11 wrote, "The patient stays at home trying to get
12 comfortable."

13 MR. McCANTS: That's at page 306, Commissioner,
14 of his report.

15 Q That's just simply not accurate, is it,
16 Ms. Spencer?

17 A "Stays at home", some days I did stay home
18 all day.

19 Q I guess -- I guess we can read that a couple
20 of ways. But, I -- I -- that to me, says "The patient
21 stays at home."

22 A No.

23 Q All right. Okay. One more thing.

24 MR. McCANTS: At Page 308 of Dr. Mullen's report.

25 Q And this -- this is his report where he

1 says, Ms. Spencer, "I believe that Ms. Spencer is not
2 a candidate for the active work force in any
3 capacity." That's his conclusion. On the page before
4 he says, "She also has chronic pain with her back and
5 legs almost completely dysfunctional." You're not
6 going to sit here and tell Commissioner Campbell that
7 you're completely dysfunctional, are you?

8 A No.

9 Q All right. No, I want to ask you about Ms.
10 Hollenback, if I can. Because she's also given an
11 opinion that you can't work, and she's looked at all
12 the medicals, including the medical report that we
13 just went through with Dr. Mullen. Bear with me. I'm
14 particularly interested in Ms. Hollenback's factual
15 information and conclusions.

16 MR. McCANTS: And this is at page 315.

17 Q "She", referring to you -- are you able to
18 hear me okay Ms. Spencer?

19 A Yes, I hear you.

20 Q All right. "She reports being" -- well,
21 here it is, "Chief complaints: Ms. Spencer voiced the
22 following complaints with regard to her current
23 medical status." First Bullet: -- excuse me, Second
24 Bullet: "She reports being in agony by 5:00 p.m.
25 after a day at home with little or no physical

1 activity during the day." Is that accurate?

2 A Afternoons are terrible, yes. Most
3 afternoons my back is worse.

4 Q With little or no physical activity during
5 the day?

6 A With little or no activity -- physical
7 activity, it -- it hurts worse in the afternoon. It
8 always does than it does in the mornings.

9 Q All right. This is one I'm really
10 interested in. This is the Sixth Bullet of you --
11 your complaint. It says that you used a cane when you
12 leave your home. It says "She uses a cane when she
13 leaves her home and she has a handicap parking tag for
14 her car." And all - I'm just saying, I know you may
15 have a placard for your car, I have yet to see a cane
16 in any of the video we have. And I would like the
17 record to reflect you don't have a cane today. Did
18 you tell Ms. Hollenback as part of your interview with
19 her that you use a cane?

20 A I told her that at home I do. My yard is
21 not level. I have a big fear of falling when I go
22 outside at home I do use a cane. But I -- I did not
23 say I used the cane when I go to the grocery or
24 anywhere else. I use the cane only when I'm outside
25 at my house.

1 Q All right. Only at your house. And you use
2 the cane when you have difficulty getting around; is
3 that correct?

4 A At my house because the ground is not level,
5 and I believe at that time it was a lot of leaves on
6 the ground and I didn't want to slip down. You know,
7 leaves pile up and they're slippery.

8 Q I'm familiar with that. I understand that
9 for sure.

10 A Yes, at home I did tell her. I still use it
11 if I'm going to walk to the pond, which is not a long
12 ways.

13 Q But you don't use it when you leave the
14 house?

15 A No. I never -- that's a misquote.

16 Q All right. I respect very much your desire
17 to work and it sounds like you've had a great career
18 as an LPN. We're going to talk about this a little
19 bit more, but in Ms. Hollenback's report, Ms. Spencer,
20 it talks about that you want to do some volunteer
21 work. And perhaps working with families through
22 Hospice and coping with Alzheimer's and people's last
23 days, that you want to do that; is that accurate?

24 A That's accurate, I want to do that.

25 Q All right. That you want to get out there

1 and -- and help people and do the type of tasks
2 associated with that type of work. You're not going
3 to get paid for it, you understand, but you do want to
4 get out there and do it; is that correct?

5 A I would -- I would -- when I was at my son's
6 shop I -- I met people whose family -- had family
7 members that had Alzheimer's and they would just stop
8 by to talk to me and not spend any money there at all,
9 just to listen to them. And you know, that's part of
10 what I am, --

11 Q Yes, ma'am.

12 A -- is talking about Alzheimer's with anybody
13 that wants to talk about it, anybody anywhere.

14 Q That was part of your life?

15 A It was. It is.

16 Q And it's part of your life, the work aspect,
17 but there were other aspects of your life, too?
18 Getting out and doing things. And to a large extent
19 you still do that; is that fair?

20 A I go to the grocery. I go to the doctors.

21 Q Well, not to interrupt you, I want to talk
22 about that in just a second. Can I go ahead and do
23 this though. Mr. Creech, of course, brought up the
24 issue about what your plans were. And there's no
25 question that you told me in your deposition, "Clarke,

1 here is my plan. I'm going to work until I'm 66 and
2 then I'm going to retire and then I'm going to work
3 part-time two or three days a week; is that correct?

4 A That's what I said, yes.

5 Q All right. Did you tell Dr. Hollenback that
6 was your plan? Excuse me, Mrs. Hollenback?

7 A I don't recall.

8 Q All right. Now, we, of course did, as you
9 are aware, have -- have a good bit of video footage,
10 Ms. Spencer. I'm going to try and go through this
11 very quickly and I'm going to trust that you have
12 viewed it, looked at it? Have you looked at some of
13 the video that we have?

14 A No.

15 Q You haven't looked at any of it?

16 A No.

17 Q I think we do have a stipulation that it's
18 you in the video. And I want to talk to you about
19 just a couple of clips, but let me go through what
20 I've got and you've heard our conversation.
21 Commissioner Campbell has some clips. First thing I'm
22 going to ask you: There's a sign outside your house at
23 the front of your property that says that somebody at
24 least at some point was buying used parts, lawnmowers,
25 things like that. Was that your husband?

1 A No.

2 Q Are you doing that?

3 A No.

4 Q Why is that sign out there?

5 A That's my neighbor's sign.

6 Q That's not your entrance; is that correct?

7 A I have no signs, never have had out by the
8 road.

9 Q Fair enough. I'm just asking. All right.
10 That there's no question that the video that we've got
11 shows you outside of your home driving by yourself,
12 driving, shopping, performing errands at any given
13 time during the day, morning, afternoon and even into
14 the evening at night; is that fair?

15 A Yes, it's fair. I try not to be out after
16 dark time.

17 Q All right. Now --

18 A There are times when I am.

19 Q My perception of the video and it really
20 doesn't count, but I'm going to tell you my perception
21 of the video is that you are walking in many of these
22 videos without difficulty.

23 MR. CREECH: I'm going to object to that. The
24 video speaks for itself. The Court certainly can make
25 whatever opinions they want to about what the video

1 shows. But I don't think Clarke's able to opine what
2 the video is.

3 THE COURT: Sustained.

4 BY MR. McCANTS:

5 Q All right. Ms. Spencer, the Commissioner is
6 going to look at those clips. He's going to form his
7 own opinion. Do you think that there are clips that
8 show you walking without difficulty? You haven't seen
9 them, but do you think there are instances where you
10 walk without difficulty?

11 A Occasionally I have a good day and you may
12 see me standing up straight or walking as normal as I
13 can for a short distance.

14 Q Short distance?

15 A Yes.

16 Q And for whatever it's worth, there's video
17 footage, as least my impression, you do have some
18 difficulty walking and I'm going to show you one in
19 just a second. Because I was struck by your comment
20 that if you are physically active that affects you for
21 a couple of days; is that correct?

22 A Yes.

23 Q Now, I want to talk about Car Toys. This is
24 a business in Great Falls that your son operated; is
25 that correct?

1 A Yes.

2 Q Terry's here today?

3 A Yes.

4 Q It was a general service car facility,
5 particularly window tinting was -- was something it
6 focused on, correct?

7 A That and selling tires.

8 Q All right. I did not know this until you
9 testified earlier. Did you own that business?

10 A It was in my name.

11 Q I thought I heard you use the phrase that
12 you owned the business.

13 A My name was on all the business stuff, but
14 my son ran the shop. I mean, I don't know how to do
15 none of that stuff.

16 Q Was your name on the lease?

17 A Yes.

18 Q Was your name on the power bill?

19 A Yes.

20 Q Water bill?

21 A Yes.

22 Q Was your name on the check book?

23 A Yes.

24 Q Did you have to have any permits to run
25 that; DHEC or anything like that?

1 A Yes.

2 Q Did you apply for all of that?

3 A Yes.

4 Q All right. Terry was there running the
5 business, but -- but you -- you owned it? I mean your
6 name was on the line?

7 A Terry was running the business, yes.

8 Q It wasn't much of a question, you were there
9 on a regular basis? I've heard what you say you did
10 there, but you were there on a regular basis; is that
11 correct?

12 A Not regular, I was in and out. Sometimes I
13 would be there all day. Maybe I'd skip a day.
14 Maybe I'd be there every day for a week. But I
15 didn't have to be there. My son wanted me there.

16 Q Well, you were also protecting your
17 investment; is that correct?

18 A I wouldn't -- I don't know how I could
19 protect it, because I don't do any of the kinds of
20 things that you do in a car garage.

21 Q You're going to ride by and at least check
22 on your investment every now and then, aren't you?

23 A It wasn't an investment for me.

24 Q All right. Okay. And that to me, then,
25 explains why after the business closed you were doing

1 a lot of the work involved with closing the business.
2 For example, the business had to be cleaned out; is
3 that correct?

4 A Most of the stuff stayed.

5 Q All right. Well, there's a video footage of
6 you helping to clean out the garage.

7 A Okay.

8 Q You did that, correct; lifting certain
9 things? I don't know how much they weighed. We're
10 going to talk about that in just a second. But you
11 were physically involved in cleaning out and rounding
12 up the affairs -- winding up the affairs of Car Toys;
13 is that correct?

14 A I did. But I didn't clean out the garage.
15 I didn't -- I was out there with the person that owned
16 the building.

17 Q All right. Did you pay the bills?

18 A Yes.

19 Q Wrote the check?

20 A Yes.

21 Q Did you tell Dr. Mullen or Ms. Hollenback
22 that you were doing this?

23 A I don't recall.

24 Q Well, they wanted to know if you were doing
25 any type of work or physical activity. You don't work

1 and not get a check. That's what volunteer work is.
2 But did you tell them that you were performing these
3 physical and these mental tasks?

4 A I wasn't doing physical tasks. Mental
5 tasks, did I tell her, I don't recall.

6 Q Do you know if she asked you if you were
7 doing anything like that?

8 A I don't recall.

9 Q I won't go back the reports, but I gleaned
10 from it that you told them that you were staying at
11 home not doing anything. Do you see where I'm headed
12 here?

13 A Yes, sir.

14 Q I'm going back to see whether or not we've
15 got accurate information --

16 COMMISSIONER BECK: Mr. McCants, as a matter of
17 fairness, I think there's a second sentence right
18 behind the one you're quoting that she does admit that
19 she's going to that shop.

20 MR. McCANTS: Oh, I agree with that. There was
21 one, though, and I can't remember if it's Hollenback,
22 and I want to go back to it.

23 COMMISSIONER BECK: The one that you pointed out
24 earlier, the second sentence in that statement she
25 admits going to her son's shop.

1 MR. McCANTS: All right. Well, I'm certainly not
2 trying to misquote anything. Just for itself --

3 COMMISSIONER BECK: Which would be -- they just
4 seem to -- the only reason I'm bringing this to light,
5 they seem to contradict each other.

6 MR. McCANTS: I understand.

7 BY MR. McCANTS:

8 Q I certainly don't want -- Ms. Spencer,
9 please understand, I'm not trying to mislead you,
10 okay, but you're the best person in the room to tell
11 us what you've been doing. That's why I'm asking you
12 these questions. All right. Did you have the keys to
13 the building? That's another note I made. Is that
14 correct?

15 A The keys to the building, there was no
16 physical key.

17 Q All right. There are several other
18 instances in the video. There's no question you go to
19 the grocery store. You go to the Dollar General a
20 good bit, and that's a good store, I agree with you.
21 Home Depot, Belk, garage sales and things like that?

22 A Garage sales, maybe one, yeah.

23 Q All right. Now, I do want to ask you
24 specifically about this and I'm going to show you a
25 little bit of footage. Okay? Bear with me. This is

1 footage, it's August 1, 2014, and I believe that's at
2 a Dollar General. Do you remember that, Ms. Spencer,
3 at all? That's just recently.

4 A Yes, I remember that day.

5 Q Okay. Raining?

6 A Yes.

7 Q That's after -- there's -- there's footage
8 of you going into the store. I will tell you, it
9 appears to me that you're having some difficulty
10 walking.

11 A That's Dollar Tree.

12 Q All right. Dollar Tree. But this is when
13 you come back out, it's raining and you're loading
14 your car. Here is my question. You're doing this by
15 yourself. None of these bags are heavy or anything
16 like that?

17 A As you can see, it's paper towels.

18 Q Well, I can't really tell. But if you're
19 telling me it's all paper products and what not --
20 that's your testimony?

21 A Toilet paper, paper towels.

22 Q You do a good job at throwing one in the
23 car; for whatever it's worth.

24 A They weigh nothing.

25 Q All right. Now, I'm happy for them to

1 continue to tell me to play this, but I want to stop
2 it for a second and ask you this question, if I can.
3 All right. You do look limited with your walking that
4 day. That's August 1 of 2014. Do you remember what
5 you were doing on July 29 of 2014?

6 A No.

7 Q Let me show you -- last July 29 of 2014, a
8 couple days before, and I think our agreement is
9 that's you, but do you remember that day?

10 MR. McCANTS: Your Honor, for the record, this is
11 a clip on July 29, 2014.

12 A Yes, that's me.

13 Q All right. What I'm going to tell you is
14 there's a fair amount of footage of you operating what
15 appears to be a very nice John Deere lawn tractor and
16 cutting your grass.

17 A Yes, sir.

18 Q Do you remember that?

19 A Yes, sir.

20 Q It shows you climbing on and off of the lawn
21 mower, the tractor?

22 A Yes, sir.

23 Q And engaging in that?

24 A Yes, sir.

25 Q I want you to note the time. It's 2:00

1 o'clock in the afternoon. Do you remember how hot it
2 was in that area at 2:00 o'clock on July 29 of 2014?
3 I checked. Do you know?

4 A (No response)

5 Q It was about 97 degrees. Okay? You with
6 me?

7 A I'm with you.

8 Q And there's footage of you riding the
9 tractor that afternoon in the heat doing this physical
10 work. Okay? Now you're going to tell Commissioner
11 Campbell you're totally disabled?

12 A I have my TENS Unit on in there. It's
13 turned up all the way. There are parts of the yard
14 that I can cut and there's some that I can't.

15 Q What you're telling Commissioner Campbell
16 then today is if you're wearing your TENS unit, which
17 we provided to you, you're able to engage in the level
18 of physical activity as depicted by this video I'm
19 showing you; is that correct?

20 A Driving that tractor is easy. I mean it's
21 not a hard thing to do.

22 Q Climbing on and off of it is no problem?

23 A That's the most difficult part.

24 Q Has it got power steering? I've got one
25 kind of like it. Does it have power steering?

1 A It's very easy to turn the steering wheel.

2 Q All right. You're not going to say that
3 doesn't jostle your back or your legs at all? Is that
4 your testimony?

5 A In the areas that -- that I could cut, no.

6 Q All right. As a result of doing this,
7 though, on July 29, 2014, did you wind up as stoved up
8 as you was going in the Dollar General a couple days
9 later? That's my question. Is that --

10 A My back is hurting even there. I can tell
11 by the way I'm sitting.

12 Q All right. So your back is hurting there?

13 A Yes.

14 Q Okay. Would that have affected your ability
15 later on?

16 A No.

17 Q So you would -- you would tell us that --
18 doing that and climbing on and off the tractor,
19 working in that heat, does not affect you physically?

20 A Since I lost all that weight, I freeze most
21 of the time. My hands are ice cold. So, actually I
22 enjoy the heat.

23 Q All right. Ms. Spencer, I'm about through.

24 THE COURT: Ms. Spencer, I have one quick
25 question. When you're on the tractor, that vibration

1 of the tractor, that doesn't interfere with your back?

2 A I -- I -- if I didn't have my TENS Unit on,
3 turned up pretty much all the way, it would. And the
4 next day I hurt anyway. I mean, a little worse the
5 next day. I haven't cut the grass -- in fact, that's
6 the last time I cut the grass. And I did know that
7 they videotaped that. He was right at the end of my
8 driveway.

9 Q Why -- not interrupt -- go ahead and finish
10 if you want to.

11 A But I haven't cut grass since that day.

12 Q All right. Had you cut -- when is the last
13 time you cut it before then. Let me stop you and tell
14 you why I'm asking that question. There's video of
15 you filling up gas cans in the back of your little
16 SUV. Okay? May the Commissioner presume that if
17 you're filling up your two medium size gas cans,
18 that's going to fill up your lawn tractor and cut your
19 grass; is that fair?

20 A That's fair. I do put the cans in the back
21 of my car and take them to the station and put gas in
22 them as they're in the car, sitting in the back of
23 the car.

24 Q Let me shift a little bit of the focus.
25 Let's talk about the medical. I want to -- let me

1 make sure I understand this about Car Toys. You
2 voluntarily put that money in that business for your
3 son; is that correct?

4 A I did.

5 Q Nobody made you do it?

6 A Nobody.

7 Q That's what you wanted to do to help your
8 boy, okay. The injections that you've been receiving,
9 is it your testimony today that they only help you for
10 a day?

11 A A day or two or three. Yeah, I think one
12 time one lasted maybe three days at the most.

13 Q So there's no real use to use those, is it?

14 A No.

15 Q All right. And Dr. Lehman, in fact,
16 referred you to the Charlotte Rehab facility, correct?
17 Do you remember that? Is that correct?

18 MR. CREECH: That's not the case at all. Your --
19 your -- your people decided that she needs to go
20 there.

21 MR. McCANTS: Yeah, upon his recommendation. I
22 think it's in the reports. I just want to make it
23 clear. I think it's in the reports that that's not a
24 facility that we picked out of the blue. It was given
25 to us as a recommendation.

1 MR. CREECH: I disagree with that. Matter of
2 fact I litigated it because I didn't want her going
3 there and we lost that issue.

4 MR. McCANTS: I may want to look into the records
5 just to clear that up.

6 MR. CREECH: Neither here or there. She went.

7 MR. McCANTS: She did.

8 THE COURT: Okay.

9 BY MR. McCANTS:

10 Q All right. Did you have any light to shed
11 on that, Ms. Spencer? Do you remember how you found
12 your way to Charlotte?

13 A I think I was told by Patty Chambers.

14 Q That's the nurse case manager?

15 A Yes, she's the nurse case manager.

16 Q All right. Okay. That -- I think -- I
17 agree with Drew, that's kind of -- that's all we've
18 got. Thank you, Ms. Spencer.

19 THE COURT: Okay. Mr. Creech.

20 MR. CREECH: Thank you, your Honor. Very
21 briefly.

22 REDIRECT EXAMINATION

23 BY MR. CREECH:

24 Q Ms. Spencer, do you try to remain as active
25 as possible?

1 A I try, yes.

2 Q And is that what your doctor's have asked
3 you to do?

4 A Well -- well -- well, do what you can do, as
5 much as you can. Don't just sit around.

6 Q Okay. Are you employed by National
7 HealthCare?

8 A No.

9 Q Do they have a position available for you?

10 A No.

11 Q Okay. Can you do any job -- can you do the
12 job that you've done for the last 35 years?

13 A No.

14 MR. CREECH: No further question.

15 RE-CROSS EXAMINATION

16 BY MR. MCCANTS:

17 Q You are still employed? You just haven't
18 come back to work. Nobody has told you, you're fired
19 from us, have they?

20 A No.

21 Q You would like to come back if you could;
22 but you say you can't, right?

23 A I don't feel like I am physically able.

24 Q But we didn't let you go, have we?

25 A I haven't received a termination letter.

1 But I did get a letter that my insurance had been
2 cancelled.

3 Q All right. It wasn't from us, though, was
4 it?

5 A I doubt it was from you.

6 Q Thank you, Ms. Spencer.

7 MR. CREECH: No further questions.

8 THE COURT: Ms. Spencer, you can step down.

9 Please raise your right hand. Do you swear or
10 affirm that the testimony you're about to give is the
11 truth, the whole truth and nothing but the truth?

12 THE WITNESS: Yes, sir.

13 THE COURT: Thank you. Please state and spell
14 your full name for the record.

15 THE WITNESS: Terry Sartin. T-E-R-R-Y,
16 S-A-R-T-I-N.

17 THE COURT: Mr. Creech, your witness.

18 Terry Sartin,

19 Having first been duly sworn, testified as follows:

20 DIRECT EXAMINATION

21 BY MR. CREECH:

22 Q Terry, what is your relationship with
23 Ms. Spencer?

24 A My mother.

25 Q Okay. All right. And Terry, did you run -

1 sometime last year did you run a window tinting, tire
2 business?

3 A Yes, sir.

4 Q Okay. What was the name of that business?

5 A Car Toys.

6 Q Okay. How long was that business in
7 operation?

8 A About a year.

9 Q Okay. And is it closed now?

10 A Yes, sir.

11 Q Okay; When did it close?

12 A Three months ago, something like that, maybe
13 a little more.

14 Q Okay. And who ran that business?

15 A I did.

16 Q Okay. How did you -- how did you finance
17 that business?

18 A My mother gave me a loan at first to get me
19 going.

20 Q Okay.

21 A It wasn't a loan. I asked her for a loan
22 and then she gave it to me, so -

23 Q Okay.

24 A I didn't have to pay her back.

25 Q She was trying to help you get a business

1 started?

2 A Yes, sir.

3 Q Okay. And did you have problem -- did you
4 have issues getting permits and stuff like that in
5 your own name?

6 A Yes, sir.

7 Q Okay. So who got all that stuff for you?

8 A Well, she got it for me.

9 Q Okay. All right. And now when you were
10 running this business, did -- did -- would your mom
11 come and hang out sometimes?

12 A Yes, she would.

13 Q Okay. Tell me about that. Why -- why was
14 she coming up there?

15 A Well, when I first got back with my mom to
16 see how my mom was doing, my mom was depressed in bed.
17 I mean I needed her -- I wanted her to get out and get
18 up out of bed and come out and be with the public and
19 do something. She was so depressed when I came up
20 here. I mean I felt good when she came up to the shop
21 because she was getting out and being with the public,
22 I mean at least out of bed, you know, talking.

23 Q So you asked her to come out and just hang
24 out?

25 A Yes, sir. I liked it when she did it.

1 Q Okay. And did you feel like it was
2 beneficial to her?

3 A Yes, sir.

4 Q How often would you mom come there?

5 A She came whenever she pleased. I didn't
6 know when she was coming. I didn't know when she
7 would really leave. I was just, you know, just happy
8 to see her not at home depressed and not doing
9 nothing.

10 Q Would you ever -- did your mom ever receive
11 any type of financial payment for her being there?

12 A No, sir.

13 Q Did your mom ever work for that business in
14 any type of capacity at all?

15 A No, sir.

16 Q When your mom was there what would she do?

17 A Sit on the couch, take walks. Sit out on
18 the curb. Really that was -- I mean she might have
19 picked up a broom or something every now and then.
20 Maybe talked to customers or something like that. I
21 liked -- I mean I liked seeing her talk to people
22 because it kept her going, you know what I mean.

23 Q Was your mom an employee of that business?

24 A No, sir.

25 Q Was -- as an owner, did your mom --you're

1 your mom receive any type of financial benefit from
2 the business?

3 A No, sir.

4 Q Was there -- if the business would have made
5 money, would your mom have ever received payment?

6 A No, sir.

7 Q The money she gave you was that -- was that
8 a gift?

9 A Yes, sir, it was a gift to me.

10 Q A mother helping her son?

11 A Yes, sir.

12 MR. CREECH: No further questions.

13 THE COURT: Mr. McCants.

14 MR. McCANTS: Thank you.

15 CROSS EXAMINATION

16 BY MR. MCCANTS:

17 Q Terry, I introduced myself to you earlier.

18 A Yes, sir.

19 Q Thank you for coming. I just have a few
20 questions. Your mom gave you the money for the
21 business --

22 A Yes, sir.

23 Q -- as a gift? She signed the lease?

24 A We both signed the lease.

25 Q You're on the lease, too?

1 A Yes, sir.

2 Q Okay. Well, I misunderstood that. I
3 thought she said she only signed the lease. Both of
4 y'all are on the lease then?

5 A We both went in there together. I was
6 almost positive I was on that lease.

7 Q Fair enough. She got the power, utility,
8 other utilities and water for you, though?

9 A Yes, sir.

10 Q She paid the bills for you?

11 A Yes, sir.

12 Q Her name is on the check book?

13 A Yes, sir.

14 Q She came by there on a somewhat regular
15 basis, correct?

16 A Yes, sir.

17 Q Interacted with the customers, correct?

18 A Yes, sir.

19 Q Swept the floor to a certain degree?

20 A Yes, sir.

21 Q I do have some video footage, I don't know
22 if you are aware, of her pointing out certain things
23 to some of your workers and what not.

24 A Okay.

25 Q You don't disagree with that. She did that,

1 Q So that's helping your business?

2 A Okay.

3 Q You agree with that? That's not hard. You

4 --

5 A I mean, yes, but I mean -- I appreciate her
6 doing it for me, you know what I mean, so.

7 Q God bless the mothers. I agree with that
8 for sure. Thank you.

9 THE COURT: Mr. Creech, anything further?

10 MR. CREECH: No further questions, Your Honor.

11 THE COURT: Mr. McCants.

12 MR. McCANTS: Nothing further.

13 THE COURT: You can step down. Thank you for
14 your testimony. Thank you for being here.

15 THE COURT: Do you have any additional witnesses?

16 MR. CREECH: No, sir. That concludes the
17 hearing, Your Honor.

18 MR. McCANTS: No witnesses.

19 THE COURT: That concludes the hearing.

20 (The hearing concluded at 1:14 p.m.)

21

22

23

24

25

STATE OF SOUTH CAROLINA)
)
COUNTY OF LEXINGTON) CERTIFICATE

BE IT KNOWN THAT I TOOK THE FOREGOING
WORKERS' COMPENSATION HEARING;

THAT I WAS THEN AND THERE A NOTARY PUBLIC IN
AND FOR THE STATE OF SOUTH CAROLINA-AT-LARGE;

THE FOREGOING TRANSCRIPT CONSISTING OF 86
TYPEWRITTEN PAGES REPRESENTS A TRUE, ACCURATE AND
COMPLETE TRANSCRIPTION OF THE TESTIMONY SO GIVEN AT
THE TIME AND PLACE AFORESAID TO THE BEST OF MY SKILL
AND ABILITY;

THAT I AM NOT RELATED TO NOR AN EMPLOYEE OF
ANY OF THE PARTIES HERETO, NOR A RELATIVE OR EMPLOYEE
OF ANY ATTORNEY OR COUNSEL EMPLOYED BY THE PARTIES
HERETO, NOR INTERESTED IN THE OUTCOME OF THIS ACTION.

WITNESS MY HAND AND SEAL THIS 11TH DAY OF
OCTOBER, 2014.

CORA ELLIS BRUTON
NOTARY PUBLIC FOR SOUTH CAROLINA
MY COMMISSION EXPIRES JANUARY 18, 2015

STATE OF SOUTH CAROLINA
BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC No. 1120778

Lettie Spencer,)
)
Claimant,)
)
v.)
)
National Healthcare Parklane,)
)
Employer,)
)
and)
)
Premier Group Insurance)
Company, Inc.,)
)
Carrier/Defendants.)
)

FULL COMMISSION HEARING

Monday, June 15, 2015
2:51 p.m. - 3:14 p.m.

The Full Commission Hearing was heard before Commissioners Susan S. Barden, Ayisha Taylor and Avery Wilkerson, at the Workers' Compensation Commission, 1333 Main Street, Suite 500, Columbia, South Carolina, on the 15th day of June, 2015, before Jennifer Nottle, Court Reporter and Notary Public in and for the State of South Carolina.



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EXHIBITS

(There were no exhibits marked during the hearing.)

STIPULATIONS

It is stipulated and agreed that this deposition is being taken pursuant to the Administrative Procedures Act and the South Carolina Rules of Civil Procedure.



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1 THE COURT REPORTER: Today is Monday, June 15th,
2 2015. This is South Carolina Workers'
3 Compensation case number 112-0778. This is the
4 case of a Lettie Spencer, the Claimant, versus
5 National Healthcare, Employer, and Premier
6 Group, the Carrier. This is a cross appeal.
7 The First Appellant is the Claimant,
8 represented by Andrew Creech. The Second
9 Appellant is the Defendant, represented by
10 Clarke McCants. Each side is allowed eight
11 minutes for oral argument and three minutes in
12 reply. You're requested to argue the grounds
13 of exception and stay within the record.

14 COMMISSIONER WILKERSON: Excuse me. Mr. Creech?

15 ARGUMENT BY MR. CREECH:

16 MR. CREECH: Thank you, Your Honor. May it please
17 the court?

18 COMMISSIONER WILKERSON: Please.

19 MR. CREECH: This case is an appeal of a permanency
20 award. It's our position that Ms. Spencer is
21 permanent totally disabled pursuant to 42-9-10.
22 I've also planned the alternative, if the
23 Commission finds that she's not permanent
24 totally disabled, pursuant to 42-9-10, that we
25 have a wage loss claim out there pursuant to



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1 42-9-20. To give you a little bit of
2 background on this case, Ms. Spencer is 66
3 years old, ended up getting her GED, and has
4 been a licensed practical nurse for the last 33
5 years. She actually has kind of a specialty
6 with Alzheimer patients, and that's kind of her
7 passion. It's been the only job she's had for
8 the last 33 years. In June of 2011, she
9 sustained an admitted back injury. She was
10 originally seen and determined to be non-
11 surgical by neurosurgeon, Dr. Drye. Her
12 treatment then at that point got transferred to
13 a pain management doctor, Dr. Owens, who did
14 some SI injections. I believe some -- a nerve
15 block, and basically, it was determined that
16 she needed a second opinion with an orthopaedic
17 surgeon. Her care was at that point
18 transferred to Dr. Lehman, who's in Rock Hill,
19 who became the authorized treating physician.
20 Dr. Lehman also concluded she was non-surgical,
21 but did a serious of, you know, conservative
22 care. And ultimately, eventually, she reached
23 MMI with Dr. Lehman. And he released her
24 noting that she's at less than sedentary work.
25 He also -- she was also found to have major



1 depression disorder, which is a compensable
2 body part pursuant to a consent order. I think
3 it's important to note a couple things. Number
4 one, her depression at one point was so bad --
5 she's a little lady to begin with, but her
6 normal weight was, like, 135 pounds. And her
7 weight got down to, I believe, 103 pounds due
8 to her chronic pain and depression at one
9 point. It's since stabilized to a certain
10 degree, but she was a very frail and fragile
11 lady. Dr. Lehman did give her, again, less
12 than sedentary work, but only a seven percent
13 impairment based on the actual type of back
14 injury. After he released her, the insurance
15 carrier sent her to a three-week comprehensive
16 rehab program in Charlotte. And she was -- she
17 was participating in this program, gave it
18 great effort amidst three weeks, five days a
19 week, eight hours a day. She gave it her all.
20 And actually, she felt like she did get some
21 benefit from the program. At the end of it,
22 they did an FCE, and Dr. Carlton, who's the
23 facilitator of this program, released her with
24 sedentary work restrictions. But he did that
25 based on the FCE she underwent in that program.



1 And so if you dive into the FCE, it's clear
2 that the restrictions are really less than
3 sedentary. She could only stand for 10 minutes
4 at a time and sit for 60 minutes. Also, she
5 can only lift up to seven or eight pounds. In
6 order to be sedentary you have to be able to
7 lift 10 pounds. And what I've learned, it is
8 -- for whatever reason, some of these FCEs, the
9 lowest category there is is sedentary. That's
10 the lowest category that they have. So I would
11 submit to the Commission that Dr. Carlton,
12 based on the FCE results, also released her
13 with less than sedentary. She then gets -- her
14 care gets transferred to Dr. Nandurkar. Dr.
15 Nandurkar was the authorized treating pain
16 physician. Dr. Nandurkar basically has given
17 her long-term meds, and she's on quite a bit.
18 He's tried injections. And ultimately he
19 released her with less than sedentary work
20 restrictions. There was also an FCE done by
21 Columbia Rehab. Both FCEs, the one done by --
22 by the rehab center in Charlotte, and the
23 second FCE done by Carolina Columbia
24 Rehabilitation Program, both note she put forth
25 full and consistent effort. And both concluded



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1 less than sedentary. Finally, I have --
 2 because of her ongoing depression issues, I had
 3 her evaluated by Dr. Mullin, who's a
 4 psychiatrist in Greenville for an IME. He
 5 concluded essentially, in a combination of her
 6 chronic pain syndrome and her severe
 7 depression, that she's totally disabled. And
 8 then I had my vocational report done. And my
 9 vocational expert concluded that she was
 10 permanent and totally disabled. My voc expert
 11 also noted that even though she believes more
 12 likely than not permanent totally disabled, in
 13 the event that she did go back to work, it
 14 would be at an entry level position making
 15 \$7.50, which would basically be a 70 percent
 16 wage loss.

17 COMMISSIONER WILKERSON: Help me understand two
 18 things. One is the Dr. Lehman and Dr.
 19 Nandurkar.

20 MR. CREECH: Yes, sir.

21 COMMISSIONER WILKERSON: --- affirmed each other as
 22 far as the disability numbers they've put in?

23 MR. CREECH: No, sir. Dr. Lehman was seven percent
 24 of whole person to the back but less than
 25 sedentary work, which ---



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1 COMMISSIONER WILKERSON: Right.

2 MR. CREECH: Dr. Nandurkar was 12 percent to the
3 back, yeah, but less than sedentary work.

4 COMMISSIONER WILKERSON: All right. And also help
5 me understand, if those restrictions are there,
6 how she was able to work with her son's company
7 for a period of time?

8 MR. CREECH: She did not work with her son's company
9 for a period of time.

10 MR. COMMISSIONER WILKERSON: Okay.

11 MR. CREECH: There ---

12 COMMISSIONER BARDEN: She didn't sweep the floors?

13 MR. CREECH: Well, she did sweep the floor. She did
14 sweep the floor, and she testified she can do
15 some things. I mean, she's -- this woman is
16 not an invalid.

17 COMMISSIONER WILKERSON: Oh, no, no.

18 COMMISSIONER BARDEN: Does she have a cane at the
19 FCE?

20 MR. CREECH: I don't recall that. I don't know.

21 COMMISSIONER BARDEN: Because I thought the video
22 showed her not using a cane out in the -- not
23 -- she said that she needs a cane, because she
24 can't walk. And it showed her ---

25 MR. CREECH: She uses a cane sometimes, she says,



1 depending on the terrain. But the -- there is
2 no evidence that shows that she was working.
3 I mean, she -- her son had his own business.
4 And ---

5 **COMMISSIONER WILKERSON:** Car Toys?

6 **MR. CREECH:** Car Toys, yes, sir. And she'd show up
7 there for a period of time. And what her son
8 testified -- or what her testimony was, it was
9 basically to get her out of the house. Because
10 she was dealing with some severe depression and
11 it was just to get her out. Both were very
12 clear, she never worked there, she never got
13 paid a cent for being there. Did she do some
14 menial tasks, like sweep the floor, like what
15 she would do at her house? Yeah, I'm sure she
16 did. She doesn't deny any of that stuff. She
17 doesn't act like she can't do things. She can
18 go shopping, she can drive, she can do stuff
19 like that. I don't believe it's in dispute
20 that she can do -- she can't do her job
21 anymore. That's not in dispute.

22 **COMMISSIONER BARDEN:** Well, were the -- no, you go
23 ahead. I was looking for something I remember,
24 but ...

25 **MR. CREECH:** Yes, ma'am. It's -- it's essentially



1 -- that's our case. It is every single piece
2 of medical evidence says she's totally
3 disabled. We do have surveillance video, but
4 it's benign in nature. It doesn't show her
5 doing anything that she doesn't freely admit
6 that she can do.

7 COMMISSIONER WILKERSON: Go ahead and finish your
8 thoughts. You've got three minutes in reply.

9 MR. CREECH: So again -- so that's our position that
10 she's P & T under 42-9-10 with back injury
11 affecting the leg, as noted on the 14-Bs, with
12 an admitted psychological overlay. And then
13 the alternative of wage loss. Thank you.

14 COMMISSIONER WILKERSON: Thank you. You've got
15 three minutes in reply, so. Mr. McCants?

16 ARGUMENT BY MR. MCCANTS:

17 MR. MCCANTS: Thank you. And again, good afternoon.
18 I think Commissioner Campbell, who, of course,
19 sat in this room and listened to Ms. Spencer's
20 testimony and had an opportunity to look over
21 the records, had an opportunity to view the
22 video that was offered by my clients in this
23 case, did very well under circumstances to rely
24 more on the lay evidence as opposed to the
25 expert medical evidence and other expert



1 evidence that was introduced in the record for
 2 this case in reaching his decision. Because I
 3 think the decision, the true decision, the
 4 right decision, is when we have to go to that
 5 evidence to reach a just result. And as we all
 6 know, and I try to put the legal authorities in
 7 the brief, we have been told that all kinds of
 8 evidence, whether it be expert or lay, should
 9 be considered in trying to evaluate these cases
 10 because that's the nature of them, workers'
 11 injuries and other workplace incidents. We
 12 should be relying on the common sense type
 13 evidence in reaching just results. I will
 14 readily conceive that you have expert's
 15 reports, and the four corners of those expert
 16 reports say any number of things with regard to
 17 Ms. Spencer's situation. And I'm not here to
 18 assault or pick on Ms. Spencer. She's a nice
 19 lady. I just think that she -- it leads to
 20 believe in our heart she's worse off than she
 21 really is, especially when you consider some of
 22 the lay evidence we presented. And if I can --

23
 24 COMMISSIONER WILKERSON: Clarke, let me ask you a
 25 question.



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1 MR. MCCANTS: Yes, sir.

2 COMMISSIONER WILKERSON: Or, Mr. McCants. Your
3 client has no voc report in here; is that
4 correct?

5 MR. MCCANTS: That's correct.

6 COMMISSIONER WILKERSON: Okay. Because I was
7 looking, I read them, and I thought I could
8 only find one voc report.

9 MR. MCCANTS: I don't think I need a voc report if
10 I think I've got the Claimant working.

11 COMMISSIONER WILKERSON: No, no. But you've gone to
12 a failed medication ---

13 MR. MCCANTS: Yes, sir.

14 COMMISSIONER WILKERSON: --- is my understanding in
15 reading through the file. Mediation fail,
16 obviously it's position 42-9-10 -- he's seeking
17 permanent and total.

18 MR. MCCANTS: He is.

19 COMMISSIONER WILKERSON: And his voc report gives
20 him what he's seeking. How do you get around
21 that?

22 MR. MCCANTS: We'll simply point to the voc report
23 and the four corners of it. You judges make us
24 lay foundations before we acquire an expert's
25 opinion be introduced at a hearing. We have to



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1 lay the proper foundation before an expert can
2 offer an opinion to a reasonable degree of
3 medical certainty, psychiatric engineering,
4 what have you. That person has to have a
5 strong foundation upon which to build that
6 opinion. There is little if any foundation for
7 the essential opinions these experts have in
8 this case. And Commissioner Campbell set these
9 forth in the order. For example, if you look
10 at Dr. Mullins, the psychiatrist report, and
11 part of his conclusion that Ms. Spencer is
12 permanently and totally disabled. He bases
13 that on part -- in her statement that quote,
14 she has to stay in her bed, and the pain has
15 grown worse. She told Dr. Mullin, I don't do
16 any gardening anymore, I don't get outside.
17 Commissioner Barden, you made reference to the
18 cane. That's in actually Ms. Holenbeck's
19 report.

20 **COMMISSIONER BARDEN:** Well, she told me she didn't
21 get out of bed, but didn't y'all capture her on
22 a tractor and working in her yard?

23 **MR. MCCANTS:** Yes, ma'am. And I want to talk about
24 the video in just a second because it's not
25 insignificant video. This is some of the



1 strongest video I think I've seen for purposes
2 of respectfully challenging these experts'
3 reports. She told Ms. Holenbeck she uses a
4 cane when she leaves her home. That's in that
5 report. And that was one of the building
6 blocks for Ms. Holenbeck's vocational opinion
7 in this case, and Mr. Chairman, that's simply
8 not true. It's just not true. The other thing
9 I want to point to, Dr. Mullin based his
10 opinion that she has a major depressive
11 condition back that -- believing she had a
12 clean bill of health before this incident.
13 Again, not true. The first 68 pages of my APA
14 is devoted to her prior medical problems
15 including the neck surgery, chronic pain,
16 treatment by at least a psychologist, maybe
17 even a psychiatrist, with regard to major
18 depressive issues. She did not have a clean
19 bill of health before this incident. And
20 that's probably to be expected of a person her
21 age. But you can't go to an expert in one of
22 these cases and say I'm taking the position I
23 can't work, and the reason I can't work is I
24 was fine before this incident. Again, not
25 true. Little things like her marital status.



1 She told Dr. Mullin everything was okay, when
2 in fact, respectfully, Ms. Spencer has had some
3 significant domestic problems with her husband
4 involving even a charge of criminal domestic
5 violence against him. You talked about that
6 video once we got all this, and I tried to put
7 on one disc selected clips. I think this runs
8 about eight or 10 minutes. Please look at it.
9 You will see the type of physical activity, her
10 moving around doing things, which is
11 inconsistent with these expert opinions. You
12 made reference, Commissioner Barden, to use of
13 the tractor. Ironically, I think we're on one
14 of the hottest days of the years so far today,
15 so I want to pretend like you're outside. Ms.
16 Spencer was using her John Deere lawn tractor
17 to cut her front yard, which is not an
18 insignificant front yard. I want to say it's
19 at least an acre or two, on the hottest day of
20 the year. I can't do that. If I do so, I know
21 I'm going to be hurting or in pain. But the
22 fact you're getting out there and doing things
23 that are consistent with a normal lifestyle is
24 indicia of the true facts of a case like this.
25 And that's why I thought Commissioner Campbell



1 was right to rely on that information. Do I
2 argue now my ---

3 COMMISSIONER WILKERSON: Yeah. You got -- yeah.
4 Part of that, you can argue that, because you
5 got three minutes in reply.

6 MR. MCCANTS: All right. I hope I'm covering
7 everything in that regard. And we had a nine
8 percent to the lower back and a 13 percent
9 whole person from Dr. Lehman and Dr. Nandurkar,
10 respectfully. All right. I appealed too
11 because Commissioner Campbell did not award a
12 credit for overpayment of temporary total in
13 this case on the basis that I have not filed a
14 21. I do it --sometimes, I do it, sometimes I
15 don't. I knew we were going to owe Ms. Spencer
16 an award at some point. So I just let my
17 friend Drew kind of carry the day with --
18 pursuant to a hearing. Whether or not a 21 is
19 filed, as y'all know, does not control the
20 credit issue. The credit issue is based upon
21 the concept of disability. It's not
22 necessarily MMI. It's geared towards whether
23 or not someone is capable of engaging in
24 physical activity allow them to work.

25 COMMISSIONER WILKERSON: Was an agreement on the



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1 record of her MMI day?

2 MR. MCCANTS: I think we probably at least purposes
3 of it -- now, he certainly takes the position
4 MMI plus maintenance dodge type medicals -

5 COMMISSIONER WILKERSON: No, and I understand that's
6 a little different. But did y'all agree on the
7 record? I couldn't find it.

8 COMMISSIONER BARDEN: I didn't see it.

9 COMMISSIONER WILKERSON: I didn't see it, but maybe
10 I missed it. I was concentrating on a lot of
11 other issues. Did y'all agree on the record
12 that she reached MMI on X day? I couldn't find
13 it, but maybe I missed it.

14 MR. MCCANTS: There is a very good chance we did
15 not. I think ---

16 COMMISSIONER WILKERSON: Okay.

17 MR. MCCANTS: --- Commissioner Campbell found
18 February 9, 2014 ---

19 COMMISSIONER WILKERSON: Yeah.

20 MR. MCCANTS: --- based on -

21 COMMISSIONER WILKERSON: Yeah.

22 MR. MCCANTS: And, you know, we concede that she's
23 entitled to ongoing pain management ---

24 COMMISSIONER WILKERSON: Yeah, okay.

25 MR. MCCANTS: --- with Dr. Nandurkar, we don't



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1 dispute that, because I think it helps her live
2 the lifestyle that she lives.

3 **COMMISSIONER WILKERSON:** Okay. All right.

4 **MR. MCCANTS:** Thank you..

5 **COMMISSIONER WILKERSON:** You have three minutes in
6 reply. Mr. Creech.

7 **REPLY BY MR. CREECH:**

8 **MR. CREECH:** Thank you. My client has never been
9 one that's -- that acts like she can't do
10 anything. That's never been the -- her
11 position or what she's ever maintained. With
12 regard to her on the lawnmower, it was a riding
13 lawnmower. And she was on it -- the
14 surveillance video showed she was on it for 20
15 minutes. Was it in the middle of the day, yes
16 it was. But she never -- she never said she
17 can't do yard work or ride on a lawnmower or
18 bend down to pick up weeds in a flower bed. I
19 mean, these are things that she doesn't deny.
20 All the other videos, if you've watched it, I
21 mean, it shows her walking around or standing.
22 Sometimes it shows her walking with a lot of
23 difficulty. Long story short, it's not in
24 dispute that she can't do her job anymore.
25 It's the only job that she's done for 33 years.



1 With regard ---

2 COMMISSIONER BARDEN: Did she have any surgery from
3 this, or was she treated conservative?

4 MR. CREECH: It was conservative. The spinal cord
5 stimulator was recommended, and she opted ---

6 COMMISSIONER BARDEN: And she doesn't wish to
7 undergo that?

8 MR. CREECH: Yeah. So with regard to the credit, he
9 could have filed the 21 at any time. We would
10 have gotten here a lot quicker. We -- you
11 know, from the moment we had the failed
12 mediation, a 21 could have been filed and --
13 you know, we could have been here in 30 days.
14 And he chose not to, so we had asked that you
15 affirm the decision not to give her credit.

16 COMMISSIONER TAYLOR: Mr. Creech, how does the
17 credit issue of whether or not it's on the Form
18 21, how does that mesh with the Curiel case?

19 MR. CREECH: To be honest, I'm not 100 percent sure
20 because I haven't read the Curiel case.

21 COMMISSIONER TAYLOR: Okay. Okay.

22 MR. CREECH: I do feel like there -- there needs to
23 be some equity in the sense that there is an
24 obligation, I think, for the defense to
25 preserve the credit. I think they have to take



1 some type of affirmative stance, and they
2 haven't done it.

3 **COMMISSIONER BARDEN:** I guess there is one record
4 that gives me pause from Dr. Carlton. And I
5 don't know if that's your expert or treating
6 physician or whoever that says that she's
7 walking bent over so far that her spine is,
8 quote, parallel to the ground. But doesn't the
9 video show that some of these complaints are
10 amplified or exaggerated such that the doctors
11 relied on that in coming up with the
12 restrictions? And there is some self-limiting
13 in there ---

14 **MR. CREECH:** Yeah. I think if you read the -- if
15 you read the overall picture of the rehab
16 program, I mean, I think she's like anybody
17 where she has really good days and really bad
18 days. I think the overall picture put forth in
19 this rehab program, which was very intensive,
20 was that she tried really, really hard, and
21 that she actually got some benefit from it. I
22 mean, she'll tell you that. And so, as far as
23 I'm aware, there's been no allegation in any of
24 the medical records that this woman is a woman
25 that's malingering or exaggerating her symptoms



1 or anything like that. And that hasn't been
2 really ---

3 COMMISSIONER BARDEN: Did they watch the video?

4 MR. CREECH: I'm sorry?

5 COMMISSIONER BARDEN: Did the doctors see the video?

6 MR. CREECH: No.

7 COMMISSIONER WILKERSON: No.

8 MR. CREECH: They did not. No, ma'am.

9 COMMISSIONER WILKERSON: Thank you.

10 MR. CREECH: Thank you.

11 COMMISSIONER BARDEN: Thank you.

12 COMMISSIONER WILKERSON: Mr. McCants, any reply?

13 REPLY BY MR. MCCANTS:

14 MR. MCCANTS: Yes, sir. Just briefly. And again --
15 and again, Ms. Spencer, I'm not saying she's
16 trying to necessarily mislead anybody. But
17 when you go to someone like Dr. Mullin, who is
18 going to offer an opinion like this in the
19 case, and you tell Dr. Mullin her depression
20 began about six months after initial injury.
21 She had to quit working, stayed in bed a lot,
22 and pain has grown worse. She -- she says she
23 raised beautiful flowers, but she has not done
24 any gardening since the accident. Those were
25 all facts upon which the experts would



1 reasonably, assuming they could, rely on. The
2 result probably would have been different if
3 she said, you know, I go to my son's shop, I
4 help out a little bit over there, I do some
5 work there, I sweep the floor, I do drive my
6 John Deere tractor and cut the grass, I do
7 garden, I do get out, I go do lift trash -- gas
8 cans, whatnot, when I fill my tractor. That's
9 what the video shows. And it's there, it's in
10 color. Not just black and white, it's in
11 color. And again, I think ---

12 COMMISSIONER WILKERSON: You agree those aren't the
13 biggest gas cans in America?

14 MR. MCCANTS: Sir?

15 COMMISSIONER WILKERSON: Those weren't the biggest
16 gas cans in America.

17 MR. MCCANTS: Oh, no.

18 COMMISSIONER WILKERSON: They were not -- yeah.

19 MR. MCCANTS: They were, what, four or five gallons.

20 COMMISSIONER WILKERSON: I don't know if they were
21 that big, but they could have been. Three, it
22 looked three to me, but whatever.

23 MR. MCCANTS: Well, it's not only shown that maybe
24 she can lift the gas can, she's got to use the
25 gas on some equipment.



1 COMMISSIONER WILKERSON: I wouldn't disagree with
2 that.

3 MR. MCCANTS: Respectfully. Thank you very much.

4 COMMISSIONER WILKERSON: Thank you. We appreciate
5 it. This concludes the hearing. Thank y'all.
6 (There being nothing further, the hearing concluded
7 at 3:14 p.m.)
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STATE OF SOUTH CAROLINA)
COUNTY OF YORK)
)

Lettie Spencer, Employee,)

Claimant,)

-vs-)

National Healthcare,)
Employer,)

and)

Premier Group Insurance Co.)

Defendants.)

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 1120778

NOTICE OF WITNESSES AND
WRITTEN REPORT(S)/PHYSICIAN
OR OTHER EVIDENCE TO BE
INTRODUCED ON BEHALF OF
LETTIE SPENCER, CLAIMANT

COMBINED APAs

FILE COPY

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND
CLARKE W. McCANTS, III, ESQUIRE, ATTORNEY FOR DEFENDANTS:

YOU ARE HEREBY NOTIFIED THAT THE Claimant, Lettie Spencer, pursuant to the provisions of the South Carolina Workers' Compensation Act and South Carolina Code Section 1-23-330 (1976, as amended), and Rule 67-612, herewith submits the following reports/physician or other evidence on behalf of the Claimant, to wit:

<u>NAME OF REPORT(S)/PHYSICIAN OR OTHER EVIDENCE</u>	<u>DATE OF REPORT(S)</u>	<u>PAGE NUMBERS</u>
APA 1: Carolina Occupational Healthcare	6-27-11 – 10-14-11	5 – 19
APA 2: Chester Regional Medical Center	7-22-11	20 - 22
APA 3: Chester Internal Medicine	8-10-11 – 3-20-13	23 - 40
APA 4: Columbia Neurosurgical Associates, PA	8-31-11 – 9-7-11	41 - 48
APA 5: SC Pain Associates	11-10-11 – 4-18-12	49 - 76
APA 6: Select PT	3-12-12 – 4-17-12	77 - 86

1

APA 7:	Dr. William L. Lehman, Jr. Carolina Orthopaedic Surgery Associates, PA	4-4-12 – 4-2-13	87 - 110
APA 8:	Springs Memorial Hospital	9-11-12	111 - 119
APA 9:	Sanjay Nandurkar, MD Piedmont Interventional Spine & Pain Care	1-28-13 – 6-5-14	120 - 156
APA 10:	The Rehab Center	3-7-13 – 10-31-13	157 - 276
APA 11:	Tracy Hill, PT Columbia Rehabilitation Clinic, Inc.	1-21-14	277 - 303
APA 12:	Patrick B. Mullen, MD Poinsett Psychiatric Group	2-28-14	304 - 309
APA 13:	Leanna Hollenbeck, MS	3-8-14	310 - 324

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

YOU ARE FURTHER NOTIFIED that the originals of the documents referred to herein, or photocopies received from said physicians/others, will be submitted at the hearing before Honorable Aisha Taylor, Commissioner, for insertion in the file of the South Carolina Workers' Compensation Commission and inclusion into evidence on behalf of the employee-claimant.

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

Ms. Lettie Spencer
2867 Great Falls Hwy.
Richburg, SC 29729

Family members, friends, co-workers,
former co-workers and neighbors.

ELROD POPE LAW FIRM

By: *Josh D. Leader for*
Andrew W. Creech

Attorneys at Law
PO Drawer 11091
Rock Hill, South Carolina 29731
(803) 324-7574
ATTORNEYS FOR CLAIMANT

Rock Hill, South Carolina
August 19, 2014

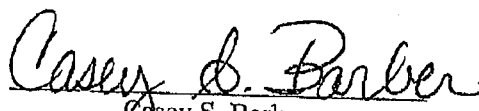
3

CERTIFICATE OF MAILING
WCC FILE NO.: 1120778

The undersigned hereby certifies that she is a secretary to the attorney for the Employee-Claimant in the above-entitled action and that the foregoing **NOTICE OF WITNESSES AND WRITTEN REPORT(S)/PHYSICIAN OR OTHER EVIDENCE TO BE INTRODUCED ON BEHALF OF LETTIE SPENCER, CLAIMANT** served upon the attorney for the Defendants by depositing same in the United States Mail with the proper postage affixed thereto, to the following address:

Clarke W. McCants, III, Esquire
Nance, McCants & Massey
Attorneys & Counselors at Law
PO Box 2881
Aiken, SC 29802-2881

Hon. Aisha Taylor, Commissioner
SC Workers' Compensation Commission
PO Box 1715
Columbia, SC 29202


Casey S. Barber

Rock Hill, South Carolina
August 19, 2014

4

CAROLINA OCCUPATIONAL HEALTHCARE, LLC
1715 BLANDING STREET, COLUMBIA, SC 29201
PHONE (803) 256-3926 • FAX (803) 256-7886

AUTHORIZATION FOR WORKERS COMPENSATION TREATMENT

Patient Name: Latia Spencer

SSN: 259-74-6627

Authorization is given to evaluation and treat employee ONLY for:

Lower back

Date of Injury: 6-22-11

Employer: NHC Parklane

Contact Name: Pat Coats RN

Please fax status report to 741-9991

Additional requests:

Drug Screen

☒ Yes

6-24-11

Dr. Thomas J. Matycka MD

SCANNED

CAROLINA OCCUPATIONAL HEALTHCARE, LLC

NAME Spencer, Leticia

DATE 6/27/11 TIME 3:50 PM

TECH 88

HEIGHT 62 inches

WEIGHT 138 lbs.

PULSE 74

BP 139/72

CC Pushing MEO Cart and Felt Sharp Pain in Lower Back

HPI ~5 days ago pushing med cart
felt pop in (L) low back
trailing into (L) C.E. to calf.
Never had before. Has worsened
on movement 2nd B/B.

ROS: ☐ Reviewed ☐ Non-Contributory

PH: ☐ Reviewed ☐ Non-Contributory

ASH: ☐ Reviewed ☐ Non-Contributory

PHYSICAL EXAMINATION

Re: OSIR by @ intensification of
(L) low back pain/sharp
(L) side/infantile calf
pt's pulse + 2/yr

Aortic S. brunt & a/p

X-ray of spine
15 days ago
fracture in vertebra
for surgery

Low back strain, but likely radiculopathy (will try
steroids)

CYCLOBENZAPRINE
16 mg
30 TABLETS
NDC 8897-3870-32
EXP 08/2013

TRAMADOL
HCL
50 mg
30 TABLETS
NDC 8816-5927-11
EXP 02/2011

for benefit

ASSESSMENT & PLAN: SEE RETURN TO WORK STATUS FORM ☐

NEXT VISIT IN 7 DAYS OR PRN

PHYSICIAN'S SIGNATURE

MITCHELL H. HEGQUIST, MD

☐ CHARLES BOYTER, MD

☐ JAMES WRIGHT, MD

☒ THOMAS MOTYCKA, MD

☐ H.W. BLEDSON, MD

☐

Page 000007

SCANNED

CAROLINA OCCUPATIONAL HEALTHCARE, LLC
1715 BLANDING ST.
COLUMBIA, SC 29201
PHONE (803) 799-3926 FAX (803) 256-7896

☐ SC VOC	<u>NHC</u>	(Company name)
☒ WWC		
☐ PRIVATE		
☐ Employment		(Company Name)
☐ Asbestos - NIOSH FORM NEEDED - RADIOLOGIST READS		

X-Ray No. 19060 Patient Name Spencer, Lettie M ☒ ^{Pregnancy statement}
Date 6-27-11 SS# XXX-XX-6027 DOB 11-28-47 Age _____
Requesting Physician: ☐ WRIGHT ☐ HEGQUIST ☒ MOTYCKA ☐ BLEDSOE ☐ _____
History: WC injury
X-Ray Technician's Signature/Name: E. B. Howell R.T. (R)

- | | | | |
|---|---|--|---|
| ☐ Abdomen, IV, 74000 | ☐ Finger, 3V, 73140 | ☐ Knee & Tun, 3+1, 73564 | ☐ Shoulder, 2V, 73030 |
| ☐ Abdomen, 3V, 74022 | ☐ Foot, 2V, 73620 | ☒ L-S-Spine, 3V, 72100 | ☐ Sinuses, 2V, 70210 |
| ☐ Ankle, 3V, 73810 | ☐ Foot, 3V, 73630 | ☐ Mandible, 3V, 70100 | ☐ Sinuses, 3V, 70220 |
| ☐ C-Spine, 3V, 72040 | ☐ Foot-FB, 2V, 73620 | ☐ Nasal, 3V, 70160 | ☐ Skull, 2V, 70250 |
| ☐ C-Spine, 5V, 72050 | ☐ Forearm, 2V, 73090 | ☐ Neck-ST, 2V, 70390 | ☐ Skull, 4V, 70280 |
| ☐ Chest, 1V, 71010 | ☐ Hand, 3V, 73130 | ☐ Os calcis, 2V, 73650 | ☐ T-Spine, 2V, 72070 |
| ☐ Chest, 2V, 71020 | ☐ Hand, 2V, 73120 | ☐ Pelvis, 1V, 72170 | ☐ Thumb, 3V, 73140 |
| ☐ Clav, 2V, 73000 | ☐ Hip, 2V, 73510 | ☐ Ribs, 4V, 71101 | ☐ Tib & Fib, 2V, 73590 |
| ☐ Coccyx & Sacrum 2V 72220 | ☐ Humerus, 2V, 73080 | ☐ Ribs-Bilat, 4-5V, 71111 | ☐ Toes, 3V, 73880 |
| ☐ Elbow, 2V, 73070 | ☐ Knee, 2V, 73560 | ☐ SI Joint, 3V, 72202 | ☐ Wrist, 2V, 73100 |
| ☐ Elbow, 4V, 73080 | ☐ Knee, 3V, 73562 | ☐ Scapula, 2V, 73010 | ☐ Wrist w/Nav, 3-5V, 73110 |
| ☐ Femur, 2V, 73650 | ☐ Knee & Sun, 3+1, 73564 | ☐ Shoulder, AC, 2V, 73050 | ☐ Add View, 1V, 70001 |
| ☐ Sternum, 71120 | | | |

INITIAL IMPRESSION _____
LS/SI fracture

SIGNATURE ON FILE: ☐ JAMES A. WRIGHT, MD ☐ MITCHELL H. HEGQUIST, MD ☒ THOMAS MOTYCKA, MD
☐ H.W. BLEDSOE, MD ☐ CHARLES BOYTER, MD ☐ _____, MD

☐ 76140 REQUEST RADIOLOGIST CONSULT

☐ Normal Examination

☐ I agree with the initial impression stated above.

☐ I disagree with the initial impression, see comments:

☐ Radiologist please review the following area of concern _____

XRAY SIGNED OUT BY _____

Page 000008 Radiologist _____

Date _____

DATE _____

ROA 146

SCANNED

CAROLINA OCCUPATIONAL HEALTHCARE, LLC
1715 BLANDING ST, COLUMBIA, SC 29201
PHONE (803) 799-3926 • FAX (803) 258-7896

RETURN TO WORK STATUS

PATIENT INFORMATION:

NAME Spencer, Leticia SS 259 74 6627

COMPANY INFORMATION:

COMPANY NAME NHC

CONTACT PERSONS NAME Patthy Coates

OCCUPATION / JOB DESCRIPTIONS Nurse

INJURY INFORMATION:

DATE OF INJURY 6, 22, 11 TIME OF INJURY 730 AM / PM

DIAGNOSIS: Low Back Strain (also Radiculopathy) (L4/L5)

TREATMENT PLAN (1) Warm compresses

(2) Cyclobenzaprine at Bedtime

(3) Tramadol for pain

(4) (Steroid) Steroid Taper

INSTRUCTION SHEET GIVEN

RETURN TO WORK STATUS:

- ☐ RETURN TO WORK WITH NO LIMITATIONS
☐ RETURN TO WORK WITH NO LIMITATIONS AS A _____
☐ UNABLE TO RETURN TO WORK UNTIL _____ / _____ / _____
☐ RELEASED FROM CARE
☐ REFERRED FOR SPECIALTY EVALUATION TO _____
☒ RETURN TO WORK WITH THE FOLLOWING LIMITATIONS:

LIMITATIONS:

- ☐ NO OPERATING OF HEAVY EQUIPMENT, MACHINERY, DRIVING
☐ NO PROLONGED BENDING, STOOPING, SQUATTING
☒ NO LIFTING MORE THAN 10 POUNDS
☐ NO USE OF _____
☐ SIT FOR NO LONGER THAN _____ HOURS PER 8 HOUR WORKDAY
☐ STAND FOR NO LONGER THAN _____ HOURS PER 8 HOUR WORKDAY
☐ WALK FOR NO LONGER THAN _____ HOURS PER 8 HOUR WORKDAY
☐ RECOMMENDATIONS
☒ ALTERNATE SITTING, STANDING & WALKING
☐ OTHER RESTRICTIONS

PHYSICIAN'S SIGNATURE _____ DATE 6, 27, 11

PHYSICIAN'S NAME: _____

☐ MITCHELL H. HESLOP, MD

☐ H.W. BLEDSOE, MD

☐ CHARLES BOYTER, MD

☐ JAMES WRIGHT, MD

☒ THOMAS MOTYCKA, MD

NEXT APPOINTMENT 07, 05, 11 @ 200

CHECK OUT TIME: 515 INITIALS OK * IF LESS THAN 7 DAYS, NEED AUTHORIZATION

Page 000009

Carolina Occupational Healthcare, LLC

1715 BLANDING STREET, COLUMBIA, SC 29201
PHONE (803) 788 - 3926 FAX (803) 258 - 7886

SCANNED

Patient: SPENCER, LETTIE L DATE: 7-5-11 TIME: 2:28 TECH: MWC
SS# 259746627 DOB: 11/28/1947 DOI: 6/22/2011

HEIGHT: 62 Inches WEIGHT: 138 lbs PULSE: 80 BP 169 / 70 BP 1

CC: L/L Lumbosacral

HPI: Not any better, might even be worse
is on Day 7 of 12 Day Steroid
taper. Using cyclobenzaprine during day, it
makes me drowsy
Discontinue radiation
Pill crushing still hurts my back

ROS: ☐ Reviewed ☐ Non-Contributory

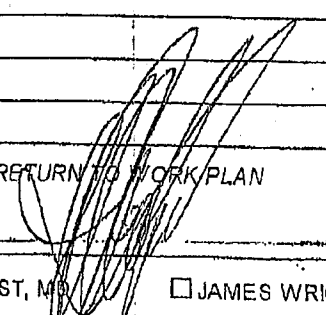
PH: ☐ Reviewed ☐ Non-Contributory

F/SH: ☐ Reviewed ☐ Non-Contributory

PHYSICAL EXAM: Very uncomfortable - appearing - sitting as cone on rear
table & standing - bent over posture. Pain in
hips but did not respond to heat. Pain
and palp repro pain

ASSESSMENT & PLAN: SEE RETURN TO WORK PLAN

NEXT VISIT IN after 1 week DAYS OR PRN

PHYSICIAN SIGNATURE: 

DATE: 7-5-11

☐ MITCHELL H. HEGQUIST, MD

☐ JAMES WRIGHT, MD

☐ CHARLES BOYTER, MD

☒ THOMAS J MOTYCKA, MD

☐ _____

Page 000010

SCANNED

Carolina Occupational Healthcare, LLC

1715 BLANDING STREET, COLUMBIA, SC 29201
PHONE (803) 789 - 3928 FAX (803) 256 - 7896

RETURN TO WORK STATUS

Patient: SPENCER, LETTIE L

2867 GREAT FALLS HWY
RICHBURG, SC 29729

SS# 259748627

DOB 11/28/1947

INJURY INFORMATION:

DATE OF INJURY: 6/22/2011

Employer: NHC HEALTHCARE - PARKLANE

EMPLOYER CONTACT

OCCUPATION / JOB DESCRIPTION: NURSE

Diagnosis 847.2 SPRAIN LUMBAR REGION

ADDITIONAL DIAGNOSIS INFORMATION:

TREATMENT PLAN:

① Tramadol for Daytime Pain
② Cyclobenzaprine AT BEDTIME
③ Icebag PM after Day's Activities
④ MRI Low Back

INSTRUCTION SHEET GIVEN:

⑤ Combine Steroid Taper

RETURN TO WORK STATUS:

- ☐ RETURN TO WORK WITH NO LIMITATIONS
☐ RETURN TO WORK WITH NO LIMITATIONS AS A _____
☐ UNABLE TO RETURN TO WORK UNTIL ____/____/____
☐ RELEASED FROM CARE
☐ REFERRED FOR SPECIALTY EVALUATION TO _____
☒ RETURN TO WORK WITH THE FOLLOWING LIMITATIONS (see below)

LIMITATIONS:

- ☐ NO OPERATING OF HEAVY EQUIPMENT, MACHINERY, DRIVING
☐ NO PROLONGED BENDING, STOOPING, SQUATTING
☒ NO LIFTING MORE THAN 10 POUNDS
☐ NO USE OF _____
☐ SIT FOR NO LONGER THAN _____ HOURS PER 8 HOUR WORKDAY
☐ STAND FOR NO LONGER THAN _____ HOURS PER 8 HOUR WORKDAY
☐ WALK FOR NO LONGER THAN _____ HOURS PER 8 HOUR WORKDAY
☐ RECOMMENDATIONS _____
☐ ALTERNATE SITTING, STANDING & WALKING
☒ OTHER RESTRICTIONS: _____

PHYSICIAN SIGNATURE:

☐ MITCHELL H. HEGQUIST, MD

☐ JAMES WRIGHT, MD

☐ CHARLES BOYTER, MD

☒ THOMAS J. MOTYCKA, MD

Check out TIME: _____ Initials: _____

NEXT APPOINTMENT DATE/TIME: _____

Page 000019
If less than 7 days, Need AUTHORIZATION

ROA 149

SCANNED

Carolina Occupational Healthcare, LLC

1715 BLANDING STREET, COLUMBIA, SC 29201
PHONE (803) 799-3928 FAX (803) 258-7896

Patient: SPENCER, LETTIE L

DATE: 7-29-11

TIME: 3:50

TECH: ROS

SS# 259746627

DOB: 11/28/1947

DOI: 6/22/2011

HEIGHT: 62 Inches WEIGHT: 138 lbs PULSE: BP: BP:

CC: Flu on MRI - to LS spine

HPI: Still have (C) low back pain L > R arm (L)
buttock/posterolateral thigh radiation
Oxycodone 5mg
MRI results shows narrowing from disc bulge
at L4/5

TRAMADOL

NCL

50 MG

30 TABLETS

NDC 88187-627-11

EXP 07/2012

LOT 117091

EXP 06/13

CYCLOXAPRINE

10-MG

30 TABLETS

NDC 8833-3879-32

EXP 06/2012

LOT 117091

EXP 06/13

ROS: ☐ Reviewed ☐ Non-Contributory

PH: ☐ Reviewed ☐ Non-Contributory

F/SH: ☐ Reviewed ☐ Non-Contributory

PHYSICAL EXAM: Very uncomfortable - appear leaning to left
(C) (L) (R) just to (C) of midline
at L5/S1 space.
Gait antalgic, slightly, due to (C) low back/hip

A.S. Low back pain (C) (L) (R) - narrow
P. to Ortho

ASSESSMENT & PLAN: SEE RETURN TO WORK PLAN

NEXT VISIT IN 08/11/11 DAYS OR PRN

PHYSICIAN SIGNATURE:

DATE: 7-29-2011

☐ MITCHELL H. HEGQUIST, MD

☐ JAMES WRIGHT, MD

☐ CHARLES BOYTER, MD

☒ THOMAS J MOTYCKA, MD

Page 000012

Carolina Occupational Healthcare, LLC

1715 BLANDING STREET, COLUMBIA, SC 29201
PHONE (803) 799 - 3926 FAX (803) 256 - 7866

RETURN TO WORK STATUS

Patient: **SPENCER, LETTIE L**
2867 GREAT FALLS HWY
RICHBURG, SC 29729

Employer: **NHC HEALTHCARE - PARKLANE**
EMPLOYER CONTACT

OCCUPATION / JOB DESCRIPTION: **NURSE**

SS# 269746627

DOB 11/28/1947

INJURY INFORMATION:

DATE OF INJURY: 6/22/2011

Diagnosis 847.2 SPRAIN LUMBAR REGION

ADDITIONAL DIAGNOSIS INFORMATION:

TREATMENT PLAN: ① Diaper Compression may offer relief
② Ortho Referral
③ Refill Cyclobenzaprine & Tramadol

INSTRUCTION SHEET GIVEN:

RETURN TO WORK STATUS:

- ☐ RETURN TO WORK WITH NO LIMITATIONS
☐ RETURN TO WORK WITH NO LIMITATIONS AS A _____
☐ UNABLE TO RETURN TO WORK UNTIL ____/____/____
☐ RELEASED FROM CARE
☐ REFERRED FOR SPECIALTY EVALUATION TO _____
☒ RETURN TO WORK WITH THE FOLLOWING LIMITATIONS (see below)

LIMITATIONS:

- ☐ NO OPERATING OF HEAVY EQUIPMENT, MACHINERY, DRIVING
☐ NO PROLONGED BENDING, STOOPING, SQUATTING
☐ NO LIFTING MORE THAN _____ POUNDS
☐ NO USE OF _____
☐ SIT FOR NO LONGER THAN _____ HOURS PER 8 HOUR WORKDAY
☐ STAND FOR NO LONGER THAN _____ HOURS PER 8 HOUR WORKDAY
☐ WALK FOR NO LONGER THAN _____ HOURS PER 8 HOUR WORKDAY
☐ RECOMMENDATIONS _____
☐ ALTERNATE SITTING, STANDING & WALKING _____
☒ OTHER RESTRICTIONS: AVOID PILL-CRUSHING
IF IT HURTS BACK

PHYSICIAN SIGNATURE: _____

DATE

☐ MITCHELL H. HEGQUIST, MD

☐ JAMES WRIGHT, MD

☐ CHARLES BOYTER, MD

☒ THOMAS J. MOTYCKA, MD

Check out TIME: 4:30

Initials: SR

NEXT APPOINTMENT DATE/TIME: OUTPAT

*If less than 7 days, Need AUTHORIZATION
Page 000018

SCANNED

Patient: SPENCER, LETTIE L DATE: 9-16-11 TIME: 3:05 TECH: UNC
 SS# 259746627 DOB: 11/28/1947 DOI: 6/22/2011

HEIGHT: 62 inches WEIGHT: 138 lbs PULSE: 80 BP 156 / 62 BP 156 / 62

CC: f/u LBP

HPI

Return to NEUROsurg report that nothing surgical
and present in Adjuster & both state that
P.T. said Benefit earned from TEN3
Still, still crushing vibratory/shaking into my low back
of sciatica

ROS: ☐ Reviewed ☐ Non-Contributory

PH: ☐ Reviewed ☐ Non-Contributory

F/SH: ☐ Reviewed ☐ Non-Contributory

PHYSICAL EXAM

PE of LBP
Tender at the L5 S1 area - nothing
more lateral & nothing more superiorly.
The S.L. is not tender

McDonald Low Back Pain (Overused Syndrome)
for see doc.

ASSESSMENT & PLAN: SEE RETURN TO WORK PLAN

NEXT VISIT IN 4 weeks DAYS OR PRN

PHYSICIAN SIGNATURE:

DATE: 9-16-11

☐ MITCHELL H. HEGQUIST, MD

☐ JAMES WRIGHT, MD

☐ CHARLES BOYTER, MD

☒ Molycka, MD

Carolina Occupational Health
1715 BLANDING STREET, COLUMBIA, SC 29201
PHONE (803) 799 - 3926 FAX (803) 255 - 7886

RETURN TO WORK STATUS

Patient: SPENCER, LETTIE L Employer: NHC HEALTHCARE - PARKLANE
2867 GREAT FALLS HWY EMPLOYER CONTACT
RICHBURG, SC 29729 OCCUPATION / JOB DESCRIPTION: NURSE
SS# 259746627 DOB 11/28/1947
INJURY INFORMATION: DATE OF INJURY: 6/22/2011
Diagnosis 847.2 SPRAIN LUMBAR REGION

ADDITIONAL DIAGNOSIS INFORMATION: _____

TREATMENT PLAN: (1) P.T. continued
(2) Tramadol & Cyclobenzaprine
(3) TENS UNIT

INSTRUCTION SHEET GIVEN: _____

RETURN TO WORK STATUS:

- ☐ RETURN TO WORK WITH NO LIMITATIONS
☐ RETURN TO WORK WITH NO LIMITATIONS AS A _____
☐ UNABLE TO RETURN TO WORK UNTIL _____ / ____ / ____
☐ RELEASED FROM CARE
☐ REFERRED FOR SPECIALTY EVALUATION TO _____
☒ RETURN TO WORK WITH THE FOLLOWING LIMITATIONS (see below)

LIMITATIONS:

- ☐ NO OPERATING OF HEAVY EQUIPMENT, MACHINERY, DRIVING
☐ NO PROLONGED BENDING, STOOPING, SQUATTING
☐ NO LIFTING MORE THAN _____ POUNDS
☐ NO USE OF _____
☐ SIT FOR NO LONGER THAN _____ HOURS PER 8 HOUR WORKDAY
☐ STAND FOR NO LONGER THAN _____ HOURS PER 8 HOUR WORKDAY
☐ WALK FOR NO LONGER THAN _____ HOURS PER 8 HOUR WORKDAY
☐ RECOMMENDATIONS _____
☐ ALTERNATE SITTING, STANDING & WALKING
☒ OTHER RESTRICTIONS: Avoid Pill-Crushing

PHYSICIAN SIGNATURE: _____ DATE 9-16-11
☐ MITCHELL H. HEGQUIST, MD ☐ JAMES WRIGHT, MD
☐ CHARLES BOYIER, MD ☒ THOMAS J. MOTYCKA, MD

Check out TIME 3:52 PM Initials: R NEXT APPOINTMENT DATE/TIME: 10-14-2011 3:00 PM

*If Page 000015, Need AUTHORIZATION

CAROLINA OCCUPATIONAL HEALTHCARE, LLC

1716 BLANDING STREET
COLUMBIA, SC 29201
PHONE: (803) 788-3828
FAX: (803) 288-7888

MITCHELL H. HEGGLIST, MD BHE271714
CHARLES W. BOYTER, JR., MD BS1619377
JAMES WRIGHT, MD AW8832375
THOMAS J. MOTYKA, MD BM3042836

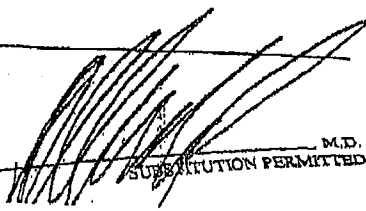
Patient Name: Celtie Spencer

Address: _____ Date: 9-16-2011

R TENS Unit
AS directed

☐ unless checked, label with drug name

Refill 0 times (No refill unless indicated)

M.D.  M.D.
SUBSTITUTION PERMITTED

SCANNED

Carolina Occupational Healthcare, LLC

1715 BLANDING STREET, COLUMBIA, SC 29201

PHONE (803) 799 - 3928 FAX (803) 258 - 7896

Patient: SPENCER, LETTIE L

DATE: 10/14/2011

TIME: 3:29 PM

TECH: Br

SS# 259748627

DOB: 11/28/1947

DOI: 6/22/2011

HEIGHT: 62 Inches

WEIGHT: 138 lbs

PULSE: 69

BP

128, 66

BP

CC: PLU LBP

HPI

Pt returns to 4 weeks of TENS unit & PT.
Essentially resolved. Pain at L5/S1 low back but
is left buttock radiation intensified by standing
leg raise or bending forward. Further radiation
SAW Neurosurgeon in Dye, who rec'd surgery
just med/PT
[There was a "broad-based bulging disc" on MRI - I
still think that is a role player in this case; I thought I
saw (L) facet arthropathy C5/6; after exam today
I don't perform. I also enclosed a mechanical low back
about the apophyseal joint the ilio paralumbar triangle-like
area]

ROS: ☐ Reviewed ☐ Non-Contributory

PH: ☐ Reviewed ☐ Non-Contributory

FISH: ☐ Reviewed ☐ Non-Contributory

PHYSICAL EXAM

of LBP but do get intensification of pain in (L) buttock
C@S12. Consistent & appropriate
of hip discomfort at ROM testing
Greater positive response

Continuing
of low back pain likely strain/overuse syndrome but also radiation
of pain to leg
into buttock

ASSESSMENT & PLAN: SEE RETURN TO WORK PLAN

NEXT VISIT IN 2 DAYS OR PRN

PHYSICIAN SIGNATURE: _____

DATE: 10-14-2011

☐ MITCHELL H. HEGQUIST, MD

☐ JAMES WRIGHT, MD

☐ CHARLES BOYTER, MD

☒ THOMAS J MOTYCKA, MD

☐

Page 000017

SCANNED

Carolina Occupational Healthcare, LLC

1715 BLANDING STREET, COLUMBIA, SC 29201

PHONE (803) 799 - 3826 FAX (803) 256 - 7896

RETURN TO WORK STATUS

Patient: SPENCER, LETTIE L

2867 GREAT FALLS HWY

RICHBURG, SC 29729

SS# 259748627

DOB 11/28/1947

INJURY INFORMATION:

DATE OF INJURY: 6/22/2011

Employer: NHC HEALTHCARE - PARKLANE

EMPLOYER CONTACT

OCCUPATION / JOB DESCRIPTION: NURSE

Diagnosis 847.2 SPRAIN LUMBAR REGION

ADDITIONAL DIAGNOSIS INFORMATION:

TREATMENT PLAN: ① PAIN MANAGEMENT Referral

② Continue TENS unit for relief

INSTRUCTION SHEET GIVEN:

RETURN TO WORK STATUS:

- ☐ RETURN TO WORK WITH NO LIMITATIONS
- ☐ RETURN TO WORK WITH NO LIMITATIONS AS A _____
- ☐ UNABLE TO RETURN TO WORK UNTIL ____/____/____
- ☐ RELEASED FROM CARE
- ☐ REFERRED FOR SPECIALTY EVALUATION TO _____
- ☒ RETURN TO WORK WITH THE FOLLOWING LIMITATIONS (see below)

LIMITATIONS:

- ☐ NO OPERATING OF HEAVY EQUIPMENT, MACHINERY, DRIVING
- ☐ NO PROLONGED BENDING, STOOPING, SQUATTING
- ☐ NO LIFTING MORE THAN ____ POUNDS
- ☐ NO USE OF _____
- ☐ SIT FOR NO LONGER THAN ____ HOURS PER 8 HOUR WORKDAY
- ☐ STAND FOR NO LONGER THAN ____ HOURS PER 8 HOUR WORKDAY
- ☐ WALK FOR NO LONGER THAN ____ HOURS PER 8 HOUR WORKDAY
- ☐ RECOMMENDATIONS _____
- ☐ ALTERNATE SITTING, STANDING & WALKING
- ☒ OTHER RESTRICTIONS: No use of pill crusher

PHYSICIAN SIGNATURE: _____

DATE 10/14/2011

☐ MITCHELL H. HEGQUIST, MD

☐ JAMES WRIGHT, MD

☐ CHARLES BOYTER, MD

☒ THOMAS J. MOTYCKA, MD

Check out TIME _____ Initials: _____

NEXT APPOINTMENT DATE/TIME _____

Page 000018 Need AUTHORIZATION

ROA 156

Carolina Occupational Healthcare, LLC

4/3/2012

Patient: LETTIE L. SPENCER
2867 GREAT FALLS HWY
RICHBURG, SC 29729

EMPLOYER: NHC HEALTHCARE - PARKLANE

NHC00

INSURANCE CO: PREMIERE GROUP INSURANCE

SS#: 259746827

PRE00

PO BOX 1122

DOI: 6/22/2011

CLAIM #

MURFEEBORO, (866)414-7442

ADJ:

Date	Description	Procedure	Dx 1	Claim#	Units	Charge	Amt Paid	SELF PAY	ADJ	Billed?
6/27/2011	NEW PATIENT DETAILED EVALUATION	98203	847.2	17813	1	142.00	-134.90	0.00	-7.10	
6/27/2011	LS-SPINE 3V XRAY	72100	847.2	17813	1	62.00	-49.40	0.00	-2.60	
6/27/2011	TRAMADOL 60 MG #30	65182-0827	847.2	17813	30	30.30	-28.49	0.00	-1.81	
6/27/2011	CYCLOBENZAPRINE 10MG #30	00603-3079	847.2	17813	30	39.30	-35.85	0.00	-3.45	
7/5/2011	ESTABLISHED PATIENT MD FU	99213	847.2	17813	1	95.00	-90.25	0.00	-4.75	
7/29/2011	ESTABLISHED PATIENT MD FU	99213	847.2	17933	1	95.00	-90.25	0.00	-4.75	
7/29/2011	TRAMADOL 60 MG #30	65182-0827	847.2	17933	30	30.30	-28.49	0.00	-1.81	
7/29/2011	CYCLOBENZAPRINE 10MG #30	00603-3079	847.2	17933	30	39.30	-35.85	0.00	-3.45	
9/16/2011	ESTABLISHED PATIENT MD FU	99213	847.2	18380	1	96.00	-90.26	0.00	-4.75	
9/16/2011	CYCLOBENZAPRINE 10MG #30	00603-3079	847.2	18380	30	39.30	-35.85	0.00	-3.45	
9/16/2011	TRAMADOL 60 MG #30	65182-0827	847.2	18380	30	30.30	-28.49	0.00	-1.81	
10/14/2011	ESTABLISHED PATIENT MD FU	99213	847.2	18564	1	95.00	0.00	0.00	0.00	
11/3/2011	CHECK PAYMENT	CHECK		0	1	-164.59	0.00	0.00	0.00	
11/3/2011	CORVEL/CORCARE ADJUSTMENT	COR		0	1	-10.01	0.00	0.00	0.00	
11/11/2011	CHECK PAYMENT	CHECK		0	1	-164.59	0.00	0.00	0.00	
11/11/2011	CORVEL/CORCARE ADJUSTMENT	COR		0	1	-10.01	0.00	0.00	0.00	
11/16/2011	CHECK PAYMENT	CHECK		0	1	-338.89	0.00	0.00	0.00	
11/16/2011	CORVEL/CORCARE ADJUSTMENT	COR		0	1	-19.71	0.00	0.00	0.00	

SCANNED

Page 000019

Total Charges:	\$ 782.80
Total Payments:	-\$ 648.07
Total Adjustments:	-\$ 39.73
Total Account Balance:	\$ 95.00

ROA 157

CHESTER REGIONAL MEDICAL CENTER

1 MEDICAL PARK DRIVE
CHESTER SC 29706
RADIOLOGICAL INTERPRETATION

PATIENT NAME: SPENCER, LETTIE
ACCOUNT #: 3102226
EXAM DATE: 7/22/2011
ORDERING: STAFF NON, MD

RM: RAD MR#: 107577
X-RAY#: 17750
D.C.B.: 11/29/1947

ATTENDING:

CONSULTING:

BACK PAIN

72148 MRI L-SPINE WO CONT

MRI OF THE LUMBAR SPINE, 07/22/11:

HISTORY: 63-year-old with history of lower back pain.
TECHNIQUE: Sagittal and axial T1 and T2 and sagittal STIR
weighted MR images of the lumbar spine were performed without
the use of radiologic contrast material.

FINDINGS: The vertebral body heights of the lumbar spine are
preserved and anatomic alignment maintained. No abnormal marrow
signal is identified. The spinal cord conus ends appropriately
at T12-L1 disc space level with no evidence of intrathecal mass.
Visualized portions of the retroperitoneum are unremarkable.

At the T11-12, T12-L1 and L1-2 levels no disc herniation or
significant neural foraminal narrowing is identified.

At the L2-3 level, no disc herniation or neural foraminal
narrowing is identified.

At the L3-4 level, hypertrophic facet changes are identified,
however, disc herniation or neural foraminal narrowing is
identified.

At the L4-5 level, hypertrophic facet change and ligamentum
flavum thickening are identified and combined with a broad based
disc bulge to cause a component of inferior neural foraminal
narrowing bilaterally as well as a component of lateral recess
narrowing, left greater than right. No central canal stenosis

CONTINUED ON PAGE 2

STAFF NON, MD

Carolina
Oce. Health

77-3028

fax 803-~~258~~ 7896
256

CHESTER REGIONAL MEDICAL CENTER

1 MEDICAL PARK DRIVE
CHESTER SC 29706
RADIOLOGICAL INTERPRETATION

PATIENT NAME: SPENCER, LETTIE
ACCOUNT #: 3102226
EXAM DATE: 7/22/2011
ORDERING: STAFF NON, MD

RM: RAD MR#: 107577
X-RAY#: 17750
D.O.B.: 11/28/1947

ATTENDING:

CONSULTING:

BACK PAIN

661 72148 MRI L-SPINE WO CONT

is identified.

At the L5-S1 level, no disc herniation or neural foraminal narrowing is identified.

IMPRESSION: MILD DEGENERATIVE DISC DISEASE OF THE LUMBAR SPINE
MOST PROMINENT AT L4-5 AS DESCRIBED ABOVE.

DD: 07/22/2011 00:00
DT: 07/22/2011 19:07 MPS

Dictated By: REUTER, MD, ROBERT
Signed By: REUTER, MD, ROBERT

ROBERT REUTER, MD

DICTATED BY

DATE DICTATED: 7/22/2011
DATE TRANSCRIBED: 7/22/2011 19:07
BY: MPS TECH: GENERIC TECH
661 STAFF NON, MD

REVIEWED AND SIGNED
ROBERT REUTER, MD
RADIOLOGIST
7/25/2011 15:34:52
PAGE 2 OF 2

Female Visit/Progress Note

Patient Name Lettie Spence

Date 8-10-11

DOB 11-28-47

Hx

Y.O.B. 63 W F LA B O 0

CIO: ✓ up

Other:

med - refills
Hurt on job June 20 "Back"
Workman's Comp - Columbia SC
July MRT Spence 7-22-11 waiting
Allergies: Demerol - pain for ortho appt

VISUAL ACUITY RIGHT LEFT BOTH
(with/without glasses) 20/ 20/ 20/
Smoker: Yes No Ex YAPK - 4 days
Hx: (dates) Pap Mammogram
SPE Colonoscopy No ETDH

PH: ☒ No change ☐ Change Date Codone/Edema ☒ No change ☐ Change Date

SH: ☒ No change ☐ Change Date

Subjective: ROS - Review symptoms below

Const	ENT	Eyes	HemLymph	Resp	CV	GI	Skin	GU	Gyn	MS	Endo	Neuro	Psych
fever	pain	pain	anemia	SOB	chest pain	indigestion	pruritis	dysuria	d/charge	arthritis	low BG	HA	depression
chills	congested	red	Sw Injunct	whooping	palpitations	reflux	rash	polyuria	itching	warm	dec BG	weakness	anxiety
melancholia	drainage	discharge	bruising	cough	edema	nausea	ulcers	apcure	dryness	redness	low thyroid	numbness	stressed
weight loss	hoarse	vision	bleeding	sputum	orthopnea	vomiting	halls	flank pain	dyspareunia	swelling	dec thyroid	dizziness	suicidal
fatigue	PND	glasses	hemoptysis	hemoptysis	HTN	abd pain	molesting	hematuria	vasomotor	back pain	polyuria	sensory dx	ideas
weak	bleeding	contacts	asthma	asthma	inner lipids	diarrhea	wound	hematuria	breast pain	neck pain	polydipsia	menstr	insomnia
anorexia	hearing loss	allergies	no sweat	no sweat	PND	constipation	hair loss	hematuria	nipple d/c	leg pain	polyphagia	delirium	coordination
	sore throat		chest pain	chest pain	OOE	blood	dry skin		breast lump	joint pain	wt loss		
			claudication	incres									

Other: Ht 5'2" Wt 135 T 97.3 P-78 R-16 BP 130/80
Glucose Fasting 140

blained by:

Reviewed by:

Assessment/Plan:

Meds: Biz

Other:

H/P, HTN
Dyslipidemia
Low Back
Edema
HTN
- Norelco 10mg + 1dg
Edema
- Aldactone 25mg + 1dg
Dyslipidemia
- Crestor 20mg + 1dg
- Tricor 148mg + 1dg

Reviewed Meds/SE ☐
Cont. Current Meds ☒
see list
med. refills
see list
WB

Previous/Recent Labs/Rad Review ☐
LAB: CBC UA O&S Microab Protime
A1C Glucose Lipid ALT KOH
RAD: BDS Mammogram CMP
lipid
OTHER: PFT EKG CBC
mg. UA
CONSULTS: T4-TSH
V-Dos
EDUCATION: HTN DM OP SB
STE DIET/NUTR LIPIDS
F/U: days wks 4 mlis PAN
OOO OOS
COUNSELING: >50% OV (line)
Level Visit 1 2 3 4
NA Reviewed POC with:
Obtain records from:

Signature:

Labs next visit:

Rad next visit:

Hyperthyroidism
tapazole 10mg + 1dg
Allergic Rhinitis
Flonase 1 spray each nostril, 1x

Amalgam
12/30/11

Patient Name

Lettie Spense

Date

8-10-11

GENERAL:

☒ WDOWN☒ NAD

☐ frail ☐ thin/cachectic ☐ malaise
☐ distress ☐ unkempt/dischveled
☐ obese (m - mod - morbid - truncal)

PSYCH:

☒ alert/oriented☒ memory intact

☐ depressed ☐ anxious ☐ agitated
☐ flat ☐ disoriented (person - place - time)
☐ forgetful ☐ MMSE Score

HEENT:

☒ TM's clear☒ pharynx WNL☒ nose WNL☒ sinus pain☐ fundi benign☒ neck SWN☒ neck FROM☒ thyroid☒ no bruits

☐ TM red R L (m - mod - sv)
☐ TM scar dull fluid R L
☐ EAC swollen red cerumen R L
☐ tonsils swollen R L (m - mod - sv)
☐ rhinorrhea: clear purulent bloody
☐ mucosa: pale boggy hyperemic
☐ turbinates: enlarged congested
☐ tender over sinuses: (m - mod - sv)
☐ R L maxillary frontal
☐ narrow arteries ☐ AV nicking
☐ hemorrhage exudate R L
☐ papilledema R L
☐ cervical adenopathy R L tender
☐ anterior shotty posterior
☐ ROM limited 2: muscle spasm rigidity
☐ enlarged ☐ bruit ☐ nodules
☐ carotid bruit R L

CHEST:

☒ clear BS's☒ R, R, R, W

☐ wheezes R L (m - mod - sv)
☐ rales R L
☐ rhonchi R L

HEART:

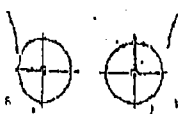
☒ RRR☒ S, M, R, G

☐ tachycardia @ ☐ BPM reg irreg
☐ bradycardia @ ☐ BPM reg irreg
☐ murmur ☐ MI holosystolic diastolic
☐ apex LLSB LUSB RUSB RLSB

BREASTS:

☐ mass☐ DC☐ nipples WNL☐ LN's

☐ deferred Size: sm med lg pend
☐ mass: ☐ cm R L at ☐ o'clock
☐ tender non-tender firm soft fixed mobile
☐ discharge R L bloody
☐ nipple inverted retracted R L
☐ lymph nodes: ☐ cm R L axilla supraclav
☐ fixed mobile tender non-tender hard soft



Bradley
9/30/11

ABDOMEN:

☒ benign☒ soft NT☒ (+) BS☒ HSM☒ mass

☐ obese ☐ scaphoid ☐ flat
☐ tender (m - mod - sv) diffuse epigastric
☐ suprapubic periumbilical flank (CVA) R L
☐ RUQ RLQ LUQ LLO
☐ rebound RUQ RLQ LUQ LLO
☐ guarding voluntary involuntary
☐ BS's increased decreased absent
☐ liver spleen palpable
☐ mass

GENITALIA:

FEMALE

☐ external WNL☐ vagina WNL☐ Cx WNL☐ uterus WNL☐ adnexal Tx☐ adnexal mass

☐ deferred
☐ vulva atrophic lesion
☐ rash excretion hyperemic caruncle
☐ discharge white green (m - mod - lg)
☐ stenotic (m - mod - sv)
☐ cervix tender (m - mod - sv)
☐ parous nulliparous
☐ cervical lesion (shown)
☐ uterus: enlarged tender retroverted
☐ unable to adequately palpate: uterus adnexa
☐ 2: obesity pain cooperation
☐ adnexa tender R L (m - mod - sv)
☐ adnexal mass ☐ adnexal mass R L

RECTAL:

☐ rash☐ hemorrhoids☐ sphincter WNL☐ GB (-)

☐ deferred
☐ excretion irritation rash:
☐ external hemorrhoids
☐ internal hemorrhoids
☐ sphincter: focus tight tender
☐ GB (+) gross blood positive

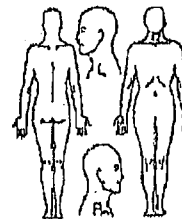
EXT/MS:

☒ C, C, E☒ joints NT☒ spinal NT

☐ edema pedal 1+ 2+ 3+ R L
☐ joint tenderness:
☐ spinal/paraspinal tenderness

Pulse	Carotid	Radial	Femoral	DP	PT
R					
L					

SKIN: (mark on diagram)

☒ rash

NEURO:

☒ CN2-12 WNL☐ Motor WNL☐ Sensory WNL☐ Reflexes WNL☐ Cerebellar WNL

☒ alert ☐ sedated ☐ lethargic
☐ CN2-12 WNL
☐ Motor WNL
☐ Sensory WNL
☐ Reflexes WNL
☐ Cerebellar WNL



Female Vis/VP Progress Note

Patient Name Lettie Spence

Date 12-14-11

DOB 11-28-47

Ht: Hyperbolic Wt: 64 y.o.

WF LA B O

10: UP

Reactive

Hyperthyroidism
Allergic Rhinitis

Other:

MR: Nausea RT back pain / vomitting

NO chest or abd. pain, with dizziness

Waking, no trouble falling @ Back pain

Allergies: Danone / Milk / Peanut / Melon

VISUAL ACUITY RIGHT LEFT BOTH
(with/without glasses) 20/ 20/ 20/

Smoker: Yes No Ex AKA 1-occass

Hx: (date) Pap Mammogram Never

BDS 7244 Colonoscopy 1-10

PH: ☒ No change ☐ Change Date

PH: ☒ No change ☐ Change Date

SH: ☒ No change ☐ Change Date

Subjective: ROS - Reviewed - See HPI

Const	ENT	Eyes	Heart/Lymp	Resp	CV	GI	Skin	GU	Gyn	MS	Endo	Neuro	Psych
fever	pain	pain	enema	SOB	chest pain	indigestion	pruritis	dysuria	discharge	stiffness	inc BG	HA	depression
chills	congested	red	Du Injct	wheezing	palpitations	reflux	rash	polyuria	itching	warm	dec BG	weakness	anxiety
malaise	drainage	discharge	bruising	cough	edema	nausea	ulcers	nocturia	dryness	redness	inc thyroid	numbness	abused
weight loss	hoarse	vision	bleeding	sputum	orthopnea	vomiting	naits	flank pain	dyspareunia	swelling	dec thyroid	dizziness	suicidal
fatigue	PND	glasses		hemoptysis	HTN	abd pain	modestly		vesicovag	back pain	polyuria	sensory dng	ideas
weak	bleeding	contacts		asthma	Irregular	diarrhea	wound	hematuria	breast pain	neck pain	polydipsia	mem dng	insomnia
anorexia	hearing loss	allergies		no sweat	PND	constipation	hair loss		nitpale d/o	leg pain	polyphagia	balance	
	sore throat			chest pain	DOE	blood	dry skin		breast lump	joint pain	wt loss	coordination	
					claudication	lux gas							

Other: Ht 5'2 Wt 133 T 97 P 72 R 16 BP 125/74 O2 96

Glucose

Fasting

Obtained by:

Reviewed by:

Assessment/Plan:

Meds:

Other:

HTN: Nonverbal 10, 12

Dyslipidemia: Cholesterol 201, 12

Triglycerides 160, 12

Hypertension

Aspirin 100, 12

Chronic kidney disease

Fluoride 100, 12

Insomnia - see med list

Dr. Owens - SC PAIN MANAGEMENT

NOV-2011 Injections - back

Dec. 20th next Appoint

Reviewed Meds/SE 8/10

Cont. Current Meds ☐

See List

Refill turned

Diagnosis

for future 160

Previous/Recent Labs/Rad Review ☐

LAB: CBO UA O&S Microabs Profile

A1C Glucose Lipid ALT KOH

RAD: BDS Mamm

OTHER: PFT EKG

CONSULTS:

EDUCATION: HTN DM OP SBE

STE DIET/NUTR LIPIDS

FU: days wks mtis PRN

COV OOS

COUNSELING: >50% OV turna

Level Visit 1 2 3 4

NP Reviewed POC with:

Obtain records from:

Signature: Bradley

12/14/11

Labs next visit:

Rad next visit:

Female Visit/Progress Note

Patient Name Lettie Spencer

Date 02-09-12

DOB 11-28-1947

Hx

64 y.o. WF LA B U

S/O: N/V / NO Appetite / weakness
diarrhea
Fever/chills
NO: Abd. pain / NO chest pain

Other:

VISUAL ACUITY RIGHT LEFT BOTH
(with/without glasses) 20/ 20/ 20/

Smoker: Yes No 15 PK-A DAY NO

Ht (date) Psp Mammogram NO

BDS Colonoscopy

Medications: Demerol / PCN / Codeine / Colace

PH: ☒ No change ☐ Change Date

PH: ☒ No change ☐ Change Date

SH: ☒ No change ☐ Change Date

Subjective: ROS - see HPE for new A's

Const	ENT	Eyes	Hem/Lymp	Resp	CV	GI	Skin	GU	Gyn	MS	Endo	Neuro	Psych
fever	pain	pain	anemia	SUB	chest pain	indigestion	pruritis	dysuria	discharge	stiffness	low BG	HA	depression
chills	congested	red	Bu inject	whooping	palpitations	reflux	rash	polyuria	itching	warm	low BG	weakness	anxiety
malaise	drainage	discharge	bruising	cough	edema	nausea	ulcers	nocturia	dryness	redness	low thyroid	numbness	stressed
weight loss	hoarse	vision	bleeding	sputum	orthopnea	vomiting	nales	flank pain	dyspareunia	swelling	low thyroid	clonus	suicidal
fatigue	PND	clashes		hemoptysis	HTN	abd pain	moleting		vasomotor	back pain	polyuria	sensory chg	ideas
weak	bleeding	contacts		asthma	low lipids	diarrhea	wound	hematuria	breast pain	neck pain	polydipsia	men chg	insomnia
anorexia	hearing loss	diagnosis		PNO	DOE	constipation	hair loss		nipple d/c	leg pain	polyphagia	balance	
	wg throat			chest pain	dislocation	inches	dry skin		breast lump	joint pain	wt loss	coordination	

Other: Ht 5'2 WT 128 T9% V P 82 R/L BP 129/73 CD 98

Glucose

Fasting - 1

Obtained by:

Reviewed by:

Assessment/Plan:

Med:

Other:

N/V - likely 2° medication now dx'd
Zofran 800 4x + 12.5 60 min PRN
max 400 4x 12.5 60 min PRN
was back to 12.5 60 min PRN
gabapentin comp. 300mg
Followed over 24hr period
HTN
Nonacc Wt. + 1 lb

continue all other med as directed

SC PAIN ASSOCIATES

Dr Tony Owens

Nucynta ER

50mg Bic - 2/9/12

Phenergan 25mg supp.

allure: 2/9/12 2 400 4x 12.5 60 min PRN Nausea

Reviewed Meds/SE M Bilo
Cont. Current Meds Bilo

See List

Zofran OPT
4x + 12.5 60 min PRN
N/V

Nucynta 400
+ 12.5 60 min PRN

Previous/Recent Labs/Rad Review ☐
LAB: CBC UA C&S Microabs Profile
A1C Glucose Lipid ALT KDH

RAD: BDS Mamm

OTHER: PFT EKG

CONSULTS:

EDUCATION: HTN DM OP SBE
STE DIET/NUTR. LIPIDS

FU: days 2 wks mths PRN

ODW ODS

COUNSELING: >50% OV (time)

Level Visit 1 2 3 4

MP Reviewed POC with:

Obtain records from:

Labs next visit:

Rad next visit:

2/10/12

2/10/12

Patient Name

Lottie Spence

Date 2/10/12

GENERAL: frail thin/cachectic malaise
☒ WDOWN distress unkept/dischveled
☒ NAD obese (m - mod - morbid - truncal)

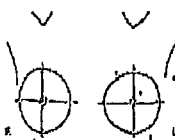
PSYCH: depressed anxious agitated
☒ alert/oriented flat disoriented (person - place - time)
☒ memory intact forgetful MMSE Score

HEENT: TM red R L (m - mod - sv)
☒ TM's clear TM scar dull fluid R L
EAC swollen red cerumen R L
☒ pharynx WNL pharynx erythematous (m - mod - sv)
tonsils swollen R L (m - mod - sv)
☒ nose WNL rhinorrhea: clear purulent bloody
mucosa: pale boggy hyperemic
turbinate: enlarged congested
sinus pain tender over sinuses: (m - mod - sv)
R L maxillary frontal
undi benign narrow arteries AV nicking
hemorrhage exudate R L
papilledema R L
☒ neck SWN cervical adenopathy R L tender
anterior shotty posterior
☒ neck FROM ROM limited 2": muscle nuchal rigidity
☒ thyroid enlarged bruit nodules
☒ bruits carotid bruit R L

CHEST: wheezes R L (m - mod - sv)
☒ clear BS's rales R L
☒ H,R,R,W rhonchi R L

HEART: tachycardia @ BPM reg irreg
☒ RRR bradycardia @ BPM reg irreg
☒ M,R,G murmur MI halosystolic diastolic
apex LLSB LUSB RUSB RLSB

BREASTS: deferred Size: sm med lg pend
mass mass: cm R L at o'clock
tender non-tender firm soft fixed mobile
ODC discharge R L bloody
☒ nipples WNL nipple inverted retracted R L
☒ LN's lymph node: cm R L axilla supraclav
fixed mobile tender non-tender hard soft



Bradly No
 2/10/12

ABDOMEN: obese scaphoid flat
☒ benign tender (m - mod - sv) diffuse epigastric
suprapubic periumbilical flank(GVA) R L
☒ soft, NT RUQ RLQ LUQ LLQ
rebound RUQ RLQ LUQ LLQ
☒ (+) BS guarding voluntary involuntary
☒ HSM BS's increased decreased absent
☒ mass liver spleen palpable
mass

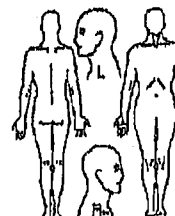
GENITALIA: deferred
 FEMALE vulva atrophic lesion
external WNL rash excoriation hyperemic caruncle
vagina WNL discharge white green (m - mod - lg)
stenotic (m - mod - sv)
Cx WNL cervix tender (m - mod - sv)
parous nulliparous
cervical lesion (shown)
uterus WNL uterus: enlarged tender retroverted
unable to adequately palpate uterus adnexa
2: obesity pain cooperation
adnexal Tx adnexa tender R L (m - mod - sv)
adnexal mass adnexal mass R L

RECTAL: deferred
☒ rash excoriation irritation rash:
☒ hemorrhoids external hemorrhoids
internal hemorrhoids
sphincter WNL sphincter loose tight tender
OB (-) OB (+) gross blood positive

EXT/MS: edema pedal 1+ 2+ 3+ R L
☒ O,C,E joint tenderness:
☒ joints NT spinal/paraspinal tenderness
☒ spinal NT

Pulse	Carotid	Radial	Femoral	BP	PT
R					
L					

SKIN: (mark on diagram)

☒ rash

NEURO: ☒ alert sedated lethargic
☒ CN2-12 WNL
Motor WNL
Sensory WNL
Reflexes WNL
Cerebellar WNL



Female Visit/Progress Note

Patient Name Lettie SpenserDate 4-11-12DOB 11-28-47Hx HTN - HypertensionV.O. WE LA B OC/O: 4 month 3/4 - No Comp. Lungs

Other:

c/o chronic low back pain - major work related work- Rx to see Dr. Lehmanno CP, no palpitations, no cough, wheezingno N/V, no diarrhea, noAllergies: Demerol / PCN / codeine / CelocinVISUAL ACUITY RIGHT LEFT BOTH
(with/without glasses) 20/ 20/ 20/Smoker: Yes No ExHM: (dates) PEP 1/2 PK MammogramBDS Colonoscopy NO ETOHPH: ☒ No change ☐ Change DateFH: ☒ No change ☐ Change DateSH: ☒ No change ☐ Change Date

Subjective: ROS - Review ad - see Hx

Const	ENT	Eyes	Hem/Lymp	Resp	CV	GI	Skin	GU	Gyn	MS	Endo	Neuro	Psych
fever	pain	pain	anemia	SOB	chest pain	indigestion	arthritis	dysuria	discharge	stiffness	low BG	HA	depression
chills	congested	red	Ba Injct	wheezing	pallidness	reflux	rash	polyuria	itching	warm	low BG	weakness	anxiety
malaise	drainage	discharge	bruising	cough	edema	nausea	ulcers	nocturia	dryness	redness	low thyroid	numbness	stressed
weight loss	hoarse	vision	bleeding	spitum	orthopnea	vomiting	nafe	flank pain	dyspareunia	swelling	low thyroid	clonus	suicidal
fatigue	PND	glasses	hemiparesis	hemiparesis	HTN	abd pain	mole/skin		vasomotor	back pain	polyuria	seizure	ideas
weak	bleeding	conjunctiv	asthma	asthma	low lipids	diarrhea	wound	hematuria	breast pain	neck pain	polydipsia	nausea	insomnia
anorexia	hearing loss	allergies	no sweat	no sweat	PND	constipation	hair loss		nipple d/o	leg pain	polyphagia	balance	coordination
	sore throat		chest pain	chest pain	DOE	blood	dry skin		breast lump	joint pain	wt loss	coordination	
					claudication	inc gas							

Other: HT 5'2" WT 130 T97.0 P-72 R-16 BP 114/67 CO-96GlucoseFasting - N

Obtained by:

Reviewed by:

Assessment/Plan:

Meds:

Other:

HTN

- Norvasc 10, + p

Dyslipidemia

- Crestor 20, + p- Simvastatin 40, + p

Hypertension

- Lisinopril 10, + p

Insomnia

- Trazodone 50, + p

GI

- Ranitidine 150, + pReviewed Meds/SE ☒ BiloCont. Current Meds ☐

See LIST

Norvasc 10mg

+ Simvastatin 30mg

KCB 20mg BID

X 60 (3)

Trazodone 50mg

+ QAS X

Crestor 20mg

+ QD X 30 (3)

Trazodone 10mg

+ QD X

Klonopin 0.5 QHS

X

Aldactone 25mg

+ QD X 30 (3)

Fenofibrate

+ QHS

Maxidex - 400mg

Page 000029 (3)

Previous/Recent Labs/Rad Review ☐

LAB: CBC UA C&S Microalb Protime

A1C Glucose Lipid ALT KOH

RAD: BDS Mamma

OTHER: PFT EKG

CONSULTS:

EDUCATION: HTN DM OP SBE

STE DIET/NUTR LIPIDS

FAU: ___ days ___ wks ___ mths ___ PRN

___ OOW ___ OOS

COUNSELING: >50% CV ___ (time)

Level Visit 1 2 3 4

NP Reviewed POC with: ___

Obtain records from: ___

Signature: _____

Aldactone 25mg

+ QD X 30 (3)

Fenofibrate

+ QHS

Maxidex - 400mg

Page 000029 (3)

Rad next visit:

Patient Name Lettie Spencer

Date 4/11/12

GENERAL: frail thin/eachello malaise
☒ WDOWN distress unkempt/discoveled
☒ NAD obese (m - mod - morbid - truncal)

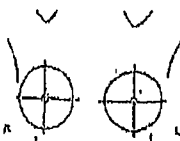
PSYCH: depressed anxious agitated
☒ alert/oriented flat disoriented (person - place - time)
memory intact forgetful MMSE Score

HEENT: TM red R L (m - mod - sv)
TM's clear TM scar dull fluid R L
☒ EAC swollen red cerumen R L
☒ pharynx WNL pharynx erythematous (m - mod - sv)
tonsils swollen R L (m - mod - sv)
☒ nose WNL rhinorrhea: clear purulent bloody
mucosa: pale boggy hyperemic
turbinate: enlarged congested
sinus pain tender over sinuses: (m - mod - sv)
R L maxillary frontal
undi benign narrow arteries AV nicking
hemorrhage exudate R L
capitiedama R L
☒ neck SWN cervical adenopathy R L tender
anterior shotty posterior
☒ neck FROM ROM limited 2": muscle nuchal rigidity
☒ thyroid enlarged bruit nodules
☒ bruits carotid bruit R L

CHEST: wheezes R L (m - mod - sv)
☒ clear BS's rales R L
☒ R,R,R,W rhonchi R L

HEART: tachychardia@ BPM reg irreg
☒ RRR bradychardia@ BPM reg irreg
☒ M,R,Q murmur M holosystolic diastolic
apex LLSB LUSB RUSB ALSB

BREASTS: deferred Size: sm med lg pend
mass mass: cm R L at clock
tender non-tender firm soft fixed mobile
DC discharge R L bloody
nipples WNL nipple inverted retracted R L
LN's lymph node: cm R L axilla supraclav
fixed mobile tender non-tender hard soft



Bradley MD
4/11/12

Initials _____

ABDOMEN: obese scafold flat
☒ benign tender (m - mod - sv) diffuse epigastric
suprapubic periumbilical flank(CVA) R L
☒ soft,NT RUQ RLQ LUQ LLQ
rebound RUQ RLQ LUQ LLQ
guarding voluntary involuntary
☒ (+)BS BS's increased decreased absent
☒ HSM liver spleen palpable
mass mass

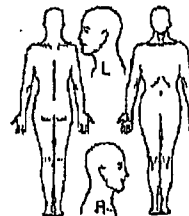
GENITALIA: deferred
 FEMALE vulva atrophic lesion
external WNL rash excoriation hyperemic caruncle
vagina WNL discharge white green (m - mod - lg)
stenotic (m - mod - sv)
Cx WNL cervix tender: (m - mod - sv)
parous nulliparous
cervical lesion: (shown)
uterus WNL uterus: enlarged tender retroverted
unable to adequately palpate: uterus adnexa
2": obesity pain, cooperation
adnexal Tx adnexa tender R L (m - mod - sv)
adnexal mass adnexal mass R L

RECTAL: deferred
rash excoriation irritation rash:
hemorrhoids external hemorrhoids
internal hemorrhoids
sphincter WNL sphincter loose tight tender
OB (-) OB (+) gross blood positive

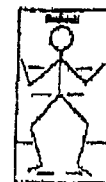
EXT/MS: edema pedal 1+ 2+ 3+ R L
☒ Q,C,E joint tenderness:
☒ joints NT
☒ spinal NT spinal/paraspinal tenderness

Neck	Cervical	Radial	Femoral	DP	PT
R					
L					

SKIN: (mark on diagram)
☒ rash



NEURO: ☒ alert sedated lethargic
☒ CN2-12 WNL
Motor WNL
Sensory WNL
Reflexes WNL
Cerebellar WNL



Female Visit/Progress Note

Patient Name Leticia Spencer

Date 8/15/12

DOB 11/28/47

Hx HTN - Hypertension

LA B O

C/O:

wt. loss - chills good appetite
Back discomfort/discontinues
request midline spine, back 2° workman

Other:

VISUAL ACUITY - RIGHT LEFT BOTH
(with/without glasses) 20/ 20/ 20/

Smoker: Yes No Ex Adm Now-Alcohol

Hx: (dates) Pap 1/2 PR Mammogram

BDS Colonoscopy

Diagnosis: Demerol Pain backache

PH: ☒ No change ☐ Change Date

FH: ☒ No change ☐ Change Date

Sit: ☒ No change ☐ Change Date

Subjective: ROS - Revised - see HTN above

Const	ENT	Eyes	Hem/Lymp	Resp	CV	GI	Skin	GU	Gyn	MS	Endo	Neuro	Psych
fever	pain	pain	anemia	SOB	chest pain	indigestion	pruritis	dyuria	discharge	stiffness	low BG	HA	depression
chills	congested	red	dx infect	wheezing	pallidness	reflux	rash	polyuria	itching	warm	dec BG	weakness	anxiety
malaise	drainage	discharge	bruising	cough	edema	nausea	ulcers	nguria	dryness	redness	inc thyroid	numbness	stressed
weight loss	hoarseness	vision	bleeding	sputum	orthopnea	vomiting	halls	flank pain	dyspareunia	swelling	dec thyroid	dizziness	suicidal
fatigue	PND	glaucoma		hemoptysis	HTN	abd pain	moles/chg		vasomotor	back pain	polyuria	sensory chg	ideas
weak	bleeding	contacts		asthma	low lipids	diarrhea	wound	hematuria	breast pain	neck pain	polydipsia	mono chg	insomnia
anorexia	hearing loss	allergies		no sweat	PND	constipation	hair loss		nipple d/o	leg pain	polyphagia	balance	
	sore throat			chest pain	DOB	blood	dry skin		breast lump	joint pain	wt loss	coordination	
					claudication	inches							

Other: HT 5'2" WT 119 T97 P75 R16 BP 126/74 CO 96
Glucose Fasting - NI

Obtained by:

Reviewed by:

Assessment/Plan:

Med:

Other:

Severe low back pain
followed up workman comp
- still open case
- PT scheduled to coordinate
rest work for 2nd op
- to do still severe persistent
low back pain
- HTN - Vasotec 10, 1/2
- weight loss 1/2 lb
- HTN performed - Vasotec 10, 1/2
Depression
- Low folic 150, 1/2

Reviewed Meds/SE 1/2 1/2
Cont. Current Meds ☐
See LIST
Vasotec 10mg daily
KCL 20meq daily
Trandolapril 50mg 1/2
Aspirin 80mg daily
TAPazole 10mg daily
Atorvastatin 0.5 @ 43
Alendronate 25mg daily
Fenofibrate 140
Mag OX 400mg daily

Previous/Fecent Labs/Rad Review ☐
LAB: CBO UA OAS Morcelp Prolime
ATC Glucose Lipid ALT KOH
RAD: BDS Mammogram
OTHER: PFT EKG
CONSULTS:
EDUCATION: HTN DM OP SBE
STE DIET/NUTR LIPIDS
F/U: days wks mths PRN
LOW OOS
COUNSELING: >50% OV (line)
Level Visit 1 2 3 4
NP Reviewed POC with:
Obtain records from:

Labs next visit:

Rad next visit:

need health screen
mammogram / colonoscopy

At Request, handover skin
tearful

Dr. J. J.
Page 1900031

Patient Name Lettie SpencerDate 8/15/12

GENERAL: ☒ frail ☒ (thin/skeletal) ☐ malaise
☒ WDWN ☐ distress ☐ unkempt/diseased
☒ NAD ☐ obese (m - mod - morbid - truncal)

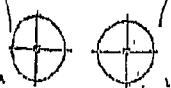
PSYCH: ☐ depressed ☐ anxious ☐ agitated
☒ alert/oriented ☐ flat ☐ disoriented (person - place - time)
☒ memory intact ☐ forgetful ☐ MMSE Score

HEENT: ☐ TM red R L (m - mod - sv)
☒ TM's clear ☐ TM scar chuli fluid R L
☐ EAC swollen red cerumen R L
☒ pharynx WNL ☐ pharynx erythematous (m - mod - sv)
☐ tonsils swollen R L (m - mod - sv)
☒ nose WNL ☐ rhinorrhea: clear purulent bloody
☐ mucosa: pale boggy hyperemic
☐ turbinates: enlarged congested
☐ sinus pain ☐ tender over sinuses: (m - mod - sv)
☐ R L maxillary frontal
☐ fundl benign ☐ narrow arteries ☐ AV nicking
☐ hemorrhage axillary R L
☐ papilledema R L
☒ neck SWN ☐ cervical adenopathy R L tender
☐ anterior shotty posterior
☒ neck FROM ☐ ROM limited 2: muscle nuchal rigidity
☒ thyroid ☐ enlarged ☐ bruit ☐ nodules
☒ bruits ☐ carotid bruit R L

CHEST: ☐ wheezes R L (m - mod - sv)
☐ clear BS's ☐ rales R L
☒ R, F, R, W ☐ rhonchi R L

HEART: ☐ tachycardia @ ☐ BPM reg irreg
☒ BRB ☐ bradycardia @ ☐ BPM reg irreg
☒ M, R, G ☐ murmur ☐ M holosystolic diastolic
☐ apex LLSB LUSB RUSB RLSB

BREASTS: ☐ delayed Size: sm med lg pend
☐ mass ☐ mass: ☐ cm R L at ☐ o'clock
☐ tender non-tender firm soft fixed mobile
☐ DC ☐ discharge R L bloody
☐ nipples WNL ☐ nipple inverted retracted R L
☐ LN's ☐ lymph node: ☐ cm R L axilla supraclav
☐ fixed mobile tender non-tender hard soft



Brendy

ABDOMEN: ☐ obese ☐ scaphoid ☐ flat
☒ benign ☐ tender (m - mod - sv) diffuse epigastric
☐ suprapubic periumbilical flank(CVA) R L
☒ soft, NT ☐ RUQ ☐ RLO ☐ LUQ ☐ LLO
☐ rebound ☐ RUQ ☐ RLO ☐ LUQ ☐ LLO
☐ guarding voluntary involuntary
☒ (+) BS ☐ BS's increased decreased absent
☒ HSM ☐ liver spleen palpable
☐ mass ☐ mass

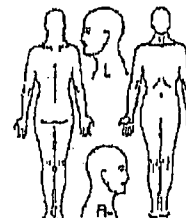
GENITALIA: ☐ deferred
 FEMALE ☐ vulva atrophic lesion
☐ external WNL ☐ rash excoriation hyperemia caruncle
☐ vagina WNL ☐ discharge white green (m - mod - lg)
☐ stenotic (m - mod - sv)
☐ Cx WNL ☐ cervix tender (m - mod - sv)
☐ papous nulliparous
☐ cervical lesion (shown)
☐ uterus WNL ☐ uterus: enlarged tender retroverted
☐ unable to adequately palpate: uterus adnexa
☐ 2: obesity pain cooperation
☐ adnexal Tx ☐ adnexa tender R L (m - mod - sv)
☐ adnexal mass ☐ adnexal mass R L

RECTAL: ☐ deferred
☐ rash ☐ excoriation irritation rash
☐ hemorrhoids ☐ external hemorrhoids
☐ internal hemorrhoids
☐ sphincter WNL ☐ sphincter loose tight tender
☐ OB (-) ☐ OB (+) gross blood positive

EXT/MS: ☐ edema pedal 1+ 2+ 3+ R
☐ O, O, E ☒ joint tenderness: 1-3-5-7-9-11
☐ joints NT ☐ spinal NT
☐ spinal NT ☐ spinal/paraspinal tenderness

Pulse	Carotid	Radial	Phemal	DP	PT
R					
L					

SKIN: (mark on diagram)
☐ rash



NEURO: ☐ alert ☐ sedated ☐ lethargic
☐ CN2-12 WNL
☐ Motor WNL
☐ Sensory WNL
☐ Reflexes WNL
☐ Cerebellar WNL



FROM

Female Visit/Progress Note

Patient Name Lettie SpencerDate 12/19/12DOB 11-28-47Hx HTN Hypertensiony.o. 65 WF LA B CC/O: wt. loss - & Appetite"Depressed"Back discomfortUnable to do thingsthat she wants to do

Other:

VISUAL ACUITY RIGHT LEFT BOTH
(with/without glasses) 20/ 20/ 20/Smoker: Yes No Ex No. ETOHHx: (dates) Pap 6/10/11 Mammogram

BOS Colonoscopy

Allergies: Dermatol, Pen, Codine, CeloxPH: ☒ No change ☐ Change DateFH: ☒ No change ☐ Change DateSH: ☒ No change ☐ Change Date

Subjective: ROS - Reviewed - See WPT

Const	ENT	Eyes	Hem/Lymp	Resp	CV	GI	Skin	GU	Gyn	MS	Endo	Neuro	Psych
fever	pain	pain	anemia	SOB	chest pain	indigestion	pruritis	dysuria	discharge	stiffness	no BG	HA	depression
chills	congested	red	infect	wheezing	palpitations	reflux	rash	polyuria	itching	vom	no BG	weakness	anxiety
malaise	drainage	discharge	bruising	cough	edema	nausea	ulcers	ngcturia	dryness	redness	no thyroid	numbness	stressed
weight loss	hoarseness	vision	bleeding	aputium	orthopnea	vomiting	nails	flank pain	dyspareunia	swelling	dec thyroid	dizziness	suicidal
fatigue	PND	glasses		hemoptysis	HTN	abd pain	molesting		vasomotor	back pain	polyuria	sensory def	ideas
weak	bleeding	contacts		asthma	incr lipids	diarrhea	wound	hematuria	uracal pain	neck pain	polydipsia	hem chg	insomnia
anorexia	hearing loss	allergies		no sweat	PND	constipation	hair loss		nocturia	leg pain	polyphagia	balance	
	sore throat			chest pain	DOE	claudication	dry skin		breast lump	joint pain	wt loss	coordination	

Other: HT 5'2 WT 110 T97 P92 R16 BP 140/74 CO 97
Glucose Fasting - NO

Obtained by:

Reviewed by:

Assessment/Plan:

Meds: Bilo

Other:

HTN - NormotensiveRheumatoid- tricyclics + 1/2Severe low back pain- NSAIDs Son + 1/2weight loss / Adult features to theDr. Lehman - Orthopedic
Consider: Nerve BlockDepression- Amitriptyline 30, 1 day x 2 wksDiabetes - 1/2 + 1/2 x 2 wksHypertensionhigh blood 10, 1/2Reviewed Meds/SE ☒Cont. Current Meds ☐See ListVP- Myoclonus400 mg pobid#1 antiPrevious/Recent Labs/Rad Review ☐LAB: CBC UA OAS Microalbumin Proline
A1C Glucose Uptd ALT KOH

RAD: BOS Mamm

OTHER: PFT EKG

CONSULTS:

EDUCATION: HTN DM OP SBE
STE DIET/NUTR LIPOIDS

F/U: days 4 wks 1 mths PRN

OOW OOS

COUNSELING: >50% OV

N/A Visit 1 2 3 4

N/A Reviewed POC with

Obtain records from:

Labs next visit:

Rad next visit:

Andropus

Page 000033

12/19/12

Patient Name Lettie Spence

Date 12/19/12

GENERAL: ill thin/cachectic malaise
VDWN distress uncomp/bisclavated
AD plese (m - mod - morbid - irritable)

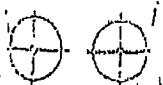
PSYCH: depressed anxious agitated
Alter/Oriented flat disoriented (person - place - time)
Memory Intact forgetful MMSE Score

HEENT: TM red R L (m - mod - sv)
TM's clear TM scar dull fluid R L
EAC swollen red cerumen R L
pharynx WNL pharynx erythematous (m - mod - sv)
tonsils swollen R L (m - mod - sv)
nose WNL rhinorrhea: clear purulent bloody
mucosa: pale boggy hyperemic
turbinate: enlarged congested
tender over sinuses: (m - mod - sv)
R L maxillary frontal
tend benign narrow arteries AV nicking
hemorrhage exudate R L
papilledema R L
neck SWN cervical adenopathy R L tender
anterior shotty posterior
neck FROM ROM limited 2°: muscle nuchal rigidity
thyroid enlarged bruit nodules
bruita carotid bruit R L

CHEST: wheezes R L (m - mod - sv)
clear BS's rales R L
RRR, R, W rhonchi R L

HEART: tachycardia@ BPM reg irreg
RRR bradycardia@ BPM reg irreg
Q, M, R, G murmur MI holosystolic diastolic
apex LLSB LUSB RUSB ALSB

BREASTS: deferred Size: sm med lg pend
mass mass: cm R L at o'clock
tender non-tender firm soft fixed mobile
DC discharge R L bloody
nipples WNL nipple inverted retracted R L
LN's lymph node: cm R L axilla supraclav
fixed mobile tender non-tender hard soft



Handwritten signature: Penadgum

Handwritten date: 12/19/12

ABDOMEN: obese scaphoid flat
benign tender (m - mod - sv) diffuse epigastric
suprapubic periumbilical hank(CVA) R L
soil, NT AUQ ALQ LUC LLQ
rebound AUQ ALQ LUC LLQ
guarding voluntary involuntary
(+) BS BS's increased decreased absent
HSV liver spleen palpable
mass mass

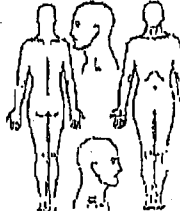
GENITALIA: deferred
FEMALE vulva atrophic lesion
external WNL rash excoriation hyperemic ceruncle
vagina WNL discharge white green (m - mod - lg)
stenotic (m - mod - sv)
Cx WNL cervix tender (m - mod - sv)
parous nulliparous
cervical lesion (shown)
uterus WNL uterus: enlarged tender retroverted
unable to adequately palpate: uterus adnexa
2°: obesity pain cooperation
adnexal Tx adnexa tender R L (m - mod - sv)
adnexal mass adnexal mass R L

RECTAL: deferred
rash excoriation irritation rash:
hemorrhoids external hemorrhoids
internal hemorrhoids
sphincter WNL sphincter loose tight tender
OB (-) OB (+) gross blood positive

EXT/MS: edema pedal: 1+ 2+ 3+ R L
C, C, E joint tenderness:
Johns NT
spinal NT spinal/paraspinal tenderness

Pulses	Carotid	Radial	Peroneal	DP	PT
R					
L					

SKIN: (mark on diagram)
rash



NEURO: parietal sadated lethargic
ON2-12 WNL
Motor WNL
Sensory WNL
Reflexes WNL
Cerebellar WNL



Female Visit/Progress Note

Patient Name Bettie Spencer Date 1-2-13
 DOB 11-28-41 Hx HTN, Hyperthyroid (WF) LA B O

C/O: aching - cough - clear when blown
nausea - fever - had flu shot
flu test - Neg.

Other:
 VISUAL ACUITY RIGHT LEFT BOTH
 (with/without glasses) 20/ 20/ 20/
 Smoker: Yes No Ex Yes PR day
 HM: (dates) Pap _____ Mammogram _____
 BOS _____ Colonoscopy _____ MR ETOH

Medications: Penicillin / Amoxicillin / codeine / celecoxib

PH: ☐ No change ☐ Change Date _____ FH: ☐ No change ☐ Change Date _____ SH: ☐ No change ☐ Change Date _____

Subjective: ROS													
Const	ENT	Eyes	Hem/Lymp	Resp	CV	GI	Skin	GU	Gyn	MS	Endo	Neuro	Psych
fever	pain	pain	anemia	SOB	chest pain	indigestion	pruritis	dysuria	discharge	stiffness	inc BG	HA	depression
chills	congested	red	8, infect	wheezing	palpitations	reflux	rash	polyuria	itching	warm	dec BG	weakness	anxiety
malaise	drainage	discharge	bruising	cough	edema	nausea	ulcers	nycturia	dryness	redness	inc thyroid	numbness	stressed
weight loss	hoarse	vision	bleeding	epitum	orthopnea	vomiting	ralls	flank pain	dyspareunia	swelling	dec thyroid	dizziness	suicidal
fatigue	PND	glassy		hemoptysis	HTN	abd pain	molesting		vasomotor	back pain	polyuria	seasonal chg	ideas
weak	bleeding	contact		asthma	incr lipids	diarrhea	wound	hematuria	breast pain	neck pain	polydipsia	men chg	hormonal
anorexia	hearing loss	allergies		noc sweat	PND	constipation	hair loss		nipple d/o	leg pain	polyphagia	balance	
	sore throat			chest pain	DOE	blood	dry skin		breast lump	joint pain	wt loss	coordination	
				claudication	incrgs	incrgs							

Other: HT 5'2" WT 106 T96.5 P 62 R 18 BP 115/40 CD 97
Glucose Fasting

Obtained by: _____ Reviewed by: _____

Assessment/Plan:	Meds:	Other:
<u>Acute viral syndrome</u> <u>Acute URI</u> <u>decadron 8, 5mg</u> ✓ <u>Rx Levothyron 500, 1, 1 day x 78 #7</u> <u>Rx Phendyl</u> <u>10cc 5 4 to 6 mg 800</u> ✓ <u>Zyrtec 10, 1, 1 day #15</u>	Reviewed Meds/SE ☒ Cont. Current Meds ☐ <u>See List</u>	Previous/Recent Labs/Rad Review ☐ LAB: CBC UA O&S Microab Protime A1C Glucose Lipid ALT KOH RAD: BDS Mamm OTHER: PFT EKG CONSULTS: EDUCATION: HTN DM OP SBE STE DIET/NUTR LIPIDS F/U: _____ days _____ wks _____ mths _____ PRN _____ QOW _____ QOS _____ COUNSELING: >50% OV _____ (Urie) Level Visit 1 2 3 4 NP Reviewed POC with: _____ Obtain records from: _____

Signature: [Signature] Next visit: as scheduled
 Red next visit: _____

Bonadur
1/2/13
 Page 000035

FROM

Patient Name

Letta Spencer

Date

1/2/13

GENERAL:

☒ Well ☐ ill ☐ thin/cachectic ☐ malaise
☒ WDWN ☐ distress ☐ unkempt/dischveled
☒ NAD ☐ obese (m - mod - morbid - truncal)

PSYCH:

☐ depressed ☐ anxious ☐ agitated
☒ alert/oriented ☐ flat ☐ disoriented (person - place - time)
☒ memory intact ☐ forgetful ☐ MMSE Score

HEENT:

☒ TM's clear ☐ TM scar dull fluid R L
☐ EAC swollen red cerumen R L
☒ pharynx WNL ☐ pharynx erythematous (m - mod - sv)
☐ tonsils swollen R L (m - mod - sv)
☒ nose WNL ☐ rhinorrhea: clear purulent bloody
☐ mucosa: pale boggy hyperemic
☐ turbinates: enlarged congested
☒ sinus pain ☐ tender over sinuses: (m - mod - sv)
☐ R L maxillary frontal
☐ fundi benign ☐ narrow arteries ☐ AV nicking
☐ hemorrhage exudate R L
☐ papilledema R L
☒ neck SWN ☐ cervical adenopathy R L tender
☐ anterior shotty posterior
☒ neck FROM ☐ ROM limited 2°: muscle nuchal rigidity
☒ thyroid ☐ enlarged ☐ bruit ☐ nodules
☒ bruits ☐ carotid bruit R L

CHEST:

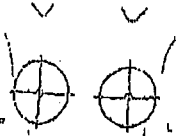
☒ clear BS's ☐ wheezes R L (m - mod - sv)
☒ R, R, R, W ☐ rales R L
☐ rhonchi R L

HEART:

☒ tachycardia @ ☐ BPM reg irreg
☒ RRR ☐ bradycardia @ ☐ BPM reg irreg
☒ O, M, A, G ☐ murmur ☐ VI holosystolic diastolic
apex USB LUSB RUSB RLSB

BREASTS:

☐ deferred Size: cm med lg pend
☐ mass ☐ mass: cm R L at o'clock
tender non-tender firm soft fixed mobile
☐ DC ☐ discharge R L bloody
☐ nipples WNL ☐ nipple inverted retracted R L
☐ LN's ☐ lymph node: cm R L axilla supraclav
fixed mobile tender non-tender hard soft



Paradigm

12/13

ABDOMEN:

☒ benign ☐ obese ☐ scaphoid ☐ flat
☐ soft NT ☐ tender (m - mod - sv) diffuse epigastric
suprapubic periumbilical flank (OVA) R L
RUQ RLO LUQ LLO
☐ rebound RUQ RLO LUQ LLO
☐ guarding voluntary involuntary
☒ (+) BS ☐ BS's increased decreased absent
☒ HSM ☐ liver spleen palpable
☒ mass ☐ mass

GENITALIA:

deferred
FEMALE ☐ vulva atrophic lesion
☐ external WNL ☐ rash excoriation hyperemic caruncle
☐ vagina WNL ☐ discharge white green (m - mod - lg)
☐ stenotic (m - mod - sv)
☐ Cx WNL ☐ cervix tender (m - mod - sv)
☐ parvus nulliparus
☐ cervical lesion (shown)
☐ uterus WNL ☐ uterus: enlarged tender retroverted
☐ unable to adequately palpate: uterus adnexa
2°: obesity pain cooperation
☐ adnexal Tx ☐ adnexa tender R L (m - mod - sv)
☐ adnexal mass ☐ adnexal mass R L

RECTAL:

deferred
☐ rash ☐ excoriation irritation rash:
☐ hemorrhoids ☐ external hemorrhoids
☐ internal hemorrhoids
☐ sphincter WNL ☐ sphincter loose tight tender
☐ OB (-) ☐ OB (+) gross blood positive

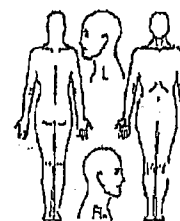
EXT/MS:

☒ O, C, E ☐ edema pedal 1+ 2+ 3+ R L
☐ joint tenderness:
☐ joint NT ☐ joint tenderness:
☐ spinal NT ☐ spinal/paraspinal tenderness

Pulse	Carotid	Radial	Femoral	DB	PT
R					
L					

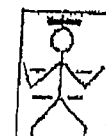
SKIN: (mark on diagram)

☒ rash



NEURO:

☒ alert ☐ sedated ☐ lethargic
☐ CN 2-12 WNL
☐ Motor WNL
☐ Sensory WNL
☐ Reflexes WNL
☐ Cerebellar WNL



Female Visi/Progress Note

Patient Name Leticia Freeman

Date 1-16-13

DOB 11-23-47

Hx MTN, Hypothyroid

yo. 65 WF LA B 0

CIO: PH

Other:

VISUAL ACUITY RIGHT LEFT BOTH
(with/without glasses) 20/ 20/ 20/

Smoker: Yes No PAPEP 7/10/11
Hx: (dates) Pap 12/10/11 Mammogram 7/10/11
BDS Colonoscopy

Illnesses: Pancreas, Demoral, Choking, Colon

PH: ☒ No change ☐ Change Date

PH: ☒ No change ☐ Change Date

SH: ☒ No change ☐ Change Date

Subjective: ROS - reviewed

Const	ENT	Eyes	Hem/Lymp	Resp	CV	GI	Skin	GU	Gyn	MS	Endo	Neuro	Psych
fever chills metals weight loss fatigue weak anorexia	pain congested drainage hoarse PNB bleeding hearing loss sp/ro throat	pain red discharge vision glasses contacts streples	anemia Sw In foot bruising bleeding	SOB wheezing cough sputum hemoptysis asthma noc sweat chest pain	chest pain palpitations edema orthopnea HTN Inar lipids PNB DOE claudication	indigestion reflux nausea vomiting abd pain diarrhea constipation blood inorgas	pruritis rash ulcers halls molesting wound hair loss dry skin	dysuria polyuria nocturia flank pain hematuria	discharge itching dryness dyspareunia vasomotor breast pain apple d/s breast lump	stiffness warm redness swelling back pain neck pain leg pain joint pain	inc BG dec BG inc thyroid dec thyroid polyuria polydipsia polyphagia wt loss	HA weakness numbness dizziness sensory chg men chg balance coordination	depression anxiety stressed suicidal ideas insomnia

Other: HT 5'2 WT 107 T8-3 P 78 R/L BP 124/66 CO 98
Glucose Fasting 10

Obtained by:

Reviewed by:

Assessment/Plan:

Meds: B12

Other:

Anterior Syndrome
- resolving

Depression

greatest w/ 1/2

weight loss / Anorexia Fails to lose
- carbon Monoxide very potent

Seven low back pain
- follow Dr. [unclear]

Reviewed Meds/SE ☐
Cont. Current Meds ☐

See LIST

Previous/Recent Labs/Rad Review ☐
LAB: CBC UA C&S Microabs Protime
A1C Glucose Upld ALT KOH

RAD: BDS Mamm

OTHER: PFT EKG

CONSULTS:

EDUCATION: HTN DM OP SBE
STE DIET/NUTR LIPIDS

F/U: days wks mths PRN

 OOW OOS

COUNSELING: >50% QV (time)

Level Visit 1 2 3 4

NP Reviewed POC with:

Obtain records from:

Signature: [unclear]

Labs next visit:

Radi next visit:

Patient Name

Leticia J. Herrera

Date 1/15/13

GENERAL:

☒ WDOWN
☒ NAD

☒ frail ☒ thin ☐ cachectic ☐ malaise
☐ distress ☐ unkempt/dischveled
☐ obese (m - mod - morbid - truncal)

PSYCH:

☒ alert/oriented ☐ flat ☐ disoriented (person - place - time)
☒ memory intact ☐ forgetful ☐ MMSE Score

HEENT:

☒ TM's clear ☐ TM red R L (m - mod - sv)
☐ TM scar dull fluid R L
☐ EAC swollen red cerumen R L
☒ pharynx WNL ☐ pharynx erythematous (m - mod - sv)
☐ tonsils swollen R L (m - mod - sv)
☒ nose WNL ☐ rhinorrhea: clear purulent bloody
☐ mucosa: pale boggy hyperemic
☐ turbinates: enlarged congested
☒ sinus pain ☐ tender over sinuses: (m - mod - sv)
☐ R L maxillary frontal
☒ fund benign ☐ narrow arteries ☐ AV nicking
☐ hemorrhage exudate R L
☐ papilledema R L
☒ neck SWN ☐ cervical adenopathy R L tender
☐ anterior shotty posterior
☒ neck FROM ☐ ROM limited 2°: muscle nuchal rigidity
☐ thyroid ☐ enlarged ☐ bruit ☐ nodules
☒ bruits ☐ carotid bruit R L

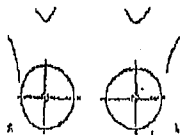
CHEST:

☒ clear BS's ☐ wheezes R L (m - mod - sv)
☒ R, R, R, W ☐ rales R L
☐ thorax R L

HEART:

☒ tachycardia@ ☐ BPM reg irreg
☒ bradycardia@ ☐ BPM reg irreg
☒ M, R, G ☐ murmur ☐ MI holosystolic diastolic
☐ apex LLSB LUSB RUSB RLSB

BREASTS:

☐ mass ☐ delayed Size: sm med lg pend
☐ mass: ☐ cm R L at ☐ o'clock
☐ tender non-tender firm soft fixed mobile
☐ DC ☐ discharge R L bloody
☐ nipples WNL ☐ nipple inverted retracted R L
☐ LN's ☐ lymph node: ☐ cm R L axilla supraclav
☐ fixed mobile tender non-tender hard soft


ABDOMEN:

☒ benign ☐ obese ☐ scaphoid ☐ flat
☐ tender (m - mod - sv) diffuse epigastric
☐ suprapubic periumbilical flank (CVA) R L
☒ soft NT ☐ RUQ RLO LUQ LLO
☐ rebound RUQ RLO LUQ LLO
☐ guarding voluntary involuntary
☒ (+) BS ☐ BS's increased decreased absent
☒ HSM ☐ liver spleen palpable
☒ mass ☐ mass

GENITALIA:

☐ deferred ☐ vulva atrophic lesion
☐ external WNL ☐ rash excoriation hyperemic caruncle
☐ vagina WNL ☐ discharge white green (m - mod - lg)
☐ stenosis (m - mod - sv)
☐ OX WNL ☐ cervix tender (m - mod - sv)
☐ parous nulliparous
☐ cervical lesion (shown)
☐ uterus WNL ☐ uterus: enlarged tender retroverted
☐ unable to adequately palpate: uterus adnexa
☐ 2°: obesity pain coagulation
☐ adnexal Tx ☐ adnexa tender R L (m - mod - sv)
☐ adnexal mass ☐ adnexal mass R L

RECTAL:

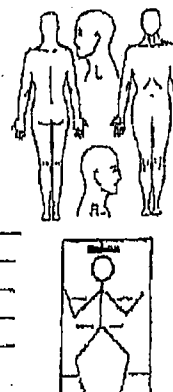
☐ deferred ☐ rash ☐ excoriation irritation rash:
☐ hemorrhoids ☐ external hemorrhoids
☐ internal hemorrhoids
☐ sphincter WNL ☐ sphincter: loose tight tender
☐ OB (-) ☐ OB (+) gross blood positive

EXTAMS:

☒ Q, C, E ☐ edema pedal 1+ 2+ 3+ R L
☐ joint tenderness:
☐ joints NT ☐ spinal NT ☐ spinal/paraspinal tenderness

Pulsa	Carotid	Radial	Femoral	BP	PT
R					
L					

SKIN: (mark on diagram)

☒ rash


NEURO:

☒ alert ☐ sedated ☐ lethargic
☒ CN2-12 WNL ☐ Motor WNL
☐ Sensory WNL
☐ Reflexes WNL
☐ Cerebellar WNL

FROM

Patient Name

Lettie Spencer

Date 3/10/13

GENERAL: ☒ frail ☒ thin/waistline ☐ malaise
☒ WDOWN ☐ distress ☐ unkempt/dischveled
☒ NAD ☐ obese (m - mod - morbid - truncal)

PSYCH: ☐ depressed ☐ anxious ☐ agitated
☒ alert/oriented ☐ flat ☐ disoriented (person - place - time)
☒ memory intact ☐ forgetful ☐ MMSE Score

HEENT: ☐ TM red R L (m - mod - sv)
☒ TM's clear ☐ TM scar dull fluid R L
☐ EAC swollen red cerumen R L
☒ pharynx WNL ☐ pharynx erythematous (m - mod - sv)
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☐ R L maxillary frontal
☒ fundi benign ☐ narrow arteries ☐ AV nicking
☐ hemorrhage exudate R L
☐ papilledema R L
☒ neck SWN ☐ cervical adenopathy R L tender
☐ anterior shotty posterior
☒ neck FROM ☐ ROM limited 2'; muscle nodal rigidity
☒ thyroid ☐ enlarged ☐ bruit ☐ nodules
☒ carotid bruit R L

CHEST: ☐ wheezes R L (m - mod - sv)
☒ clear BS's ☐ rales R L
☒ RR, R, W ☐ rhonchi R L

HEART: ☐ tachycardia @ ☐ BPM reg irreg
☒ RRR ☐ bradycardia @ ☐ BPM reg irreg
☒ M, R, G ☐ murmur ☐ M holosystolic diastolic
☐ apex ☐ LLSB ☐ LUSB ☐ RUSB ☐ ALSB

BREASTS: ☐ deferred Size: sm mod lg pend
☒ mass ☐ mass: ☐ cm R L al ☐ o'clock
☐ tender non-tender firm soft fixed mobile
☐ DC ☐ discharge R L bloody
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ABDOMEN: ☐ obese ☐ scaphoid ☐ flat
☒ benign ☐ tender (m - mod - sv) diffuse epigastric
☐ suprapubic periumbilical flank/CVA R L
☐ soft, NT RUQ RLQ LUQ LLQ
☐ rebound RUQ RLQ LUQ LLQ
☐ guarding voluntary involuntary
☒ BS ☐ BS's increased decreased absent
☒ HSM ☐ liver spleen palpable
☐ mass ☐ mass

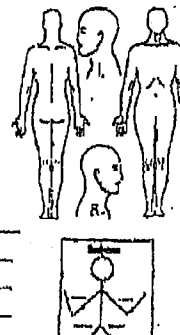
GENITALIA: ☐ deferred
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☐ Cx WNL ☐ cervix tender (m - mod - sv)
☐ perous nulliparus
☐ cervical lesion (shown)
☐ uterus WNL ☐ uterus: enlarged tender retroverted
☐ unable to adequately palpate; uterus adnexa
☐ 2'; obesity pain cooperation
☐ adnexal Tx ☐ adnexa tender R L (m - mod - sv)
☐ adnexal mass ☐ adnexal mass R L

RECTAL: ☐ deferred
☐ rash ☐ excoriation irritation rash:
☐ hemorrhoids ☐ external hemorrhoids
☐ internal hemorrhoids
☐ sphincter WNL ☐ sphincter, loose tight tender
☐ OB (-) ☐ OB (+) gross blood positive

EXT/MS: ☐ edema pedal 1+ 2+ 3+ R L
☒ O, C, E ☐ joint tenderness:
☐ joints NT ☐ chronic low back pain
☐ spine NT ☐ spinal/paraspinal tenderness

Pulse	Carotid	Radial	Femoral	AP	PT
R					
L					

SKIN: (mark on diagram)
☒ rash



NEURO: ☒ alert ☐ sedated ☐ lethargic
☐ CN2-12 WNL
☐ Motor WNL
☐ Sensory WNL
☐ Reflexes WNL

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ROA 178

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OFFICE CONSULTATION

Patient: Lettie F. Spencer
Chart: 130062 WC
Date: 8/31/11

CHIEF COMPLAINT: Onset of severe back pain with some left leg symptoms on 8/22/11.

HISTORY OF PRESENT ILLNESS: The patient is a 63-year-old female who works as a nurse at a local nursing home facility. She reports no prior history of low back or leg problems and was doing well when, on 8/22/11 she was at work. She was apparently pushing a medication cart when she was transitioning from carpet to a tile threshold. The cart became stuck and required a great deal of force and as it freed she was thrown forward. She had an immediate onset of sharp pain in her back. The patient states that this failed to improve and over time has worsened in terms of stiffness and pain. In addition, she has some left leg symptoms that travel across the buttock, lateral thigh into the portion of the lateral calf. She has no symptoms in the foot or toes. The patient has been back at work with some restrictions but her pain persists. She describes it as being in the lower lumbar area with the above leg symptoms. She has no similar symptoms in the right leg and no symptoms in the foot or toes. She denies any bowel or bladder incontinence or retention. Her treatment has included various medications and she did undergo an MRI. She arrives today at the request of workman's comp seeking neurosurgical input.

HISTORIES: Allergies: PENICILLIN, DEMEROL, CODEINE. Medications: Potassium, Norvasc, Aldactone, vitamin D, calcium, magnesium, trazodone, Crestor, methimazole, Tricor, Klonopin, and Ultram p.r.n. Illnesses: Hypertension, history of a cervical radiculopathy. Surgeries: Left foot, hysterectomy. Family history and review of systems are well documented in the intake sheet of 8/31/11 and have been reviewed and signed. The information contained is noncontributory except for that in the HPI. Social history: She smokes 1/2 pack/day, does not drink alcohol, is married with two adult children, and is employed and working light duty.

PHYSICAL EXAMINATION: VITALS: HT 5'2", WT 137

GENERAL: The patient is a well-developed individual who is awake, alert and oriented x3. Speech pattern is normal in form and content with mentation and memory appropriate for age. **HEENT:** Normocephalic, atraumatic. **Neck:** Supple without masses. **Eyes:** Conjugate without scleral injection or icterus. **Vision:** Grossly intact bilaterally. **Hearing:** Present in both ears with normal-appearing ears, nose and throat. **LUNGS:** Clear to auscultation and percussion. **HEART:** RR. **ABDOMEN:** Soft, nondistended, nontender with bowel sounds present. **EXTREMITIES:** No cyanosis, clubbing or edema. Distal pulses are present. **SKIN:** No rashes or gross abnormalities noted. **MUSCULOSKELETAL:** Normal ROM of the cervical spine without tenderness, rigidity or step-off deformity. Lhermitte's sign is absent. Spurling's maneuver is negative. Shoulder ROM is normal without pain, tenderness or crepitus. She has very restricted flexion at the waist. SLR reproduces back pain only bilaterally. Patrick's maneuver increases the pain in her back but it does not produce hip discomfort. Hip ROM is full and nonpainful. She is extremely tender to palpation over the lumbar paraspinal muscles and does have some tension if not spasm. No active spasm, kyphosis or scoliosis present. **NEUROLOGICAL:** Cranial nerve exam: II - Vision is normal to finger recognition and tracks the examiner without difficulty. III, IV, VI - EOMI. V - Sensation on the face is intact to light touch. VII - Muscles of facial expression are normal and symmetric. VIII - Hearing is present in both ears. IX, X - Oropharynx elevates symmetrically in the midline. XI - Strength in the sternocleidomastoid and trapezius is intact. XII - Tongue protrudes normally in the midline.