THE STATE OF SOUTH CAROLINA
In The Court of Appeals

RECEIVED
MAR 15 2019
SC Court of Appeals

---

APPEAL FROM SOUTH CAROLINA
Workers' Compensation Commission

---

Appellate Case No.: 2018-001249

---

Sarah Folston, Claimant,.....Appellant,

v.

South Carolina Department of Disabilities and Special Needs, Employer, and
SC State Accident Fund, Carrier,..... Respondents.

---

# RECORD ON APPEAL

---

Stephen B. Samuels
SAMUELS LAW FIRM, LLC
1320 Richland Street
Columbia, SC 29201
(803) 779-4000

**ATTORNEY FOR APPELLANT**

Erin F. Farthing
SC STATE ACCIDENT FUND
Post Office Box 102100
Columbia, SC 29221
(803) 896-5892

**ATTORNEY FOR RESPONDENTS**

Volume I

# INDEX


I. **ORDERS** ..... 1

Consent Order filed January 3, 2014 ..... 1

Order filed November 7, 2016 ..... 4

Decision and Order filed October 6, 2017 ..... 7

Request for Proposed Decision and Order of March 14, 2018 ..... 30

Appellant Panel Decision and Order filed June 5, 2018 ..... 31

II. **PLEADINGS** ..... **43**

Form 21 of January 21, 2016 ..... 43

Form 22 of February 25, 2016 ..... 44

Defendant's Form 58 of January 31, 2017 ..... 45

Defendant's APA Submissions ..... 46

1. First Care ..... 47
2. Lexington Medical Center ..... 59
3. ImageCare ..... 69
4. Doctors Express ..... 73
5. InMed ..... 125
6. Midlands Orthopedics ..... 127
7. David Troyer, M.D. ..... 167
8. Carolinas Center for Advanced Management of Pain ..... 169
9. SC Diagnostic Imaging ..... 189

Ex. A – Employability Analysis and Labor Market Survey ..... 190

Ex. B – CORA – FCE ..... 203

Ex. C – Deposition of Claimant ..... 228

Ex. D – Video of Claimant
from Facebook page of Fred D. Dodson ..... Enclosed CD

Claimant's Form 58 of February 8, 2017 ..... 294

Claimant's APA Submissions ..... 300

10. Doctors Express ..... 300

11. Progressive Physical Therapy ..... 304

12. Ellis Physical Therapy Associates ..... 307

13. First Care ..... 333

14. Southeastern Spine Institute ..... 337

15. Columbia Rehabilitation Clinic, Inc. ..... 342

16. Adams & Wilkinson ..... 364

Exhibit E – Subpoena Response from the Directions Group ..... 373

Exhibit F – Deposition Transcript of Jacqueline Kennedy-Merritt ..... 405

**III. TRANSCRIPTS ..... 435**

Transcript of Proceedings before Commissioner R. Michael Campbell, II of February 15, 2017 ..... 435

Witness - Sarah Folston ..... 456

Direct Examination by Mr. Samuels ..... 456

Cross Examination by Ms. Farthing ..... 475

Redirect Examination by Mr. Samuels ..... 491

Full Commission Hearing (Transcript) of January 22, 2018 ..... 495

Caption ..... 496

Call to Order (Court Reporter) ..... 498

Appellant's Argument by Mr. Samuels ..... 498

Respondent's Argument by Ms. Farthing ..... 504

Appellant's Reply by Mr. Samuels ..... 511

**IV. CERTIFICATE OF COUNSEL ..... 515**

| | |
|---|---|
| STATE OF SOUTH CAROLINA<br>COUNTY OF RICHLAND | BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION |
| Sarah Folston,<br>Claimant,<br>-vs-<br>SC Department of Disabilities and Special Needs,<br>Employer,<br>and<br>State Accident Fund,<br>Carrier,<br>Defendants. | WCC FILE NO. 1108515<br><br>**CONSENT ORDER** |

This claim was scheduled for a hearing on September 18, 2013, in Columbia, South Carolina. Prior to the scheduled hearing, the parties to this claim reached an agreement to resolve the outstanding issues in controversy and have requested the Commission to issue this Order memorializing the agreement. The parties have agreed as follows:

1. Claimant sustained an admitted injury by accident arising out of and in the course of her employment on March 22, 2011;

2. Defendants admitted injuries to Claimant's right hip and right elbow;

3. Upon further discovery and medical evaluation including a lumbar MRI, it was determined that Claimant had injured her back causing sciatic pain into her right leg;

4. Defendants now admit an injury to the back;

5. Defendants agree to provide additional treatment through Dr. LaMotta;

6. Claimant agrees to accept Dr. LaMotta as the authorized treating physician;



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

7. In the event Dr. LaMotta is unwilling or unable to treat Claimant, the parties agree to designate a mutually acceptable treating physician. If the parties are unable to agree on a treating physician, the Commission will designate the authorized treating physician. Claimant reserves the right to seek an order designating Dr. Steven Poletti as the authorized treating physician;

8. Claimant is not at MMI;

9. Temporary total disability compensation shall continue to be paid until further agreement of the parties or order of the Commission;

10. Claimant's average weekly wage and compensation rate are $380.66 and $253.79, respectively; and

11. All other issues shall be held in abeyance.

I find the agreement among the parties set forth above to be reasonable.

NOW, THEREFORE, IT IS HEREBY ORDERED that the above agreement among the parties be approved and adopted as an Order of the South Carolina Workers' Compensation Commission. This file shall be returned to General Files until a hearing request is made by either party through proper pleadings. All other issues will be held in abeyance and are reserved for agreement by the parties or determination by the Commission at a later time.

AND IT IS SO ORDERED.

Date: *January 3, 2014*
Columbia, South Carolina

Melody L. James
Commissioner Melody L. James



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

WE DO HEREBY CONSENT:

SAMUELS LAW FIRM, LLC

Stephen B. Samuels, Esquire
Attorney for Claimant

STATE ACCIDENT FUND

Erin Farthing, Esquire
Attorneys for Defendants

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 Tamara Morris on January 3, 2014***



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

| | |
|---|---|
| STATE OF SOUTH CAROLINA<br>COUNTY OF RICHLAND | BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION |
| Sarah Folston,<br>Claimant,<br>-vs-<br>SC Department of Disabilities and Special Needs,<br>Employer,<br>and<br>State Accident Fund,<br>Carrier,<br>Defendants. | WCC FILE NO. 1108515<br><br>**ORDER** |

This case was scheduled for a hearing on August 30, 2016, in Columbia, South Carolina, pursuant to a Form 21 filed by the Defendants. At the pre-trial conference, various matters were addressed, including: (1) the parties' obligation to conduct mediation; and (2). the Defendants' motion to compel Ms. Folston's attendance at second functional capacity evaluation (FC). The following findings and rulings are made based on the pleadings and the issues discussed at pre-trial:

1. Per prior Consent Order, this is an admitted claim for injuries to the right hip, right elbow and back with the back injury causing sciatic pain into the right leg.

2. After filing of the Form 21 and Form 22, the parties were ordered to conduct mandatory mediation based on the allegation of permanent and total disability.

3. The mediation was scheduled for May 13, 2016 with Michael Burkett as mediator. On May 12, 2016, based on telephone discussions with each party's attorney, the mediator filed a

Form 70 declaring an impasse.

4. The regulation states: "This mediation regulation is established to resolve disputes without the necessity of a hearing. The purpose is to afford a meaningful opportunity to the parties to achieve an efficient and a just resolution of their disputes in a timely and a cost effective manner." S.C. Code Ann. 25A Reg. 67-1801 (2013).

5. In the instant case, the parties have not complied with the mediation regulation as a telephone mediation is not meaningful.

6. The parties are hereby ordered to conduct a full mediation within the next 60 days as required by the regulations. For purposes of this case, the parties are required to attend the mediation in person. Each party shall provide a representative (in addition to counsel) who shall attend the mediation in person and shall have authority to enter into negotiations, in good faith, to resolve the issues in dispute. Mediation shall be conducted and completed by October 30, 2016.

7. Defendants filed a Motion to Compel attendance at an FCE. The FCE was scheduled for August 23, 2016.

8. Claimant objected to the FCE on numerous grounds, most particularly that Defendants' vocational expert, Jacqueline Kennedy-Merritt had already been deposed and had rendered opinions in her June 29, 2016 report and her August 11, 2016 deposition based on the evidence submitted in the APA submissions (including a previous FCE performed on February 17, 2016). Claimant noted the hearing has already been postponed to depose Ms. Kennedy-Merritt due to the late submission of her vocational report. Claimant further noted that allowing an expert to supplement her opinion on newly-created evidence would be prejudicial and would require significant additional expense as it would allow the expert to supplement or change her opinions; thus likely requiring reconvening the deposition of Ms. Kennedy-Merritt and obtaining a supplemental opinion from Claimant's expert, Glenn Adams.

9. Defendants' motion to compel Claimant's attendance at the second FCE is granted.

10. Issues of additional discovery and admissibility of supplemental reports and depositions, as well as who shall bear the cost, are held in abeyance for determination by the jurisdictional commissioner.

11. The case is to be returned to the general files to be reset before the jurisdictional commissioner upon completion of mediation and the filing of a Form 70 declaring an impasse.

ORDER

IT IS THEREFORE ORDERED that the parties shall participate in meaningful mediation as required by the regulations, said mediation to be completed by October 30, 2016;

IT IS FURTHER ORDERED that Claimant shall attend and participate in a functional capacity evaluation scheduled by the Defendants;

IT IS FURTHER ORDERED that the file shall be returned to the general files to be reset before the jurisdictional commissioner upon filing of a Form 70 declaring an impasse; and

IT IS FURTHER ORDERED that all other issues are held in abeyance.

IT IS SO ORDERED



**T. Scott Beck, Commissioner**

CERTIFICATE OF SERVICE

This is to certify the undersigned has this date served this order in the above entitled action upon all parties to this cause by sending an electronic copy hereof by electronic mail addressed to the attorney or attorneys for said parties or by depositing a copy hereof, postage paid, in the United States certified mail addressed to any unrepresented party.
November 7, 2016

By: Shawn DeBruhl, Administrative Assistant to Commissioner Beck

BEFORE THE SOUTH CAROLINA

WORKERS' COMPENSATION COMMISSION

| | | |
|---|---|---|
| SARAH FOLSTON,<br><br>Claimant,<br>vs.<br><br>DEPT. OF DSN,<br><br>Employer,<br><br>AND<br><br>STATE ACCIDENT FUND,<br><br>Carrier,<br><br>Defendants. | ) | W.C.C. FILE NO: 1108515<br><br>**DECISION AND ORDER** |

| | |
|---|---|
| DATE OF HEARING: | Held in Columbia, South Carolina on February 15, 2017 |
| APPEARANCES: | Sarah Folston, Claimant |
| | Stephen Samuels, Esq., Attorney for Claimant |
| | Erin Farthing, Esq., Attorney for State Accident Fund |
| PURPOSE OF THE HEARING: | To determine all issues set forth in the Forms 21 and 22 |
| COMMISSIONER: | Commissioner R. Michael Campbell, II |
| FILED: | October 6, 2017 |

## APA SUBMISSIONS

Under the Administrative Procedures Act, the following documents were submitted into evidence by the parties:

| APA NO. | NAME OF REPORT(S)/PHYSICIAN OR OTHER EVIDENCE | DATE OF REPORTS | PAGE NUMBERS |
|---|---|---|---|
| **Defendants' APA submissions**: | | | |
| 1. | First Care | 3/3/11-12/13/11 | 1-12 |
| 2. | Lexington Medical Center | 3/26/11 | 13-22 |
| 3. | ImageCare | 10/12/11-5/15/14 | 23-26 |
| 4. | Doctors Express | 9/25/12-2/11/13 | 27-78 |
| 5. | InMed | 9/17/13 | 79-80 |
| 6. | Midlands Orthopaedics | 10/24/13-11/10/16 | 81-113H |
| 7. | David Troyer, M.D. | 5/5/14 | 114-115 |
| 8. | Carolinas Center for Advanced Management of Pain | 12/30/14-7/14/15 | 116-135 |
| 9. | SC Diagnostic Imaging | 9/29/15 | 136 |

Defendants further submitted into evidence the following exhibits:

| | |
|---|---|
| Exhibit A | Employability Analysis & Labor Market Survey dated June 29, 2016 |
| Exhibit B | CORA FCE dated 9/29/2016 |
| Exhibit C | Deposition of Claimant |
| Exhibit D | Video of Claimant from Facebook page of Fred D. Folston dated May 10, 2015. |

| | | | |
|---|---|---|---|
| **Claimant's APA submissions**: | | | |
| 10. | Doctors Express | 11/20/12-12/20/12 | 137-139 |
| 11. | Progressive Physical Therapy | 8/4/11-8/16/11 | 140-141 |

| | | | |
|---|---|---|---|
| 12. | Ellis Physical Therapy Associates | 11/2/12-1/30/13 | 142-166 |
| 13. | First Care | 3/31/11-10/18-11 | 167-169 |
| 14. | Southeastern Spine Institute | 5/7/13-3/7/16 | 170-173 |
| 15. | Columbia Rehabilitation Clinic, Inc. | 2/7/16 | 174-194 |
| 16. | Adams & Wilkinson | 5/12/16 | 195-202 |

Claimant further submitted into evidence the following exhibits:

Exhibit E Subpoena Response from The Directions Group

Exhibit F Deposition Transcript of Jacqueline Kennedy-Merritt

## STIPULATIONS

The parties stipulated at the hearing to the following:

1. Both Claimant and Defendants are subject to and bound by the terms and conditions of the South Carolina Workers' Compensation Act.

2. The South Carolina Workers' Compensation Commission has jurisdiction over this claim.

3. Notice of this hearing was timely and properly served upon all parties of interest.

4. Venue, set in Richland County, is proper as agreed by the parties.

5. Claimant has an average weekly wage of $380.66, with a resulting compensation rate of $253.79.

## STATEMENT OF THE CASE

This hearing involved an admitted claim in which Ms. Folston suffered injuries to her right elbow, right hip and back on March 22, 2011after she was pushed by a consumer and fell onto her right hip and right elbow. She received medical treatment for these injuries from a number of providers, including Dr. Ivan LaMotta. Additionally, two IMEs were completed by Dr. Steven Poletti, and Claimant underwent two Functional Capacity Evaluations, one with Columbia Rehabilitation Clinic, and another with CORA Rehabilitation Clinics.

This hearing came before the Commission on Defendants' Form 21. A hearing was initially scheduled on Defendants' Form 21 on August 30, 2016. Prior to that hearing, Defendants filed a Motion to Compel Claimant's attendance at an FCE scheduled by Defendants. After a pre-trial conference, the hearing Commissioner ordered the parties to conduct a full mediation within 60 days, and also granted Defendants' Motion to Compel Claimant's attendance at an FCE scheduled by Defendants. Following compliance with that Order, the hearing on Defendants' Form 21 was reset for February 15, 2017.

Defendants filed their Form 21 on January 21, 2016 seeking to stop the payment of temporary total disability benefits, adetermination of permanency and the amount of compensation due, and also a credit of overpaymentof TTD to the date of MMI; if not the date of MMI to the date of the filing of the Form 21.

In response, Claimant filed a Form 22 admitting that Claimant is at MMI, but asserting that, as a result of this work-related accident, the Claimant is permanently and totally disabled. Further, Claimant denied in her Form 22 that Defendants are entitled to any credit for overpayments of TTD. At the hearing, Claimant argued that, while Dr. LaMotta placed her at MMI, he was specifically doing a surgical evaluation, and that Claimant has not been placed at MMI by Dr. Hutcheson. Claimant contended that she has two body parts that have been physical affected as a result of her work injury, citing to earlier Orders of this Commission. Claimant argued that her claim is therefore not barred by the decisions in *Singleton v. Young Lumber Co.*, 236 S.C. 454, 114 S.E.2d 837 (1960) and *Wigfall v. Tideland Utilities, Inc.*, 345 S.C. 100, 580 S.E.2d 100 (2003) citing to the decision in *Hutson v. South Carolina State Ports Authority*, 390 S. C. 108, 700 S.E.2d 462 (2010).

The Defendants asserted that the Claimant is at MMI and is not permanently and totally disabled as the result of this work-related accident. Rather, Defendants argued that Claimant is limited to recovery under S.C. Code Ann. §42-9-30 pursuant to the decisions in *Singleton* and *Colonna v Marlboro*

*Park Hospital*, 404 S.C. 537, 745 S.E. 2d 128 (2013). Defendants contended that the Claimant has at most only sustained a permanent injury or impairment to the low back, and that there is no permanent injury or impairment to any other injured body part. Nor is there any evidence that Claimant has sustained greater than fifty percent loss of use to the back. Therefore, Defendants argued that Claimant is entitled to a permanent partial disability award under S.C. Code Ann. §42-9-30. In the alternative, Defendants argued that, should Claimant be found to have sustained injuries to more than one body part, at most she would be entitled to a finding of partial wage loss under §42-9-20 pursuant to the vocational assessment of Jacqueline Kennedy-Merritt

In addition to the arguments related to permanency, Claimant also contended that she was entitled to paid assault leave under S.C. Code Ann. §8-11-40 as her injury was the result of an assault. In response, Defendants asserted that the Commission does not have jurisdiction to award Claimant assault leave under §8-11-40 as it does not fall within the South Carolina Workers' Compensation Act.

## EVIDENCE OF THE CASE

Claimant appeared and testified that she will be years old on August 30, 2017. (Tr. p. 22, lines 9-10) She is divorced and lives in Columbia with her daughter, Misty. (Tr. p. 22, lines 11-23; p. 23, lines 4-5) Her daughter is partially dependent upon Claimant. (Tr. p. 22, lines 24-25; p. 23, line 1) She also has a son, Freddie who works in life insurance and is a pastor at Life Destiny. (Tr. p. 23, lines 7-12) Claimant testified that she attends Freddie's church on Wednesdays and Sundays. (Tr. p. 23, lines 13-16) She testified that her injury presents limitations to her participation in church activities as she cannot sit or stand for long. (Tr. p. 23, lines 17-24)

As for her education, Claimant graduated from high school in 19 in Mississippi. (Tr. p. 24, lines 1-3) She later went to school to become a massage therapist. (Tr. p. 24, lines 5-7) With regard to her employment history, a number of years ago she worked as a school bus driver in Orlando, Florida. (Tr. p. 24, lines 18-21) She testified that she would not be able to return to that job because she would

have to sit a long time. (Tr. p. 24, lines 22-25; p. 25, line 1) She testified that she does drive some, but has difficulty driving for long periods of time. (Tr. p. 25, lines 2-6) She also previously worked as a child caretaker, but testified that she would not be able to do the physical things required to take care of children since she had to lift some of the children in her care. (Tr. p. 25, lines 10-13) While she was in Florida, she also worked for two years as a massage therapist. (Tr. p. 25, lines 17-19) She testified that job is also not something to which she would be able to return. (Tr. p. 25, lines 17-22) After she moved to South Carolina, she worked at a minimum wage job as a prep cook at Popeye's. (Tr. p. 25, lines 23-25; p. 26, line 1) Claimant testified that was a physical job and that she would not be able to return to it. (Tr. p. 26, lines 2-5)

Her most recent job was with Defendant South Carolina Department of Disabilities and Special Needs. (Tr. p. 26, lines 6-11) She described her job as a caregiver to the people at Disabilities and Special Needs, and she would ensure they had their bath, would feed some, do a little activity, change their diapers and put them to bed. (Tr. p. 26, lines 13-18) The people she cared for had various disabilities, and some would occasionally act out violently. (Tr. p. 27, lines 7-12)

With regard to the incident on March 22, 2011, Claimant testified that she was helping her client, who was in a wheelchair, with his shower. (Tr. p. 27, lines 15-17) She stepped into the bathroom when he jumped out of his wheelchair, made a step towards her and said, "No." (Tr. p. 27, lines 17-20) When he said no, he shoved her backwards and she landed at the foot of the bed on the floor. (Tr. p. 27, lines 21-23)

Claimant testified that she was injured when she fell, and had pains at the top and side of her hip and her elbow. (Tr. p. 28, lines 2-16) She testified that her elbow is currently doing alright. (Tr. p. 28, lines 17-18) Claimant testified that her condition got worse and the pain was getting sharper. (Tr. p. 28 lines 19-24) If she moved in a certain way, it would hurt so she told her supervisor. (Tr. p. 28, lines 24-

25)

After she continued to complain about her pain, she was referred to Dr. Jones. (Tr. p. 29, lines 6-9) Dr. Jones recommended that she be placed on light duty, and her employer was able to accommodate those restrictions for two months. (Tr. p. 29, lines 16-17) During that time, Claimant testified that she did filing. (Tr. p. 29, line 19) If they did not have filing, her supervisor had her clean out and change clothes in the clients' drawer. (Tr. p. 29, lines 20-23) Claimant testified that there was not enough work to keep her busy. (Tr. p. 29, lines 24-25) Eventually, she was told that her employer no longer had work for her and she was terminated. (Tr. p. 30, lines 3-5)

Claimant testified that, at some point, she began treating with Dr. LaMotta, who referred her to Dr. Hutcheson for pain management. (Tr. p. 30, lines 6-11) Dr. Hutcheson performed injections, which helped for about a week. (Tr. p. 30, lines 12-16) He also mentioned a spinal cord stimulator to her, and gave her a DVD to see what it is like and then she was sent back to Dr. LaMotta. (Tr. p. 30, lines 17-25) Claimant testified that Dr. Hutcheson recommended her back to Dr. LaMotta. (Tr. p. 31, lines 11-13) She testified that it was her understanding that she did not have surgery on her back because of her weight. (Tr. p. 31, lines 20-23)

After she was released by Dr. LaMotta, Claimant testified that she did not realize that she still had medical options. (Tr. p. 32, lines 1-3) At some point she found out she had more medical options, and was sent back to Dr. LaMotta in November 2016. (Tr. p. 32, lines 4-7) Dr. LaMotta referred her back to Dr. Hutcheson, and Claimant testified that she will go back to him and accept any treatment that is offered from pain medication to injections to a spinal cord stimulator. (Tr. p. 32, lines 10-16)

As for her current condition, Claimant testified that if she sits too long and gets up, she gets "real stiff." (Tr. p. 33, lines 19-21) If she stands too long her left heel will start throbbing, which runs up her leg. (Tr. p. 33, lines 21-22) She further testified that her right side hurts on too of her hip and

runs down to her knee. (Tr. p. 33, lines 23-24) On a bad day, the pain runs all the way down her leg and across her back and into her groin. (Tr. p. 33, lines 24-25; p. 34, lines 1-2) When that happens, she lies around, but that doesn't help. (Tr. p. 34, line 4) She tries to move around anyway to keep from getting stiff, but tries to limit what she does so it does not get worse. (Tr. p. 34, lines 5-8) She testified that, on a good day, her pain is a five, on a bad day it's an eight, and on a rainy day it is in between. (Tr. p. 34, lines 8-11) On the day of the hearing, Claimant testified that she could tolerate it, but that the pain bothers her. (Tr. p.34, lines 12-14) Claimant testified that, to help her pain, she went to see her primary care doctor who gave her some Flexeril, which helps to relax her somewhat. (Tr. p 35, lines 4-7)

As for a typical day, Claimant testified that she tries to do work in her house. (Tr. p 34, lines 15-18) She sometimes goes to the store or will go with her granddaughter to therapy. (Tr. p 34, lines 18-19) She tries to do a little bit of housekeeping, then sits down, then does a little more. (Tr. p 34, lines 21-23) She does not do much cooking, nor does she do any work in the yard. (Tr. p 34, lines 24-25; p. 35, lines 1-3)

Claimant testified that she recalled being evaluated by two vocational experts. (Tr. p 35, lines 13-15) She testified that she does not recall Glenn Adams saying anything to her about work she could possibly do. (Tr. p 35, lines 20-23) Jacqueline Kennedy-Merritt did have suggestions about jobs Claimant could possibly do. (Tr. p. 35, lines 24-25; p. 36, lines 1-2) Claimant was shown the copy of her report, and put in applications with some of the potential employers suggested by Ms. Kennedy-Merritt. (Tr. p. 36, lines 7-12) None of those employers hired her. (Tr. p. 36, lines 13-14) Claimant also testified that she did not believe she would be able to perform many of the jobs listed in Ms. Kennedy-Merritt's report. (Tr. p. 36-39)

Claimant testified that she does not know how to use a computer, but can play games. (Tr. p. 39, lines 2-5) She has a computer at her home, but it is her daughter's laptop. (Tr. p. 39, lines 9-14) She

testified that she has a Facebook page, and that is where she plays games. (Tr. p. 39, lines 15-16)

Claimant testified that she is currently earning less money now than when she was working, and it is a hardship for her. (Tr. p. 39, lines 22-25; p. 40, line 1) She testified that, if she were able to work, she would rather do that than keep getting workers' compensation checks. (Tr. p. 40, lines 2-6) She does not think she can do the work she is used to doing. (Tr. p. 40, lines 7-9) She testified that, if any of the employers that Ms. Kennedy-Merritt had suggested would have hired her, she would have tried to do those jobs. (Tr. p. 40, lines 10-13) She would rather be working. (Tr. p. 40, lines 14-15)

On cross-examination, Claimant testified that she first got the Flexeril prescription from her primary care physician in September or October of last year. (Tr. p. 41, lines 7-12) Prior to that time, she was taking 500 milligrams of Tylenol for her pain. (Tr. p. 41, lines 13-14) She currently takes the Flexeril twice a day. (Tr. p. 41, lines 18-25) Claimant testified that she did not have any treatment for her work injuries between when Dr. LaMotta placed her at MMI in November 2015 and when she returned to Dr. LaMotta in November 2016. (Tr. p. 42, lines 11-17) She testified that she discovered she had additional medical options after she talked to her attorney. (Tr. p. 42, lines 21-22)

With regard to Dr. Hutcheson referring her back to Dr. LaMotta in July 2014, Claimant testified that she did not request to be sent back to Dr. LaMotta, and she does not know why Dr. Hutcheson's report would indicate that she did. (Tr. p. 44, lines 6-23) With regard to the treatment provided by Dr. Hutcheson, when he gave her a shot, it would not last long and was not lasting any longer than Dr. Hutcheson said it should last. (Tr. p. 45, lines 5-8) Dr. Hutcheson did not put her on any medications other than the injection. (Tr. p. 45, lines 9-14)

Claimant testified that she would like to work. (Tr. p. 45, line 21) She testified that she did not know how to contact Vocational Rehabilitation or Department of Education and Work Force to see if they had any training or jobs that they could recommend for her. (Tr. p. 45, lines 22-25; p. 46, lines 1-2)

Claimant testified that she has not tried to search for or obtain any kind of help in finding jobs that she might be able to do that are within her restrictions. (Tr. p. 46, lines 20-24) Claimant testified that she did apply to some of the jobs listed in Ms. Kennedy-Merritt's report. (Tr. p. 47, lines 2-4) She does not know if she is capable of returning to work in any capacity. (Tr. p. 47, lines 5-7) Claimant testified that she enjoys doing massage, but cannot do it. (Tr. p. 48, line 1) She still has her massage license current to keep up to date with what is going on. (Tr. p. 48, lines 2-5) Her license was set to expire in June 2016, but she renewed it. (Tr. p. 48, lines 6-11)

Claimant testified that she applied for Social Security Disability on the computer and an attorney contacted her. (Tr. p. 48, lines 22-25; p. 49, lines 1-7) The attorney advised her that she was the right age, but she is not receiving Social Security at this time. (Tr. p. 49, lines 9-15)

Claimant testified that her son, Fred, is a pastor at a church. (Tr. p. 49, lines 20-22) She is what they call a church mother at his church. (Tr. p. 49, lines 23-25) In that position, she helps with dealing with the young ladies about how to carry themselves and how to be good wives and good mothers. (Tr. p. 50, lines 1-5) That is not a paid position. (Tr. p. 50, lines 13-14) Claimant testified that she delivered a sermon at Fred's church on May 5, 2015. (Tr. p. 50, lines 15-19) She denied giving any other sermons other than that date. (Tr. p. 50, lines 20-22) Claimant testified that her condition at that time was the same as current, but claimed that she had received "a shot" from Dr. Hutcheson a little before that. (Tr. p. 50, lines 23-25; p. 51, lines 1-6) Claimant found out later that the video from her sermon was placed on Facebook. (Tr. p. 51, lines 11-13) Claimant identified a picture of her delivering that sermon as well as the Facebook video of her delivering the sermon, which was played for Claimant and the undersigned. (Tr. p. 51, lines 14-24) Claimant testified "that day [she] was feeling particularly good" and that she thought "that was one of the best days [she] ever felt." (Tr. p. 51, lines 24-25; p. 52, lines 2-3) Claimant testified that, while the Facebook video was about a minute and a half long, she

does not remember how long her sermon was. (Tr. p. 52, lines 21-25; p. 53, lines 1-11) Claimant further testified that she does not know why the video of her sermon was removed from Facebook. (Tr. p. 53, lines 18-22)

With regard to her two evaluations with Dr. Poletti, Claimant testified that she saw him at his office in Charleston. (Tr. p. 54, lines 1-4) The first time she went for an evaluation her son drove her, and the second time a company drove her. (Tr. p. 54, lines 6-7) The drive took about an hour and a half, and she thinks she took two breaks during the drive. (Tr. p. 54, lines 8-14) Claimant testified that she was in pain when she arrived at Dr. Poletti's office. (Tr. p. 54, lines 15-18) Dr. Poletti did not provide any actual treatment, but rather just did an evaluation. (Tr. p. 54, lines 19-21)

The medical records from Claimant's treatment for her work injuries reflect that Claimant first treated at Lexington Medical Center Urgent Care on March 26, 2011 for her injuries arising out of her March 22, 2011 work accident.[1] (Defendants' APAs p. 15) She complained of pain in her right elbow with movement and right hip with walking and sitting. (Defendants' APAs p. 15) X-rays of her elbow and hip were normal. (Defendants' APAs p. 15, 17-18) She was diagnosed with a right elbow contusion and right hip pain. (Defendants' APAs p. 15) Her prescription for Naproxen was stopped and she was prescribed Diclofenac and Lortab, and was restricted from heavy lifting and prolonged standing. (Defendants' APAs p. 15) She was advised to follow up with the workers' compensation doctor for further evaluation and treatment. (Defendants' APAs p. 15)

Claimant next treated at First Care on March 31, 2011, at which time she complained of continuing pain in her right elbow and right hip. (Defendants' APAs p. 2) Claimant was diagnosed with an elbow contusion, and advised to use ice on her elbow and hip, and to continue Diclofenac and Lortab. (Defendants' APAs p. 2) She was placed on work restrictions with the expectation that she would be

[1] The medical report from that visit indicates that Claimant had been treated by the onsite physician on the date of her injury, and was given Naproxen. (Defendants' APAs p. 15)

able to resume full duty on April 7, 2011. (Defendants' APAs p. 2) Claimant returned to First Care on July 28, 2011, at which time she stated that her elbow problems had resolved, but she was still having pain in her right hip/right lower back, radiating down her leg. (Defendants' APAs p. 3-4) X-rays of her hip were normal and she was diagnosed with a hip sprain and was advised to take 800 mg ibuprofen 3 times a day. (Defendants' APAs p. 3-4) She was also referred to physical therapy, and advised to continue current duties. (Defendants' APAs p. 4) When she continued to have pain, Dr. Izard ordered an MRI of Claimant's right hip on October 3, 2011. (Defendants' APAs p. 8-9) The MRI was normal, and on October 18, 2011, Dr. Izard released Claimant to regular duty and advised her to follow up with her family doctor. (Defendants' APAs p. 10-11) On December 13, 2011, Dr. Izard opined that Claimant had suffered no permanent impairment as a result of her work injury. (Defendants' APAs p. 12)

Claimant next treated for her workers' compensation injuries with Doctors Express on September 25, 2012. (Defendants' APAs p. 27) At that time, she complained of continuing back and right hip pain. (Defendants' APAs p. 27) She was diagnosed with lumbago, muscle spasms, and sciatica, was prescribed Flexeril and Toradol, and was placed under work restrictions. (Defendants' APAs p. 28) She was advised to follow up with her personal physician. (Defendants' APAs p. 28) Claimant returned to Doctors Express on October 2, 2012 with continuing complaints of back and right hip pain. (Defendants' APAs p. 33) Her work restrictions remained the same, she was referred for physical therapy, and her prescriptions were changed to Skelaxin and Ultram. (Defendants' APAs p.34) Claimant continued to follow up with Doctors' Express until she was released from their care on February 11, 2013, at which time it was noted that she was 60% improved with physical therapy. (Defendants' APAs p. 74-75) Claimant was placed at maximum medical improvement. (Defendants' APAs p. 76) She was released to return to work with restrictions of no bending, no twisting, no

prolonged sitting, standing, squatting or ladder-climbing, no lifting over shoulder greater than 15 pounds, no lifting from waist to shoulder greater than 15 pounds, no listing below waist of greater than 15 pounds, and no pushing or pulling greater than 20 pounds. (Defendants' APAs p. 76) The record notes that Claimant could "go back to work full duty with a change to another residential facility with less 'total care' responsibilities." (Defendants' APAs p. 76)

After her release from Doctors Express, Claimant was seen for an independent medical evaluation with Dr. Steven Poletti on May 7, 2013. (Claimant's APAs p. 170) Dr. Poletti opined that Claimant's symptoms were consistent with lumbar radiculopathy. (Claimant's APAs p. 170) Dr. Poletti further opined that this was likely secondary to a disc protrusion in Claimant's lumbar spine. (Claimant's APAs p. 170)

An MRI of Claimant's lumbar spine taken on September 16, 2013 revealed a broad-based shallow disc protrusion at L4-5 without compressive sequel, and a right paracentral and foraminal disc protrusion at L5-S1. (Defendants' APAs p. 79-80, 83)

Pursuant to a Consent Order signed on January 3, 2014, Dr. Ivan LaMotta became Claimant's authorized treating physician. Claimant was first seen by Dr. LaMotta on October 24, 2013. (Defendants' APAs p. 81) Dr. LaMotta diagnosed Claimant with lumbosacral radicular syndrome of the right side, foraminal disc herniation of the right L5-S1, and L5 radiculopathy. (Defendants' APAs p. 83) He opined that Claimant was not at maximum medical improvement. (Defendants' APAs p. 83) He further opined that Claimant could participate in sedentary type duties and that future medical care may include epidural steroid injections, selective nerve root blocks, facet blocks, as well as lumbar surgery. (Defendants' APAs p. 84) On January 23, 2014, based on his evaluation and assessment of Claimant, Dr. LaMotta recommended nonoperative therapy for Claimant. (Defendants' APAs p. 87) He referred Claimant to the pain management specialist for epidural steroid injections at right L5-S1. (Defendants'

APAs p. 87) He further left it to the pain management doctor's discretion whether she would be considered for a selective nerve root block. (Defendants' APAs p. 87) Dr. LaMotta indicated Claimant would only be considered a surgical candidate if she were to fail extensive nonoperative care. (Defendants' APAs p. 87)

On March 19, 2014, Claimant received a lumbar epidural steroid injection at the L5/S1 administered by Dr. Thomas Armsey. (Defendants' APAs p. 91) Claimant returned to see Dr. LaMotta on March 27, 2014. (Defendants' APAs p. 96) Claimant advised that she was no better after the ESI. (Defendants' APAs p. 96) Dr. LaMotta ordered a CT myelogram and EMG to see if Claimant was a surgical candidate. (Defendants' APAs p. 98)

Dr. Devin Troyer conducted the EMG/NCS on May 5, 2014. (Defendants' APAs p. 114) It was a normal study with no evidence of peripheral nerve impingement, peripheral polyneuropathy, or radiculopathy on needle exam of the tested right lower extremity. (Defendants' APAs p. 115) Dr. Troyer further opined, "theaxonopathy seen in the foot FDI may be more due to local trauma with obesity and swelling." (Defendants' APAs p. 115)

On May 29, 2014, after reviewing the CT myelogram, Dr. LaMotta noted that, based on her complaints of pain, Claimant was at a mild to moderate pain category. (Defendants' APAs p. 105) He indicated that Claimant was "not truly interested in surgery because her condition is not severe enough to warrant surgical intervention." (Defendants' APAs p. 105) Dr. LaMotta agreed with Claimant's opinion, and further opined that, if Claimant's "condition were to significantly worsen, she may be a candidate for decompression and fusion of the L5-S1 segment." (Defendants' APAs p. 105) In the meantime, Dr. LaMotta referred Claimant to pain management. (Defendants' APAs p. 105)

Claimant first treated with Dr. Justin Hutcheson on December 30, 2014. (Defendants' APAs p. 116) Dr. Hutcheson noted Claimant's lack of relief from the midline ESI, and recommended a right L5

selective nerve root block. (Defendants' APAs p. 118) If Claimant did not receive any relief from that, Dr. Hutcheson indicated he would consider a spinal cord stimulator. (Defendants' APAs p. 118) The selective nerve root block/transforaminal epidural steroid injection was administered on February 27, 2015. (Defendants' APAs p. 121) Claimant noted a decrease in pain following the injection. (Defendants' APAs p. 121)

Claimant returned to Dr. Hutcheson on March 11, 2015, at which time Dr. Hutcheson noted Claimant had greater than 50% relief of her back and right lower extremity pain following the selective nerve root block. (Defendants' APAs p. 124-125) Dr. Hutcheson recommended a second selective nerve root block, and again noted Claimant could consider a spinal cord stimulator if no relief. (Defendants' APAs p. 125) The second elective nerve root block/transforaminal epidural steroid injection was performed on April 7, 2015. (Defendants' APAs p. 126) Claimant noted a decrease in pain following the injection. (Defendants' APAs p. 126)

Claimant returned to Dr. Hutcheson on May 8, 2015, at which time Claimant noted that she had one week of relief following the second selective nerve root block. (Defendants' APAs p. 129) Dr. Hutcheson recommended another selective nerve root block, adding the L4 level. (Defendants' APAs p. 130-131) Dr. Hutcheson's medical report from July 14, 2015 reflects that Claimant advised Dr. Hutcheson that she only had temporary relief from the selective nerve root block and did not want any more injections. (Defendants' APAs p. 133) She advised that she was ready to return to Dr. LaMotta for surgical options. (Defendants' APAs p. 133) Therefore, Dr. Hutcheson noted that he was referring Claimant back to Dr. LaMotta per her request. (Defendants' APAs p. 134)

Claimant returned to Dr. LaMotta on August 27, 2015. (Defendants' APAs p. 106) She advised Dr. LaMotta that injection therapy had not been helping, and that she was hurting more then than the year prior. (Defendants' APAs p. 106) She noted pain in the lumbar spine, to the buttocks, and

shooting down the right leg. (Defendants' APAs p. 106) Dr. LaMotta opined that Claimant's signs and symptoms were consistent with nerve impingement. (Defendants' APAs p. 107) Dr. LaMotta recommended Claimant for an MRI examination of the lumbar spine. (Defendants' APAs p. 107) On October 1, 2015, based on the results of the MRI, Dr. LaMotta again opined that Claimant would benefit from nonoperative treatment and recommended her for a course of physical therapy. (Defendants' APAs p. 109-110) On November 12, 2015, Claimant noted that she had no major improvement with physical therapy. (Defendants' APAs p. 112) At that time, Dr. LaMotta placed Claimant at maximum medical improvement. (Defendants' APAs p. 113A) Based on the American Medical Association Guides for the Evaluation of Permanent Impairment, 5th Edition, he assigned a 5% whole person impairment rating and a regional impairment rating of 7% for the lumbar spine. (Defendants' APAs p. 113A) He opined that Claimant's future medical care included repeat orthopedic visits, repeat therapy and repeat injections. (Defendants' APAs p. 113A) Dr. LaMotta noted that he did not see any surgical indications for Claimant at that time based on the severity of her symptom etiology. (Defendants' APAs p. 113A) He further stated that he did "not see any contraindications for [Claimant] to participate in sedentary duties." (Defendants' APAs p. 113A)

Claimant returned to Dr. Poletti for a second independent medical examination on March 7, 2016. (Claimant's APAs p. 171) Dr. Poletti noted that Claimant has received "comprehensive nonoperative care" since he had last seen her. (Claimant's APAs p. 172) Dr. Poletti noted Claimant's diagnosis of lumbar radiculopathy secondary to a foraminal disc herniation at the L5-S1 level. (Claimant's APAs p. 172) He assigned a 13% impairment rating based on the AMA Guides, 5th Edition, and noted that the impairment rating would increase to 28% to the whole person should she undergo a minimally invasive decompression and fusion as noted in Dr. LaMotta's October 2015 medical note. (Claimant's APAs p. 172) Dr. Poletti further opined that Claimant had an additional 2% whole person

rating due to radiating pain in her right leg. Claimant's APAs p. 173) He additionally opined that Claimant had two options for future treatment: continued conservative care with Dr. Hutcheson or surgical intervention. (Claimant's APAs p. 173) Dr. Poletti agreed that Claimant had a sedentary work status. (Claimant's APAs p. 171)

Claimant's attorney also referred Claimant for a functional capacity evaluation at Columbia Rehabilitation Clinic, Inc. on February 17, 2016. (Claimant's APAs p. 174) At the conclusion of that FCE, Tracy Hill, P.T., opined that Claimant qualified for a 13% whole person rating pursuant to the American Medical Association Guides for the Evaluation of Permanent Impairment, 5th Edition, which she converted to a 17% regional rating to the lumbar spine. (Claimant's APAs p. 174) Ms. Hill further opined Claimant qualified for limited sedentary to limited light work. (Claimant's APAs p. 175)

Claimant's counsel referred Claimant for a vocational assessment with Glen K. Adams on May 12 2016. (Claimant's APAs p. 195-202) Mr. Adams noted Claimant's complaints, medical history, employment history, educational history, and skills and further noted that Claimant "expressed no plans to resume employment." (Claimant's APAs p. 195-199) Mr. Adams opined that Claimant had "incurred a total loss of access to the competitive labor market." (Claimant's APAs p. 202) He further opined that Claimant was "classified as **totally vocationally disabled** as a result of injuries sustained on March 3, 2011 while working for the S.C. Department of Disabilities and Special Needs." (Claimant's APAs p. 202- emphasis in original)

Defendants referred Claimant for an employability analysis and labor market survey with Jacqueline Kennedy-Merritt on June 29, 2016. (Defendants' Exhibit A) Ms. Kennedy-Merritt also took note of Claimant's complaints, medical history, employment history, educational history, and skills. (Defendants' Exhibit A) Upon review of the medical documentation provided to her by Defendants and by Claimant, "conducting the face to face vocational evaluation, the employability analysis, the labor

market review and published data" Ms. Kennedy-Merritt expressed her "professional vocational opinion that there are appropriate positions that exist within the local labor market that [Claimant] can participate in." (Defendants' Exhibit A) She noted that her opinions were "rendered with a reasonable degree of professional vocational certainty and are based upon information obtained from [her] review of all documentation and information provided with regard to" Claimant. (Defendants' Exhibit A)

Defendants also referred Claimant for a functional capacity evaluation with CORA Rehabilitation on September 29, 2016. (Defendants' Exhibit B) At the conclusion of that FCE, Randi Scherer, DPT, opined that, "[d]espite self-limiting behaviors, and fear of pain with material handling" Claimant was able to function at the light physical demand category. (Defendants' Exhibit B) Ms. Scherer did note that Claimant "demonstrated self-limiting behaviors, with subjective fear of increased pain" and further noted that appropriate physiological/biomechanical responses... were not noted during lifting tasks" and Ms. Scherer therefore noted her belief that Claimant was capable of functioning at higher levels than indicated within the FCE. (Defendants' Exhibit B)

Claimant returned to Dr. LaMotta on November 10, 2016. (Defendants' APAs p. 113B) She noted continued pain in her back that radiates down her legs bilaterally, as well as weight gain since her release the year before. (Defendants' APAs p. 113B) Dr. LaMotta again opined that surgery was not indicated for Claimant, and further opined that her pain was due to nerve irritation. (Defendants' APAs p. 113C) Dr. LaMotta referred her to Dr. Hutcheson for pain management, and again indicated that there were "no contraindications for her to return to work with sedentary-duty lifting restrictions." (Defendants' APAs p. 113C)

## FINDINGS OF FACT

It is found by a preponderance of the substantial evidence as a fact:

1. All the parties of these proceedings are subject to and bound by the terms and provisions

of the South Carolina Workers' Compensation Act, as amended, to date.

2. The South Carolina Workers' Compensation Commission has subject matter and personal jurisdiction over all the parties and matters before this Commissioner; all parties having received proper notice of the hearing held set for January 20, 2015.

3. Venue is proper set in Richland County, South Carolina.

4. Claimant sustained an admitted injury by accident to her right elbow, right hip, and back arising out of and in the course and scope of her employment on March 22, 2011.

5. Claimant underwent various evaluations and treatments for her admitted work-related injuries.

6. On November 12, 2015, in his medical notes, authorized treating physician Dr. Ivan E. LaMotta of Midlands Orthopaedics opined to a reasonable degree of medical certainty that Claimant had reached MMI, assigned a 5% medical impairment to the whole person, a 7% medical impairment to the lumbar spine and released the Claimant with work restrictions of sedentary duties. In addition, Dr. LaMotta recommended future medical care in the form of repeat orthopedic visits, repeat therapy and repeat injections. (Claimant's APAs pg. 113A)

7. On February 17, 2016, in an FCE and impairment rating evaluation for the Claimant, physical therapist Tracy Hill of Columbia Rehabilitation Clinic, Inc. assigned a 13% medical impairment to the whole person, a 17% medical impairment to the lumbar spine and opined Claimant qualifies for limited sedentary to limited light work. (Claimant's APAs pgs. 174-175)

8. On March 7, 2016, in an IME for the Claimant, Dr. Steven Poletti of the Southeaster Spine Institute opined to a reasonable degree of medical certainty that Claimant has a 13% medical impairment to the lumbar spine, which would be roughly 28% to the whole person should she undergo fusion surgery as recommended as an option per Dr. LaMotta in October 2015. However, Dr. Poletti

further opined that he recommended Claimant continue with non-operative care with Dr. Hutcheson and agreed with Dr. LaMotta that she has a sedentary status. Dr. Poletti also opined Claimant is potentially a candidate to pursue Social Security disability due to her sedentary status and at this point is not capable of sitting for extended periods of time longer than 30 minutes. (Claimant's APAs pg. 173)

9. On May 12, 2016, in a vocational assessment for the Claimant, Glen K. Adams opined Claimant is totally vocationally disabled. (Claimant's APAs pg. 202)

10. On June 29, 2016, in an employability analysis and labor market survey for the Defendants, Jacqueline Kennedy-Merritt of The Directions Group opined to a reasonable degree of vocational certainty that there are appropriate positions that exist within the labor market that the Claimant can participate in. (Claimant's APAs pg. 219-220)

11. On November 20, 2016, at a follow-up appointment, Dr. LaMotta opined he would refer Claimant to Dr. Hutcheson for pain management and there were no contraindications for her to return to work with sedentary duty lifting restrictions (Defendants' APAs pg. 113 C)

12. On February 15, 2017, at the hearing before the single Commissioner, Claimant testified she may be capable of returning to work of some kind.

**Based on sworn testimony and a preponderance of the evidence, I hereby find**:

1. Claimant is at MMI for her admitted work-related injuries as of November 12, 2015.

2. Based on a preponderance of the evidence, including video evidence of the Claimant and the Claimant's hearing testimony, I hereby find Claimant is entitled to an award of permanent partial disability.

3. I find that Claimant has sustained a permanent partial disability of twenty percent (20%) to the back.

4. Claimant is entitled to all causally-related future medical treatment for her back, as

recommended by Dr. Hutcheson. At the hearing before the single Commissioner, Defendants stipulated to Claimant returning to Dr. Hutcheson for pain management treatment as set forth in Dr. LaMotta's November 20, 2016 medical report as part of her future medical care.

5. Claimant is entitled to a lump sum award.

6. Defendants are entitled to a credit for overpayment of temporary total disability from the date of the Form 21.

7. Claimant's request for assault leave pursuant to S.C. Code Ann. §8-11-40, is hereby denied as the commission lacks jurisdiction over this issue.

## CONCLUSIONS OF LAW

Accordingly, as provided in the South Carolina Workers' Compensation Act, the undersigned Commissioner makes the following Conclusions of Law:

1. Pursuant to S.C. Code Ann. § 42-1-130, the Claimant was a covered employee at the time in question.

2. Pursuant to § 42-1-140, Defendant Employer, was a covered employer under the Act.

3. S.C. Code Ann. § 42-1-160 governs injuries and includes injuries by accident arising out and in the course and scope of employment.

4. Pursuant to § 42-1-160, the Claimant sustained a compensable injury by accident arising out of and in the course and scope of her employment with Defendant on March 22, 2011 to her right elbow, right hip and back.

5. Claimant is entitled to causally related future medical care with Dr. Hutcheson per the referral by Dr. LaMotta in his November 20, 2016 medical report as it will tend to lessen her disability pursuant to *Dodge v. Bruccoli Clark Laymen, Inc.*, 334 S.C. 574 (S.C. Ct App. 1999) and S.C. Code Ann. §42-9-60.

6. Pursuant to § 42-1-40 the Claimant's average weekly wage is $380.66, with a resulting compensation rate of $253.79.

**ORDER**

IT IS HEREBY ORDERED that the Claimant sustained a compensable injury by accident arising out of and in the course and scope of her employment with Defendant on March 22, 2011 to her right elbow, right hip and back;

IT IS FURTHER ORDERED that Claimant has sustained a permanent partial disability of twenty percent (20%) to the back;

IT IS FURTHER ORDERED that is entitled to causally-related future medical treatment for her back, as recommended by Dr. Hutcheson per the referral by Dr. LaMotta in his November 20, 2016 medical report;

IT IS FURTHER ORDERED that no hearing costs are assessed;

AND IT IS SO ORDERED.

SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION

Mike Campbell

Commissioner Mike Campbell

October 6, 2017

CERTIFICATE OF SERVICE

This is to certify the undersigned has this date served this order in the above entitled action upon all parties to this cause by sending an electronic copy hereof by electronic mail addressed to the attorney or attorneys for said parties or by depositing a copy hereof, postage paid, in the United States certified mail addressed to any unrepresented party.
October 6, 2017

By: Barbara Cheeseboro, Administrative Assistant to Commissioner Campbell

**SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION**
REQUEST FOR A PROPOSED DECISION AND ORDER

This document is not a Decision and Order. It is a request for a proposed order. The Commissioners reserve the right to modify and/or delete any or all portions of the submitted Decision and Order.

**Sarah Folston v Dept. of SSN**
**SCWCC: 1108515**
**Commission Panel: Barden, Taylor, McCaskill; Chair**
**Order Assigned to Commissioner: Barden**
**Court Reporter – Rod Fitzgerald– 803-252-3445**

| | |
|---|---|
| Stephen B. Samuels | Claimant/Appellant |
| Erin Farthing | Defendants/Respondents |

This matter was heard before the South Carolina Workers' Compensation Full Commission Appellate Panel during the last term of Review. The Commissioners considered the matter and **Affirm with Amendments** to the decision and order of the Single Commissioner. Claimant's EMG is normal. A diagnostic test to which we accord great weight (p. 115 of the APA). We give this objective study greater weight than her subjective complaints upon which the impairment rating was assigned. We give great weight to the 2nd video which is inconsistent with claimant's subjective statement to providers (upon which, in part, her vocational expert bases his conclusion). We find the video compelling. We, therefore, give greater weight to defendant's vocational report, but note that neither expert viewed the video.

**Ms. Farthing please prepare a proposed order and submit to the Judicial Department within thirty (30) days of this notice. The proposed order shall be submitted in Word format to appeals@wcc.sc.gov and shared with each Party. Please make sure the Appellate Panel Decision and Order recites the specific Finds of Fact and Rulings of Law of the Single Commissioner's Decision and Order and reflects any comments requested by a Commissioner.**

**The signature page shall include a signature line for each Commissioner and the first signature should be the name of the Commissioner assigned the case as indicated above.**

If you have any questions, please do not hesitate to email me at ehollmon@wcc.sc.gov or call at 803.737.5737

**Judicial**
Transmitted via email this 14 March 2018

APPELLATE PANEL

DECISION AND ORDER

OF THE

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO. 1108515

SARAH FOLSTON, CLAIMANT/APPELLANT,

VERSUS

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS AND SC STATE ACCIDENT FUND, DEFENDANTS/RESPONDENTS.

---

Appellate Panel Review held in Columbia, South Carolina on January 22, 2018 per notices timely and properly served on all parties of interest.

Appellate Panel Decision and Order filed:

June 5, 2018

---

APPEARANCES:

Claimant was represented by Stephen Samuels, of Samuels Law Firm, LLC, 1320 Richland Street, Columbia, SC 29201.

Defendants were represented by Erin Farthing, Esquire, of The South Carolina State Accident Fund, P.O. Box 102100, Columbia, South Carolina 29221.

## STATEMENT OF THE CASE

This claim was initially heard before the Single Commissioner pursuant to Defendants' Form 21. Defendants filed their Form 21 on January 21, 2016 seeking to stop the payment of temporary total disability benefits, a determination of permanency and the amount of compensation due, and also a credit of overpayment of TTD to the date of MMI; if not the date of MMI to the date of the filing of the Form 21.

In response, Claimant filed a Form 22 admitting that Claimant was at MMI, but asserting that, as a result of this work-related accident, the Claimant was permanently and totally disabled. Further, Claimant denied in her Form 22 that Defendants were entitled to any credit for overpayments of TTD.

A hearing on Defendants' Form 21 was held before the Single Commissioner on February 15, 2017. On October 6, 2017, the Single Commissioner issued a decision and order, wherein he set forth the following findings of fact and conclusions of law:

## FINDINGS OF FACT

It is found by a preponderance of the substantial evidence as a fact:

1. All the parties of these proceedings are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act, as amended, to date.

2. The South Carolina Workers' Compensation Commission has subject matter and personal jurisdiction over all the parties and matters before this Commissioner; all parties having received proper notice of the hearing held set for January 20, 2015.

3. Venue is proper set in Richland County, South Carolina.

4. Claimant sustained an admitted injury by accident to her right elbow, right hip, and back arising out of and in the course and scope of her employment on March 22, 2011.

5. Claimant underwent various evaluations and treatments for her admitted work-related injuries.

6. On November 12, 2015, in his medical notes, authorized treating physician Dr. Ivan E. LaMotta of Midlands Orthopaedics opined to a reasonable degree of medical certainty that Claimant had reached MMI, assigned a 5% medical impairment to the whole person, a 7% medical impairment to the lumbar spine and released the Claimant with work restrictions of sedentary duties. In addition, Dr. LaMotta recommended future medical care in the form of repeat orthopedic visits, repeat therapy and repeat injections. (Claimant's APAs pg. 113A)

7. On February 17, 2016, in an FCE and impairment rating evaluation for the Claimant, physical therapist Tracy Hill of Columbia Rehabilitation Clinic, Inc. assigned a 13% medical impairment to the whole person, a 17% medical impairment to the lumbar spine and opined Claimant qualifies for limited sedentary to limited light work. (Claimant's APAs pgs. 174-175)

8. On March 7, 2016, in an IME for the Claimant, Dr. Steven Poletti of the Southeaster Spine Institute opined to a reasonable degree of medical certainty that Claimant has a 13% medical impairment to the lumbar spine, which would be roughly 28% to the whole person should she undergo fusion surgery as recommended as an option per Dr. LaMotta in October 2015. However, Dr. Poletti further opined that he recommended Claimant continue with non-operative care with Dr. Hutcheson and agreed

with Dr. LaMotta that she has a sedentary status. Dr. Poletti also opined Claimant is potentially a candidate to pursue Social Security disability due to her sedentary status and at this point is not capable of sitting for extended periods of time longer than 30 minutes. (Claimant's APAs pg. 173)

9. On May 12, 2016, in a vocational assessment for the claimant, Glen K. Adams opined Claimant is totally vocationally disabled. (Claimant's APAs pg. 202)

10. On June 29, 2016, in an employability analysis and labor market survey for the Defendants, Jacqueline Kennedy-Merritt of The Directions Group opined to a reasonable degree of vocational certainty that there are appropriate positions that exist within the labor market that the Claimant can participate in. (Claimant's APAs pg. 219-220)

11. On November 20, 2016, at a follow-up appointment, Dr. LaMotta opined he would refer Claimant to Dr. Hutcheson for pain management and there were no contraindications for her to return to work with sedentary duty lifting restrictions (Defendants' APAs pg. 113 C)

12. On February 15, 2017, at the hearing before the single Commissioner, Claimant testified she may be capable of returning to work of some kind.

**Based on sworn testimony and a preponderance of the evidence, I hereby find:**

1. Claimant is at MMI for her admitted work-related injuries as of November 12, 2015.

2. Based on a preponderance of the evidence, including video evidence of the Claimant and the Claimant's hearing testimony, I hereby find Claimant is entitled to an award of permanent partial disability.

3. I find that Claimant has sustained a permanent partial disability of twenty percent (20%) to the back.

4. Claimant is entitled to all causally-related future medical treatment for her back, as recommended by Dr. Hutcheson. At the hearing before the single Commissioner, Defendants stipulated to Claimant returning to Dr. Hutcheson for pain management treatment as set forth in Dr. LaMotta's November 20, 2016 medical report as part of her future medical care.

5. Claimant is entitled to a lump sum award.

6. Defendants are entitled to a credit for overpayment of temporary total disability from the date of the Form 21.

7. Claimant's request for assault leave pursuant to S.C. Code Ann. §8-11-40, is hereby denied as the commission lacks jurisdiction over this issue.

## CONCLUSIONS OF LAW

Accordingly, as provided in the South Carolina Workers' Compensation Act, the undersigned Commissioner makes the following Conclusions of Law:

1. Pursuant to S.C. Code Ann. § 42-1-130, the Claimant was a covered employee at the time in question.

2. Pursuant to § 42-1-140, Defendant Employer, was a covered employer under the Act.

3. S.C. Code Ann. § 42-1-160 governs injuries and includes injuries by accident arising out and in the course and scope of employment.

4. Pursuant to § 42-1-160, the Claimant sustained a compensable injury by accident arising out of and in the course and scope of her employment with Defendant on

March 22, 2011 to her right elbow, right hip and back.

5. Claimant is entitled to causally related future medical care with Dr. Hutcheson as referred by Dr. LaMotta in his November 20, 2016 medical report as it will tend to lessen her disability pursuant to *Dodge v. Bruccoli Clark Laymen, Inc.*, 334 S.C. 574 (S.C. Ct App. 1999) and S.C. Code Ann. §42-9-60.

6. Pursuant to § 42-1-40 the Claimant's average weekly wage is $380.66, with a resulting compensation rate of $253.79.

Within the statutory period, Claimant filed an Application for Review in the case setting forth her exceptions, copies of which were furnished to all interested parties. Claimant stated the following grounds for review:

1. Whether the Single Commissioner erred as a matter of fact and law in finding that the Commission had no jurisdiction to order payment of assault leave?

2. Whether the Single Commissioner erred as a matter of fact and law in failing to find Claimant permanently and totally disabled?

3. Whether the Single Commissioner erred as a matter of fact and law in giving any weight to Defendants' vocational expert when her opinion was based on speculation and did not meet the legal standards required for an expert opinion?

4. Whether the Single Commissioner erred as a matter of fact and law in not applying the correct test for permanent and total disability?

5. Whether the Single Commissioner erred as a matter of fact and law in making an award to the back only under Section 42-9-30?

6. Whether the Single Commissioner erred as a matter of fact and law in admitting Defendants' untimely FCE into evidence?

7. Whether the Single Commissioner erred as a matter of fact and law in giving any weight to Defendants' untimely FCE whether neither vocational expert relied on the FCE in reaching an opinion?

Oral arguments were delivered by the parties on January 22, 2018. All proffered testimony has been taken. Such, together with all documentary evidence and legal briefs, has been delivered to the individual members of the Full Commission and has since been under study and consideration.

In an appellate review, the Appellate Panel shall, pursuant to S.C. Code Ann. §42-17-50 (1976, as amended), review the award, weigh the evidence as presented at the initial hearing and, if good grounds be shown therefor, make its own Findings of Fact and reach its own Conclusions of Law consistent with or inconsistent with those of the Hearing Commissioner.

Stephen Samuels for the Claimant and Erin Farthing for the Defendants appeared at the scheduled hearing to present oral arguments on behalf of the parties. Having heard oral arguments on behalf of the parties, considered their briefs and viewed the records as a whole, the Appellate Panel hereby **AFFIRMS WITH AMENDMENTS** the Decision and Order of the Single Commissioner and enters the following Findings of Act, Rulings or Law and Order as its own:

## APPELLATE PANEL FINDINGS OF FACT

## FINDINGS OF FACT

It is found by a preponderance of the substantial evidence as a fact:

1. All the parties of these proceedings are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act, as amended, to date.

2. The South Carolina Workers' Compensation Commission has subject matter and personal jurisdiction over all the parties and matters before this Commissioner; all parties having received proper notice of the hearing held set for

January 20, 2015.

3. Venue is proper set in Richland County, South Carolina.

4. Claimant sustained an admitted injury by accident to her right elbow, right hip, and back arising out of and in the course and scope of her employment on March 22, 2011.

5. Claimant underwent various evaluations and treatments for her admitted work-related injuries.

6. On May 5, 2014, Claimant had an EMG/NCS on May 5, 2014. It was a normal study with no evidence of peripheral nerve impingement, peripheral polyneuropathy, or radiculopathy on needle exam of the tested right lower extremity. Dr. Troyer further opined, "theaxonopathy seen in the foot FDI may be more due to local trauma with obesity and swelling." This is a diagnostic test to which we accord great weight. We give this objective study greater weight than her subjective complaints upon which her impairment rating was assigned. (p. 115 of the APA)

7. On November 12, 2015, in his medical notes, authorized treating physician Dr. Ivan E. LaMotta of Midlands Orthopaedics opined to a reasonable degree of medical certainty that Claimant had reached MMI, assigned a 5% medical impairment to the whole person, a 7% medical impairment to the lumbar spine and released the Claimant with work restrictions of sedentary duties. In addition, Dr. LaMotta recommended future medical care in the form of repeat orthopedic visits, repeat therapy and repeat injections. (Claimant's APAs pg. 113A)

8. On February 17, 2016, in an FCE and impairment rating evaluation for the Claimant, physical therapist Tracy Hill of Columbia Rehabilitation Clinic, Inc. assigned a

13% medical impairment to the whole person, a 17% medical impairment to the lumbar spine and opined Claimant qualifies for limited sedentary to limited light work. (Claimant's APAs pgs. 174-175)

9. On March 7, 2016, in an IME for the Claimant, Dr. Steven Poletti of the Southeaster Spine Institute opined to a reasonable degree of medical certainty that Claimant has a 13% medical impairment to the lumbar spine, which would be roughly 28% to the whole person should she undergo fusion surgery as recommended as an option per Dr. LaMotta in October 2015. However, Dr. Poletti further opined that he recommended Claimant continue with non-operative care with Dr. Hutcheson and agreed with Dr. LaMotta that she has a sedentary status. Dr. Poletti also opined Claimant is potentially a candidate to pursue Social Security disability due to her sedentary status and at this point is not capable of sitting for extended periods of time longer than 30 minutes. (Claimant's APAs pg. 173)

10. On May 12, 2016, in a vocational assessment for the claimant, Glen K. Adams opined Claimant is totally vocationally disabled. (Claimant's APAs pg. 202)

11. On June 29, 2016, in an employability analysis and labor market survey for the Defendants, Jacqueline Kennedy-Merritt of The Directions Group opined to a reasonable degree of vocational certainty that there are appropriate positions that exist within the labor market that the Claimant can participate in. (Claimant's APAs pg. 219-220)

12. We give great weight to video of Claimant from her son's Facebook page dated May 10, 2015, which is inconsistent with Claimant's subjective statement to providers (upon which, in part, her vocational expert bases his conclusion). We find the

video compelling. We, therefore, give greater weight to Defendants' vocational report, but note that neither expert viewed the video.

13. On November 20, 2016, at a follow-up appointment, Dr. LaMotta opined he would refer Claimant to Dr. Hutcheson for pain management and there were no contraindications for her to return to work with sedentary duty lifting restrictions (Defendants' APAs pg. 113 C)

14. On February 15, 2017, at the hearing before the single Commissioner, Claimant testified she may be capable of returning to work of some kind.

**Based on sworn testimony and a preponderance of the evidence, we hereby find:**

1. Claimant is at MMI for her admitted work-related injuries as of November 12, 2015.

2. Based on a preponderance of the evidence, including video evidence of the Claimant and the Claimant's hearing testimony, we hereby find Claimant is entitled to an award of permanent partial disability.

3. We find that Claimant has sustained a permanent partial disability of twenty percent (20%) to the back.

4. Claimant is entitled to all causally-related future medical treatment for her back, as recommended by Dr. Hutcheson. At the hearing before the single Commissioner, Defendants stipulated to Claimant returning to Dr. Hutcheson for pain management treatment as set forth in Dr. LaMotta's November 20, 2016 medical report as part of her future medical care.

5. Claimant is entitled to a lump sum award.

6. Defendants are entitled to a credit for overpayment of temporary total

disability from the date of the Form 21.

7. Claimant's request for assault leave pursuant to S.C. Code Ann. §8-11-40, is hereby denied as the commission lacks jurisdiction over this issue.

## CONCLUSIONS OF LAW

Accordingly, as provided in the South Carolina Workers' Compensation Act, the undersigned Commissioner makes the following Conclusions of Law:

1. Pursuant to S.C. Code Ann. § 42-1-130, the Claimant was a covered employee at the time in question.

2. Pursuant to § 42-1-140, Defendant Employer, was a covered employer under the Act.

3. S.C. Code Ann. § 42-1-160 governs injuries and includes injuries by accident arising out and in the course and scope of employment.

4. Pursuant to § 42-1-160, the Claimant sustained a compensable injury by accident arising out of and in the course and scope of her employment with Defendant on March 22, 2011 to her right elbow, right hip and back.

5. Claimant is entitled to causally related future medical care with Dr. Hutcheson as referred by Dr. LaMotta in his November 20, 2016 medical report as it will tend to lessen her disability pursuant to *Dodge v. Bruccoli Clark Laymen, Inc.*, 334 S.C. 574 (S.C. Ct App. 1999) and S.C. Code Ann. §42-9-60.

6. Pursuant to § 42-1-40 the Claimant's average weekly wage is $380.66, with a resulting compensation rate of $253.79.

## ORDER

IT IS, THEREFORE, ORDERED the Order of the hearing Commissioner is AFFIRMED WITH AMENDMENTS.

AND IT IS SO ORDERED.

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

Commissioner Susan S. Barden

Commissioner Gene McCaskill, Chair

Commissioner Aisha Taylor

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 Valerie Deller on June 5, 2018***

**South Carolina Workers' Compensation Commission**
1333 Main Street, Suite 500
Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737.5675 www.wcc.sc.gov

WCC File #: 1108615
Carrier File #: 2011-0936
Carrier Code #:
Employer FEIN #:

Claimant's Name: Sarah Folston SSN: Employer's Name: SC Dept of Disabilities and Special Needs
Address: Address: 8301 Farrow Road
City: Columbia State: SC Zip: 29210 City: Columbia State: SC Zip: 29203
Home Phone: Work Phone: Insurance Carrier: State Accident Fund
Preparer's Name: Erin Farthing, Esquire Law Firm: State Accident Fund Preparer's Phone #: 803.896.5892

The date of injury reported on Form 12A is: 3/22/2011 (m/d/yyyy)

**Check appropriate section(s). The Employer's Representative requests a hearing to:**

I. ☑ **Stop payment of compensation.** Claimant has reached maximum medical improvement and Claimant continues to receive temporary compensation payments. The employer's representative requests a hearing pursuant to § 42-9-260(D) to stop payment of temporary compensation. A hearing requested pursuant to this section must be held within sixty days of the date of the request.

Claimant reached maximum medical improvement on 11/12/2015 (m/d/yyyy) (copy of medical report must be attached).
Compensation payments are current as of 01/19/2016 (m/d/yyyy) and shall continue until otherwise ordered or until Form 17 is signed by the claimant.
A Form 17 was offered and refused on 01/15/2016 (m/d/yyyy).

II. ☐ **Address suspension, termination, or reduction of temporary disability payments for any cause.**
- ☐ a. At any time pursuant to § 42-9-260(E).
- ☐ b. After the one-hundred-fifty day period has expired pursuant to § 42-9-260(F), R.67-505 and R.67-506.

The basis for the termination/ suspension is

III. ☑ **Determine if compensation is due** pursuant to § 42-9-10, § 42-9-20 or § 42-9-30 and, if so, in what amount, based on the following grounds:
Dr. LaMotta stated that Claimant had reached MMI on 11/12/2015 with a 7% IR to the lumbar spine.

Claimant reached maximum medical improvement on 11/12/2015 (m/d/yyyy) (copy of medical report must be attached).

IV. ☑ **Request Credit for Overpayment of temporary compensation pursuant to § 42-9-210.**

V. ☐ **Determine amount of compensation for claims involving a fatality.**
- ☐ a. Payment of unpaid balance of compensation when employee dies pursuant to § 42-9-280.
- ☐ b. Amount of compensation for death of employee due to accident pursuant to § 42-9-290.

VI. ☐ **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.

Failure to respond pursuant to Reg. 67-208 B in writing or by submission of a Form 22 may result in ordered mediation pursuant to Reg. 67-1801 B.
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** Stephen Samuels, Esquire **address** 1320 Richland Street, Columbia, South Carolina 29201 **on the** 21st **day of** January **20**16
**by** ☑ **first class postage** ☐ **certified mail** ☐ **personal service. A $25.00 filing fee and updated Form 18 is required.**

Erin Farthing
Preparer's Signature | Deputy Chief Counsel (Title) | efarthing@saf.sc.gov (Email) | 1/19/16 (Date)

Questions about the use of this form should be directed to the Judicial Department at 803-737-5675, or judicial@wcc.sc.gov or mediation@wcc.sc.gov
Refer to Regulations 67-211, 67-504, 67-505, 67-506; and 67-510.

**South Carolina Workers' Compensation Commission**
1333 Main Street, Suite 500
Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737.5675 www.wcc.sc.gov

WCC File #: 1108515
Carrier File #: 2011-0936
Carrier Code #:
Employer FEIN #:

Claimant's Name: Sarah Folston SSN: Employer's Name: SC Dept of Disabilities and Special Needs
Address: Address: 8301 Farrow Road
City: Columbia State: SC Zip: 29210 City: Columbia State: SC Zip: 29203
Home Phone: ( ) - Work Phone: ( ) - Insurance Carrier: State Accident Fund
Preparer's Name: Stephen B. Samuels Law Firm: Samuels Law Firm, LLC Preparer's Phone #: ( 803 ) 779 - 4000

**Date of Injury or Illness: March 22, 2011**

**Complete each information blank. Clearly specify when contention are admitted in part and denied in part. The Claimant's answer to the claim respectfully shows:**

I. ☒ **Stop payment of compensation.**
It is ☒admitted/ ☐denied the Claimant has reached maximum medical improvement and continues to receive temporary compensation payments.
It is ☒admitted/ ☐denied the Claimant's temporary total payments are current.
It is ☐admitted/ ☐denied the Claimant's temporary total payments have been properly stopped as of _____(m/d/yyyy) pursuant to Reg. 67-505.

II. ☐ **Address suspension, termination, or reduction of temporary disability payments for any cause.**
☐ a. At any time pursuant to § 42-9-260(E).
☐ b. After the one-hundred-fifty day period has expired pursuant to § 42-9-260(F), R.67-505 and R.67-506.
☐ c. Temporary total compensation was suspended, terminated, or reduced without proper order of the Commission.
☐ d. Additional compensation and penalties are requested pursuant to Reg. 67-510.
The basis for additional compensation and penalty is _____

III. ☒ **Determine if compensation is due** pursuant to § 42-9-10, § 42-9-20 or § 42-9-30 and, if so, in what amount, based on the following grounds:

Claimant reached maximum medical improvement on 11/12/2015 (m/d/yyyy) (copy of medical report must be attached).
It is ☒admitted/ ☐ denied the Claimant has reached maximum medical improvement.
Claimant ☐ has / ☒ has not returned to work. Claimant ☐ has / ☒ has not returned to light duty.
☐ a. Permanency is premature at this time.
☐ b. Claimant is in need of additional medical care and treatment
☐ c. Claimant is entitled to permanent partial disability pursuant to 42-9-30.
☐ d. Claimant is entitled to wage loss pursuant to 42-9-20.
☒ e. Claimant is entitled to total and permanent disability pursuant to 42-9-10 or 42-9-30(21) and Reg. 67-1802.

IV. ☒ **Request Credit for Overpayment of temporary compensation pursuant to § 42-9-210.**
It is ☐admitted/☒denied that the Employer/Carrier is due a credit for overpayment.

V. ☐ **Determine amount of compensation for claims involving a fatality.**
☐a. Payment of unpaid balance of compensation when employee dies pursuant to § 42-9-280.
☐b. Amount of compensation for death of employee due to accident pursuant to § 42-9-290.

VI. ☒ **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.

Failure to respond pursuant to Reg. 67-208 B in writing or by submission of a Form 22 may result in ordered mediation pursuant to Reg. 67-1801 B. 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 Erin Farthing, State Accident Fund, PO Box 102100, Columbia SC 29221-5000 on the 25th day of February 2016, by ☒ first class postage ☐ certified mail ☐ personal service.**

Preparer's Signature | Attorney for Claimant (Title) | Stephen@SamuelsLawFirm.net (Email) | February 25, 2016 (Date)

Questions about the use of this form should be directed to the Judicial Department at 803-737-5675, or judicial@wcc.sc.gov or mediation@wcc.sc.gov
Refer to Regulations 67-211, 67-504, 67-505, 67-506, 67-510; and 67-1801.

**WCC Form # 22**
Created 7/13

**22**

**Claimant's Answer to Request for Hearing**

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

# PRE-HEARING BRIEF
## WCC File No: 1108515

Claimant's Name: Sarah Folston
Address:
City: Columbia State: SC Zip: 29210
Home Phone: Work Phone: ( ) -
Preparer's Name: Erin Farthing

Employer's Name: SC Dept. of DSN
Address: 8301 Farrow Road
City: Columbia State: SC Zip: 29203
Carrier: State Accident Fund
Preparer's Phone #: ( 803 ) 896-5892

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

1. Compensation Rate: $253.79 2. AWW: $380.66 **Date of Injury:** 3/22/2011
3. Type of injury and body part(s): Right hip, right elbow, and low back.
4. Facts in controversy: Claimant has been rated and released on 11/12/2015; whether Claimant is at MMI; whether Defendants may stop payment of temporary total disability compensation; whether Defendants are entitled to a credit for overpayment of total disability compensation; whether Claimant sustained any permanent disability, and if so, to what degree?
5. Legal issues involved: See #4 above and any and all other applicable statutory and case law.
6. Unusual aspects: None
7. Witnesses (designate if expert):* Sarah Folston, Claimant; Supervisor and/or co-workers as deemed necessary
8. Exhibits: Ex. A – Employability Analysis and Labor Market Survey; Ex. B – Claimant's FCE dated 9/29/2016, Ex. C – Deposition of Claimant; Ex D – Video of Claimant from Facebook page of Fred D. Folston dated May 10, 2015.
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance): Please see APA Submissions
10. Name, address, and specialty, if any, of the treating physician: Please see APA Submissions
11. Impairment rating(s); body part(s); physician and date of opinion: 5% whole person by Ivan E. Lamotta, M.D. on 11/12/2015.
12. I am amending my Form 50/51 in the following manner:

**Mediation**

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

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

**I verify the contents of this form are accurate and true to the best of my knowledge.**
**I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Stephen B. Samuels, Esquire, 1320 Richland Street, Columbia, SC 29201 on the 31st day of January, 2017 by; ☒ first class postage ☐ certified mail ☐ personal service. (Claimant only)**

Signature: Erin Farthing
Date of hearing: February 15, 2017 @ 4:30 p.m. - Commissioner Campbell
Email: efarthing@saf.sc.gov
Time needed for hearing: 30 minutes

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

SOUTH CAROLINA
STATE ACCIDENT FUND
HARRY B. GREGORY, JR., Director

# INDEX OF APA SUBMISSIONS

## SARAH FOLSTON v. SC DEPT. OF DSN

## WCC FILE #: 1108515


| PROVIDER | DATES | PAGE NO. |
|---|---|---|
| 1. First Care | 3/3/11 – 12/13/11 | 1 – 12 |
| 2. Lexington Medical Center | 3/26/11 | 13 – 22 |
| 3. ImageCare | 10/12/11 – 5/15/14 | 23 - 26 |
| 4. Doctors Express | 9/25/12 – 2/11/13 | 27 - 78 |
| 5. InMed | 9/17/13 | 79 - 80 |
| 6. Midlands Orthopaedics | 10/24/13 – 11/10/16 | 81 - 113H |
| 7. David Troyer, M.D. | 5/5/14 | 114 - 115 |
| 8. Carolinas Center for Advanced Management of Pain | 12/30/14 – 7/14/15 | 116 - 135 |
| 9. SC Diagnostic Imaging | 9/29/15 | 136 |

Ex. A – Employability Analysis and Labor Market Survey dated June 29, 2016
Ex. B – CORA – FCE dated 9/29/2016
Ex. C – Deposition of Claimant
Ex. D – Video of Claimant from Facebook page of Fred D. Folston dated May 10, 2015


Post Office Box 102100, Columbia, South Carolina 29221-5000 (803) 896-5800 FAX (803) 612-2785
www.saf.sc.gov

**First Care**
2406 Decker Blvd Columbia, SC 29206
803-736-2530 Fax: 803-736-4830

**SARAH FOLSTON** Home: Work:
Female DOB:

**03/31/2011 - Office Visit: Work Comp - DOI: 3/22/11**
**Provider: Stephen R Izard MD**
**Location of Care: First Care**

## Intake Information
**Reason for visit:** Pt. states that on 3/22/11 a consumer pushed her back while she was trying to bathe him and she fell on the floor on her Rt. side. she c/o pain in Rt. elbow, and Rt. hip that travels down leg. She went to LMC Urgent Care, Irmo. X-rays were taken.

## Vital Signs
**Pulse rate:** 80 **Pulse rhythm:** regular **Respirations:** 16
**BP:** 118/80
**Vitals entered by:** Clare D Ferguson RN on March 31, 2011 12:44 PM

**Active Medications (reviewed today):**
OTC SINUS ()
HORMONE CREAM () once a day

**Current Allergies:**
No known allergies

## Past Medical History
**EENT:** Allergies
**Respiratory:** Asthma
**Gastrointestinal:** GERD
**Musculoskeletal:** Tendon Injury
**Other:** Asthma younger age
Hernia
Tendonitis in ankles

## Family History
**Cardiovascular:** MI
**Endocrine:** Diabetes II
**Other:** Father-MI
Mother-Heart Disease
Brother-DM

## Surgical History
**Genito-urinary:** Hysterectomy without oophrectomy

## Social History
**Tobacco use:** never
**Drug Use:** No
Type of exercise: tries walking but ankles hurt
**Employment/Family:**

**First Care**
2406 Decker Blvd Columbia, SC 29206
803-736-2530 Fax: 803-736-4830

**SARAH FOLSTON** Home: Work:
Female DOB:

Worker's Compensation Visit
**Employer:** Midlands Center
**Date of Injury:** 03/22/2011
**Occupation:** HFA
**Date of first treatment:** 10/15/2010
**HPI** patient c/o pain in her right elbow and right hip after being pushed down by a consumer at work. She had x-rays doenat LMC Urgent Care on St Andrews. She was told x-rays were normal. She continues to complain of pain in her right elbow and right hip.

## Review of Systems
**General:** Denies fevers, chills, sweats, anorexia, fatigue, malaise, weight loss.

## Physical Exam
### General
**General:** Positive Findings: obese.

### Musculoskeletal
**RUE:** tenderness of right elbow with full range of motion.
**RLE:** tenderness of right buttock and right hip.

## Assessment and Plan **Problem # 1:**
CONTUSION - ELBOW (ICD-923.11) - New Problem

ice to elbow and hip
continue diclofenac and lortab at home
Not to lift more than 10 pounds, no bending, stooping, kneeling or standing more than 30 minutes per hour for one week.
Resume usual duty in one week, 4/7/11
Return to clinic as needed

**Problem # 2:**
CONTUSION - HIP (ICD-924.01) - New Problem

see above

]

**Signed by Stephen R Izard MD on 03/31/2011 at 1:16 PM**

**First Care**
2406 Decker Blvd Columbia, SC 29206
803-736-2530 Fax: 803-736-4830

**SARAH FOLSTON**
Female DOB:

Home: Work:

**07/28/2011 - Office Visit: Work Comp - DOI: 03/22/2011**
**Provider: Stephen R Izard MD**
**Location of Care: First Care**

## Intake Information

**Date of Injury/Accident:** 03/22/2011
**Reason for visit:** Pt here for f/u on R hip injury. Pt states she is still having in R hip radiating down leg.

### Vital Signs

**Weight:** 259 lb.
**Pulse rate:** 84 **Pulse rhythm:** regular **Respirations:** 16
**BP:** 110/70
**BMI:** 46.05 **BSA:** 2.16 **Wt chg:** 105.20 since 10/15/2010

**Pain Assessment**
*The patient is currently experiencing pain.*
**Location:** R hip **Intensity (1-10):** 5
**Vitals entered by:** Ashley L Boan RT on July 28, 2011 3:27 PM
**Orders Today**
HIP MIN 2 VIEWS [CPT-73510]
Physical Therapy [Physical Therapy]

## Laboratory Results

**X-ray Results**
**Type of x-ray:** Hip
**X-ray results-hip:** Normal with no fracture or signs of disease
Right hip
CJ, RT

**Active Medications (reviewed today):**
None

**Current Allergies:**
No known allergies

## Past Medical History

**EENT:** Allergies
**Respiratory:** Asthma
**Gastrointestinal:** GERD
**Musculoskeletal:** Tendon Injury
**Other:** Asthma younger age
Hernia
Tendonitis in ankles

3

**First Care**
2406 Decker Blvd Columbia, SC 29206
803-736-2530 Fax: 803-736-4830

**SARAH FOLSTON**
Female DOB: Home: ! Work:

## Family History
**Cardiovascular:** MI
**Endocrine:** Diabetes II
**Other:** Father-MI
Mother-Heart Disease
Brother-DM

## Surgical History
**Genito-urinary:** Hysterectomy without oophrectomy

## Social History
**Tobacco use:** never
**Drug Use:** No
Type of exercise: tries walking but ankles hurt
**Employment/Family:**

Worker's Compensation Visit
**Employer:** Midlands Center
**Date of Injury:** 03/22/2011
**Occupation:** HFA
**Date of first treatment:** 10/15/2010
**HPI** patient was injured at work in March 2011 and suffered injury to her right hip and right elbow. She was seen at Urgent Care in Irmo and x-rays ot these areas were normal. The elbow problem has resolved but she continues to hurt in her right lower back radiating to her leg.

## Review of Systems
**General:** Denies fevers, chills, sweats, anorexia, fatigue, malaise, weight loss.

## Physical Exam
## General
**General:** Positive Findings: obese.

## Musculoskeletal
**Spine, Ribs, Pelvis:** tenderness to deep palpation about posterolateral area of right hip.
The straight leg raising test is negative for evidence of nerve impingement
The deep tendon reflexes are normal

## Assessment and Plan **Problem # 1:**
HIP SPRAIN (ICD-843.9) - New Problem

Heat to hip
Ibuprofen 800mg 3 times a day
Start PT to right hip area
Continue current duties
Return to see me on 08/18/11 at 1pm

4

**First Care**
2406 Decker Blvd Columbia, SC 29206
803-736-2530 Fax: 803-736-4830

**SARAH FOLSTON**
Female DOB:

Home: Work:

**Updated Orders:**
HIP MIN 2 VIEWS [CPT-73510]
Physical Therapy [Physical Therapy]

**Prescriptions:**
IBUPROFEN 800 MG TABS (IBUPROFEN) 1 tid #30 x 2
Entered and Authorized by: Stephen R Izard MD
Signed by: Stephen R Izard MD on 07/28/2011
Method used: Print then Give to Patient
RxID: 1627490006557040

]

**Signed by Stephen R Izard MD on 07/28/2011 at 4:34 PM**

5

First Care
2406 Decker Blvd Columbia, SC 29206
803-736-2530 Fax: 803-736-4830

Corvel Scan Date: 9/22/2011

*September 20, 2011*

Chart Document

**SARAH FOLSTON**
Female DOB:

Home: Work:

**08/18/2011 - Office Visit: Work Comp - DOI: 03/22/2011**
**Provider: Stephen R Izard MD**
**Location of Care: First Care**

## Intake Information
**Date of Injury/Accident:** 03/22/2011
**Reason for visit:** Pt here for f/u on R hip.

## Vital Signs
**Pulse rate:** 78 **Pulse rhythm:** regular **Respirations:** 16
**BP:** 108/74
**Vitals entered by:** Ashley L Boan RT on August 18, 2011 1:19 PM

**Active Medications (reviewed today):**
IBUPROFEN 800 MG TABS (IBUPROFEN) 1 tid

**Current Allergies:**
No known allergies

## Past Medical History
**EENT:** Allergies
**Respiratory:** Asthma
**Gastrointestinal:** GERD
**Musculoskeletal:** Tendon Injury
**Other:** Asthma younger age
Hernia
Tendonitis in ankles

## Family History
**Cardiovascular:** MI
**Endocrine:** Diabetes II
**Other:** Father-MI
Mother-Heart Disease
Brother-DM

## Surgical History
**Genito-urinary:** Hysterectomy without oophrectomy

## Social History
**Tobacco use:** never
**Drug Use:** No
Type of exercise: tries walking but ankles hurt
**Employment/Family:**

Worker's Compensation Visit

6

**First Care**
2406 Decker Blvd Columbia, SC 29206
803-736-2530 Fax: 803-736-4830

**SARAH FOLSTON**
Female DOB:

Home: Work:

**Employer:** Midlands Center
**Date of Injury:** 03/22/2011
**Occupation:** HFA
**Date of first treatment:** 10/15/2010
**HPI** patient was injured at work in March 2011 and suffered injury to her right hip and right elbow. She was seen at Urgent Care in Irmo and x-rays ot these areas were normal. The elbow problem has resolved but she continues to hurt in her right lower back radiating to her leg.

## Review of Systems
**General:** Complains of see HPI. Denies fevers, chills, sweats, anorexia, fatigue, malaise, weight loss.

## Physical Exam
### General
**General:** Positive Findings: obese.

### Musculoskeletal
**Spine, Ribs, Pelvis:** tenderness of right hip and right posterior thigh
The deep tendon reflexes are normal
The straight leg raising test is negative for evidence of nerve impingement

## Assessment and Plan Problem # 1:
HIP SPRAIN (ICD-843.9)

Rest and apply heat to area
Ibuprofen 800mg 3 times a day
Continue PT
Continue regular duty
Recheck with me one month

**Prescriptions:**
IBUPROFEN 800 MG TABS (IBUPROFEN) 1 tid #30 x 2
Entered and Authorized by: Stephen R Izard MD
Signed by: Stephen R Izard MD on 08/18/2011
Method used: Print then Give to Patient
RxID: 1629294675308580

]

**Signed by Stephen R Izard MD on 08/18/2011 at 1:51 PM**

First Care
2406 Decker Blvd Columbia, SC 29206
803-736-2530 Fax: 803-736-4830



**SARAH FOLSTON** Home: Work:
Female DOB:

**10/03/2011 - Office Visit: Work Comp - DOI: 03/22/11**
**Provider: Stephen R Izard MD**
**Location of Care: First Care**

## Intake Information
**Date of Injury/Accident:** 03/22/2011
**Reason for visit:** Pt here for f/u on R hip.

## Vital Signs
**Pulse rate:** 78 **Pulse rhythm:** regular **Respirations:** 16
**BP:** 122/84
**Vitals entered by:** Ashley L Boan RT on October 3, 2011 4:54 PM

**Active Medications (reviewed today):**
IBUPROFEN 800 MG TABS (IBUPROFEN) 1 tid

**Current Allergies:**
No known allergies

## Past Medical History
**EENT:** Allergies
**Respiratory:** Asthma
**Gastrointestinal:** GERD
**Musculoskeletal:** Tendon Injury
**Other:** Asthma younger age
Hernia
Tendonitis in ankles

## Family History
**Cardiovascular:** MI
**Endocrine:** Diabetes II
**Other:** Father-MI
Mother-Heart Disease
Brother-DM

## Surgical History
**Genito-urinary:** Hysterectomy without oophrectomy

## Social History
**Tobacco use:** never
**Drug Use:** No
Type of exercise: tries walking but ankles hurt
**Employment/Family:**

Worker's Compensation Visit

8

**First Care**
2406 Decker Blvd Columbia, SC 29206
803-736-2530 Fax: 803-736-4830

**SARAH FOLSTON** Home: Work:
Female DOB:

**Employer:** Midlands Center
**Date of Injury:** 03/22/2011
**Occupation:** HFA
**Date of first treatment:** 10/15/2010
**HPI** patient states PT has not helped and she continues to have pain in her right hip area.

## Review of Systems
**General:** Denies fevers, chills, sweats, anorexia, fatigue, malaise, weight loss.
**Musculoskeletal:** Denies back pain, joint pain, joint swelling, muscle cramps, muscle weakness, stiffness, arthritis.

## Physical Exam
### General
**General:** Positive Findings: obese.

### Musculoskeletal
**Spine, Ribs, Pelvis:** Positive Findings: rt paravertebral spasm, L-Spine tenderness, rt SI joint tenderness.

## Assessment and Plan Problem # 1:
SPRAIN&STRAIN OF UNSPECIFIED SITE OF HIP&THIGH (ICD-843.9) - New Problem

continue ibuprofen 800mg 3 times
rest/apply heat to the area
Schedule MRI of right hip

]

**Signed by Stephen R Izard MD on 10/03/2011 at 5:21 PM**

**First Care**
2406 Decker Blvd Columbia, SC 29206
803-736-2530 Fax: 803-736-4830

**SARAH FOLSTON** Home: Work:
Female DOB:

**10/18/2011 - Office Visit: Consult re: MRI of hip**
**Provider: Stephen R Izard MD**
**Location of Care: First Care**

## Intake Information
**Reason for visit:** Consult re: MRI of right hip

## Vital Signs
**Weight:** 256.80 lb.
**Temperature:** 98.29 deg F. **Temp Site:** oral
**Pulse rate:** 0 **Pulse rhythm:** regular
**BP:** 126/88
**BMI:** 45.65 **BSA:** 2.15 **Wt chg:** -2.20 since 07/26/2011

**Pain Assessment**
*The patient is currently experiencing pain.*
**Location:** Right hip **Intensity (1-10):** 5 **Description:** achy
**Duration:** weeks
The patient does not experience chronic pain.
**Vitals entered by:** Lorine Kay Burgess RN on October 18, 2011 10:30 AM

**Active Medications (reviewed today):**
IBUPROFEN 800 MG TABS (IBUPROFEN) 1 tid

**Current Allergies:**
No known allergies

## Past Medical History
**EENT:** Allergies
**Respiratory:** Asthma
**Gastrointestinal:** GERD
**Musculoskeletal:** Tendon Injury
**Other:** Asthma younger age
Hernia
Tendonitis in ankles

## Family History
**Cardiovascular:** MI
**Endocrine:** Diabetes II
**Other:** Father-MI
Mother-Heart Disease
Brother-DM

## Surgical History
**Genito-urinary:** Hysterectomy without oophrectomy

10

**First Care**
2406 Decker Blvd Columbia, SC 29206
803-736-2530 Fax: 803-736-4830

**SARAH FOLSTON** Home: Work:
Female DOB:

## Social History
**Tobacco use:** never
**Drug Use:** No
Type of exercise: tries walking but ankles hurt
**Employment/Family:**

## Acute Problems

### General HPI
patient with pain in her right hip since work related injury in March 2011. She hadan MRI recently that is entirely normal. She reports some continued pain with sitting or standing for prolonged periods

### Review of Systems
**General:** Complains of see HPI. Denies fevers, chills, sweats, anorexia, fatigue, malaise, weight loss.

### Physical Exam
#### General
**General:** Positive Findings: obese.

#### Musculoskeletal
**Gait and Station:** Negative Findings: normal gait.
**Spine, Ribs, Pelvis:** Negative Findings: normal alignment, normal mobility, no deformity, no tenderness, negative straight leg raise bilaterallly.

### Assessment and Plan Problem # 1:
SPRAIN&STRAIN OF UNSPECIFIED SITE OF HIP&THIGH (ICD-843.9)

patient has normal MRI of hips and pelvis
will release to regular duty
I suggest follow up with family doctor

]

**Signed by Stephen R Izard MD on 10/18/2011 at 10:38 AM**

PALMETTO HEALTH

BF
2011-936

**First Care**
2406 Decker Blvd Columbia, SC 29206
OFFICE: 803-736-2530 FAX: 803-736-4830

12/13/2011
In reference to:
SARAH FOLSTON

COLUMBIA, SC 29210 US
Date of Birth:

To Whom It May Concern:

Ms Sarah Folston waas treated by me for a work related injury and was released to regular duty without restrictions on October 18, 2011. She suffered no permanent impairment from this injury.

Sincerely,

Stephen R. Izard, M.D., Ph.D.

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

12

Corvel Scan Date: 11/29/2011

ACCOUNT NO. Y00004125845 ADMIT DATE 03/26/11 TIME 1109 UNIT NO. M000337993

## PATIENT INFORMATION

NPP Received: 03/02/09

NAME FOLSTON,SARAH ANN
ADDRESS
PHONE
SS NO

DIS DATE TIME
DOB AGE 53
SEX F MS X
RACE B
RELIGION NONE

PATIENT STATUS REG ER
SERVICE/LOCATION IUC
ROOM/BED
ADM/SOURCE/PRIOR NEC / UR
ARRIVAL MODE FAMILY VEHICLE

## EMPLOYER INFORMATION

NAME MIDLANDS CENTER
ADDRESS 8301 FARROW ROAD
COLUMBIA,SC 29203
PHONE (803)935-6740

## ADVANCE DIRECTIVES

ADVANCED DIRECTIVE Y
WHICH ONES: DR
LIVING WILL
HEALTH CARE POA

## PHYSICIAN INFORMATION

ADMITTING
ATTENDING ER PHYSICIANS
FAMILY
OTHER

## GUARANTOR INFORMATION

NAME FOLSTON,SARAH ANN
ADDRESS
PHONE
SS NO
RELATION SELF / SAME AS

EMPLOYER MIDLANDS CENTER
ADDRESS 8301 FARROW ROAD
COLUMBIA,SC 29203
PHONE (803)935-6740

## PERSON TO NOTIFY

NAME FOLSTON,MISTY
ADDRESS
PHONE
WORK
RELATION OTHER RELATIONS

## INSURANCE INFORMATION

| PRIMARY | SECONDARY | TERTIARY |
|---|---|---|
| ADDRESS P.O. BOX 100605 COLUMBIA SC 29260- | ADDRESS | ADDRESS |
| PHONE (803)736-9832 | PHONE | PHONE |
| CERT ZCS34982637 | CERT | CERT |
| GROUP # 002036200 | GROUP # | GROUP # |
| SUBSCRIBER FOLSTON,SARAH A | SUBSCRIBER | SUBSCRIBER |
| AUTH Nbr: LOS: | AUTH Nbr: LOS: | AUTH Nbr: LOS: |
| | | MORE INS: |

REASON FOR VISIT EST: RIGHT ELBOW,RIGHT HIP,PAIN;PUSHED DOWN BY PT

ADMIT COMMENT: JB

DIAGNOSIS CODE NO

COMPLICATIONS

OPERATION/PROCEDURE

CONSULTATION WITH DRG:

CAUSE OF DEATH CODED BY

13

Corvel Scan Date: 11/29/2011

LEXINGTON MEDICAL CENTER

# Conditions of Admission to L

X00004125845 03/26/11 53
FOISTON, SARAH ANN
M0000337993 ER PHYSICIANS
IUC B F

**AUTHORIZATION FOR TREATMENT:** The undersigned consents to any procedure, examination or treatme[illegible] the control of his attending physicians and the hospital is not liable for any act or omission in following the instructions of said physician. I am aware that the practice of medicine and surgery is not an exact science, and I acknowledge that no guarantees have been made as to the result of treatment or examination.

I consent to appropriate test for the presence of infection, such as, but not limited to, infection by the Hepatitis B virus or the human immunodeficiency virus, if deemed necessary for the protection of others, and I authorize withdrawal of blood or other body fluids for this purpose. I also understand the organization is required to disclose the results of some communicable diseases, such as HIV, TB, and Viral Meningitis to DHEC and/or the Center for Disease Control Prevention. I understand that if my medical record contains documentation of alcohol abuse, psychiatric condition, drug abuse, or communicable disease, this information will be released as part of my medical record. I consent to the photographing or televising of any procedure to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided my identity is not revealed. I further understand that video cameras may be used in patient rooms for observation purposes.

**RELEASE OF INFORMATION:** I authorize release of medical records/information to health care providers as deemed necessary for the continuity of care and for the purpose of review, payment and appeal by me or on my behalf or my insurance carrier.

Lexington Medical Center will make our best effort to pre-certify and or pre-authorize treatment with third party payers who conduct Utilization Review as a service to patients. However, Lexington Medical Center does not accept responsibility for the lack of pre-certification and/or pre-authorization and is not responsible for the final payment outcomes or timing restraints.

**MEDICARE-MEDICAID PATIENT'S CERTIFICATION:** I certify that the information given by me in applying for payment under Title XVIII and XIX of the Social Security Act is correct. I request that payment of authorized benefits be made on my behalf.

**ASSIGNMENT OF INSURANCE/LIABILITY BENEFITS:** I authorize and direct my insurers to pay directly to Lexington Medical Center any or all benefits up to the amount of my bill pertaining to all charges incurred. I authorize and direct the named insurers to pay directly to the physician(s) any medical and surgical benefits otherwise payable to me.

**PROMISE TO PAY ACCOUNT: FOR AND IN CONSIDERATION** of service rendered by Lexington Medical Center, I promise to pay all charges incurred for the account on the patient. In the event that I default in the obligation of payment to Lexington Medical Center, I understand that my account(s) can be placed with a collection agency and/or Lexington Medical Center can place my account in the Department of Revenue's Debt Set-Off program and /or a judgment may be secured against any owned property to the extent of the unpaid bill. I further agree to pay reasonable attorney's fees, collection fees, Debt Set-Off administrative fees and court costs if my account is placed for legal or third party collection action.

I understand that I am financially responsible to Lexington Medical Center for all charges not covered, approved or considered necessary by my insurance. I will pay at the time of service or have agreeable payment arrangement set up with the business office. SF (Patient to initial here).

**HOSPITAL PATIENT SAFETY ACT:** I acknowledge that I have received information regarding my rights under the Hospital Patient Safety Act. SF (Patient to initial here).

**PHYSICIANS AS INDEPENDENT CONTRACTORS:** I recognize that all physicians furnishing services, such as radiologists, pathologist, anesthesiologist, emergency room physicians and the like, are independent contractors and are not employees or agents of the hospital. A separate bill will be sent for physician services. I authorize and direct the named insurers to pay benefits directly to these physicians for services rendered.

**RELEASE FROM RESPONSIBILITY FOR PERSONAL PROPERTY:** I have been made aware that the hospital provides facilities for the safekeeping of valuables and I hereby release the hospital from liability for loss or damage to any items, which are not given to hospital personnel for safekeeping.

**AVAILABILITY OF CLINICAL TRIALS:** I am aware that clinical trials (research studies) are available through the hospital or physicians who are members of the medical staff of Lexington Medical Center. If I desire more information about participating in clinical trials, I can request information be provided to me by my physician.

**THIS FORM HAS BEEN EXPLAINED TO ME; I HAVE READ AND UNDERSTAND IT.**

Sarah Foiston — Signature of Patient
3-26-11 — Date
Guarantor (if other than patient)

If minor, Responsible Party
Date
Relationship to Patient

Witness
3-26-11 — Date

7181-886-1 (02/10)

14

Corvel Scan Date: 11/29/2011

LEXINGTON MEDICAL CENTER
IRMO
7035 St. Andrews Road
Columbia, South Carolina 29212
803-749-0924

| | |
|---|---|
| PATIENT: FOLSTON, SARAH ANN | VISIT DATE: 03/26/2011 |
| ADM. #: Y00004125845 | M.R. #: M000337993 |
| PHYSICIAN: FATIMAH O. NDIAYE, MD | D: 03/26/2011 12:46 PM |
| DATE OF BIRTH: | T: 03/26/2011 7:36 PM / mwl |

URGENT CARE

S: Patient is here reporting on March 22nd she was at work assisting a patient at the Midlands Center, who is wheelchair bound. The patient pushed out of the wheelchair and pushed her down. She fell on her right side, directly on her right elbow and left hip. She was seen on site by the physician there. She was placed on Naproxen. Progressively her pain has worsened. The elbow is significantly painful with range of motion. Even if she rests her arm down, the elbow is very painful. The hip is also really painful walking and sitting. She has been using a heating pad at home, which helps. The Naproxen is not helping. She also had some Motrin at home, which she tried, which is not really affecting her symptoms. PMH: None. DRUG ALLERGIES: None known.

O: VITAL SIGNS: Temperature 98, pulse 72, respirations 16, blood pressure 135/85. EXTREMITIES: Elbow, range of motion intact. Very tender to touch. Extend and flex without difficulty. Supination/pronation without significant pain. No ecchymosis noted. Hip, very tender right at greater tuberosity to palpation. Able to move hip, although pain is elicited with abduction of hip joint. URGENT CARE COURSE: X-rays of both elbow and hip unremarkable for any acute fractures.

A
1. Right elbow contusion.
2. Right hip pain, status post fall.

P: She was told to stop Naproxen. Rx Diclofenac 75 mg b.i.d., Lortab 5 mg every 6 - 8 hours p.r.n. pain mainly at h.s. (#10). Restricted from heavy lifting and prolonged standing. Follow-up with Worker's Comp. doctor in 5 – 7 days for further evaluation and treatment.

_____ _____
DATE TIME AM PM

Whatell
_____
FATIMAH O. NDIAYE, MD

cc:



15

Corvel Scan Date: 11/29/2011

I00004125845 03/26/11 53
FOLSTON, SARAH ANN
M000337993 ER PHYSICIANS
IUC B F

# LEXINGTON MEDICAL CENTER

☐ BATESBURG-LEESVILLE ☐ CHAPIN ☐ GILBERT ☐ SWANSEA
☑ TRMC ☐ LEXINGTON

## PATIENT CARE RECORD

☐ PHONE CALL ☑ VISIT ☐ OTHER

PATIENT NAME
DOB
DATE
CONTACT PHONE

| TIME | ROOM | WEIGHT | TEMP | ☐ Rect ☐ Other ☐ Oral | PULSE | RESP. | BP | PULSE OX | PRIVATE PHYSICIAN | IMMUNIZATION STATUS CHILDHOOD |
|---|---|---|---|---|---|---|---|---|---|---|
| 1135 | D | 170 | 98.5 | | 72 | 16 | 135/86 | 100% | Kayla | NA |

| MANNER OF ARRIVAL | PREG | BREAST FEEDING | SMOKER | LAST TETANUS | FLU / PNEUMOVAX |
|---|---|---|---|---|---|
| ☐ AMBULATORY ☐ WHEELCHAIR ☐ CARRIED ☐ OTHER ☐ EMS | ☐ YES ☐ NO LMP | ☐ YES ☐ NO | ☐ YES ☐ NO | 7 Yrs | NO |

**PAIN STATUS**
pain ☐ yes ☐ no
Pain Scale: 0 1 2 3 4 5 6 7 8 9 10
Least Most Severe
Pain Quality:
☐ aching ☐ burning
☐ cramping ☐ dull ☐ sharp
☐ prickly ☐ radiating
☐ throbbing
Location Hip

**Affects:**
☐ general activity
☐ mood
☐ walking
☐ normal work
☐ sleep
☐ enjoyment of life

**MENTAL STATUS and VERBAL**
☐ alert
☐ oriented (5)
☐ confused (4)
☐ inappropriate (3)
☐ incomprehensible (2)
☐ non verbal (1)
☐ lethargic
☐ combative
**SKIN**
☐ hot ☐ moist ☐ diaphoretic
☐ warm ☐ pale ☐ cyanotic
☐ cool ☐ dry

SCREENS: FUNCTIONAL ☑ EMOTIONAL/BEHAVIORAL ☐
NEGLECT/ABUSE ☐ NUTRITIONAL ☐
ALLERGIES/ REACTIONS: NKDA

MEDICATIONS ☐ VERBAL ☐ OTHER
Ibuprofen

CHIEF COMPLAINT / REQUEST
pt pushed down by pt at work. - Mar. 22 -
Pt elbow & pt hip pain

PHARMACY
PHARMACY PHONE

ACUITY ☐ NONURGENT ☐ URGENT ☐ EMERGENT
SIGNATURE

| TIME | PROVIDER | PROVIDER ASSESSMENT | MEDICATION/TREATMENT ORDERS |
|---|---|---|---|

☐ CBCD ☐ AMI/BNP ☐ U/A C&S
☐ CBC ☐ RSS ☐ U/A CC CATH
☐ BMET ☐ CMET ☐ GC/CHLAMYDIA
☐ K+ ☐ TPB ☐ PREG. SERUM URINE
☐ LIPID PROFILE ☐ PSA ☐ CXR PA / LAT
☐ AMYLASE ☐ HgbA1c ☒ XR (R) Elbow (L) (R) hip
☐ BS ☐ EKG ☐ OTHER
☐ CT

PROVISIONAL DIAGNOSIS(ES): (R) Elbow contusion (R) hip pain
CONDITION AT DISCHARGE
DICTATION # 462706
NP / PHYSICIAN

CONSULTS
CALL PATIENT
TRANSFER / ADMIT TO
ACCEPTING PHYSICIAN

7781-780-2 (2/09) REVISED 2/09

16

RADIOLOGY DEPARMENT
LEXINGTON MEDICAL CENTER - IRMO
7035 ST ANDREWS ROAD
COLUMBIA SC 29212
PHONE: (803) 407-4100

PATIENT: FOLSTON,SARAH ANN
AGE: 53
DOB:
SEX: F

UNIT/MR NO: M000337993
ACCT NO: Y0000412584S
SSN:
REQ NO: 11-0005662
REPORT NO: 0328-0062

ORDERING DR: FATIMAH NDIAYE MD

PT LOCATION: IUC
NDIFAT FP

REPORT STATUS: Signed

ORDERED BY: FATIMAH NDIAYE MD
LOCATION: DEP ER IUC
STUDY TYPE: 0326-0003 IRAD/ELBOW RIGHT

DATE OF EXAM: 03/26/11

CLINICAL DATA: 53F, FALL FIVE DAYS AGO, PAIN

RIGHT ELBOW:

Four views of the right elbow showed no traumatic or pathologic changes.

MSC

EDWIN P PIA MD

**REPORT STATUS: Signed**

ORDER#/PROCEDURE: 0326-0003 IRAD/ELB (73080TC)
EXAM TECH:DKASTO

PT LOC/ROOM:DIUC/

REP RELEASED BY: PIAEDW RAD 03/28/11 1552
ADD RELEASED BY:

DISC DATE:D03/26/11
ED DISC DIAG:DD

FOLSTON,SARAH ANN

Patient Location's copy



17

RADIOLOGY DEPARMENT
**LEXINGTON MEDICAL CENTER - IRMO**
7035 ST ANDREWS ROAD
COLUMBIA SC 29212
PHONE: (803) 407-4100

| | | | |
|---|---|---|---|
| **PATIENT:** | **FOLSTON,SARAH ANN** | UNIT/MR NO: | M000337993 |
| | | ACCT NO: | Y00004125845 |
| AGE: | 53 | SSN: | |
| DOB: | | REQ NO: | [illegible] |
| SEX: | F | REPORT NO: | 0328-0063 |
| | | PT LOCATION: | IUC |
| **ORDERING DR:** | **FATIMAH NDIAYE MD** | | NDIFAT FP |

**REPORT STATUS: Signed**

ORDERED BY: FATIMAH NDIAYE MD
LOCATION: DEP ER IUC
STUDY TYPE: 0326-0004 IRAD/HIP UNILATERAL INCLUDES PELVIS RIGHT

**DATE OF EXAM:** **03/26/11**

CLINICAL DATA: 53F, FALL, JOINT PAIN

RIGHT HIP (INCLUDING PELVIS):

An AP view of the hip and pelvis was supplemented with a frog-leg lateral view of the hip. There are no traumatic or pathologic changes.

MSC

EDWIN P PIA MD

**REPORT STATUS: Signed**

ORDER#/PROCEDURE: 0326-0004 IRAD/HIP1 (73500TC)
EXAM TECH:□KASTO

PT LOC/ROOM:□IUC/

REP RELEASED BY: PIAEDW RAD 03/28/11 1552
ADD RELEASED BY:

DISC DATE:□03/26/11
ED DISC DIAG:□□

FOLSTON,SARAH ANN

Patient Location's copy

Lexington Medical Center Irmo
*Your partner for health and wellness®*
7035 St. Andrews Road, Columbia, SC 29212
(803) 749-0924

# EXITCARE® PATIENT INFORMATION
## DISCHARGE INSTRUCTION SUMMARY

**Patient/Visit Information:**

| | |
|---|---|
| Attending Caregiver: Fatimah Ndiaye, MD | Discharge Date/Time: 3/26/2011 12:53:22 PM |
| Patient ID: Y00004125845 | Patient Medical Record Number: M000337993 |
| Patient Name: SARAH FOLSTON | Patient Gender: F |
| Patient Weight: | Patient Height: |
| Patient DOB: | Department: Urgent Care |
| Patient Phone Number: | Patient Address: COLUMBIA, SC, 29210 |
| Responsible Adult: | Patient Email: |
| Visit Start Date: 3/26/2011 | Diag: |
| Other Providers: | |

**Discharge Instruction Sheets Provided:**
Contusion, Elbow; Bruised Elbow
Hip Injury

**Patient Instructions:**

Additional Notes for Hip Injury
STOP NAPROXEN
FOLLOW UP WITH WORKERS COMP IN 5-7 DAYS FOR FURTHER EVAL

**Followup Appointments/Instructions:**
Primary Follow-up Information
: - (000)000-0000

Lexington Medical Center Irmo
*Your partner for health and wellness®*
7035 St. Andrews Road, Columbia, SC 29212

(803) 749-0924

# EXITCARE® PATIENT INFORMATION

**Patient/Visit Information:**

| | |
|---|---|
| Attending Caregiver: Fatimah Ndiaye, MD | Discharge Date/Time: 3/26/2011 12:53:22 PM |
| Patient ID: Y00004125845 | Patient Medical Record Number: M000337993 |
| Patient Name: SARAH FOLSTON | Patient Gender: F |
| Patient Weight: | Patient Height: |
| Patient DOB: | Department: Urgent Care |
| Patient Phone Number: | Patient Address: COLUMBIA, SC, 29210 |
| Responsible Adult: | Patient Email: |
| Visit Start Date: 3/26/2011 | Diag: |
| Other Providers: | |

## Drug Summary:

**Take these medications:**

| Status | Drug Name | Form | Strength | Dose | Frequency |
|---|---|---|---|---|---|
| NEW | Diclofenac Sodium | Tablet Sustained Release 24HR (Oral) | 75MG | 1 tablet | 2 times a day |
| Directions/Notes:with meal - | | | | | |
| NEW | Lortab | Tablet (Oral) | 5-500mg | 1 tab | Every 6-8 Hours |
| Directions/Notes:by mouth - | | | | | |

Drug Allergies: None Entered

**Call your doctor for medical advice about side effects.**
**You may report side effects to the Food and Drug Administration (FDA) at 1-800-FDA-1088, the FDA does not provide any medical advice.**

ExitCare® Patient Information - SARAH FOLSTON - ID# Y00004125845 - MR# M000337993

**Lexington Medical Center Irmo**
**7035 St. Andrews Road**
**Columbia, SC 29212**
**(803) 749-0924**

EXITCARE® PATIENT INFORMATION

**Patient Information:**

| | |
|---|---|
| Patient ID: Y00004125845 | Patient Medical Record Number: M000337993 |
| Patient Name: SARAH FOLSTON | Patient Address: 1 , COLUMBIA, SC, 29210 |
| Responsible Adult: | Patient Email: |
| Patient Weight: | Patient Height: |
| Patient DOB: | Patient Gender: F |
| Patient Phone Number: | |

**Visit Information:**

| | |
|---|---|
| Visit Start Date: 3/26/2011<br>Discharge Date/Time: 3/26/2011 12:53:22 PM | Department: Urgent Care |
| Primary Caregiver: Fatimah Ndiaye, MD | Diag: |

Primary Follow-up Info: :

**User Information:**

| | | |
|---|---|---|
| Login ID: cfox | User Name: Chris Fox, Tech | Dept: Urgent Care |

**>>>> Contusion, Elbow, Bruised Elbow - English - {6322A01D-06FF-48CA-9F1F-51FDBCAF4CDD}**

*Additional Follow-up caregivers:*
*Additional Notes:*

**>>>> Hip Injury - English - {37B96D1C-DBA7-41F1-9AA2-1ECA0D385AAA}**

*Additional Follow-up caregivers:*
*Additional Notes:*
STOP NAPROXEN
FOLLOW UP WITH WORKERS COMP IN 5-7 DAYS FOR FURTHER EVAL

**Medication Summary / Reconciliation:**

Drug Summary Sheet was selected to be printed

The Patient was instructed to take these medications:
NEW Diclofenac Sodium, 75MG, Tablet Sustained Release 24HR (Oral), 1 tablet, 2 times a day, with Meal, Amount: 30, Refills: 0,
NEW Lortab, 5-500mg, Tablet (Oral), 1 tab
, Every 6-8 Hours, By mouth, Amount: 10, Refills: 0,
Based on current ExitMeds Drug Interaction settings (2) ExitCare/ExitMeds did not find any drug interactions between "Diclofenac Sodium",Lortab
Drug Allergies: None Entered

Discharged via: ☑ Amb ☐ Wheelchair ☐ Other _____ with ☑ Self ☐ Family/Friend ☐ Other _____

Signature acknowledges that Patient and/or Guardian has received these instructions and understands them.

Sarah Folston 3/26 — 3/26

Patient or Guardian Signature | Time /Date | Witnessed & Instructed by | Time/Date

 ©2011 ExitCare, LLC 3/26/2011 12:53:25 PM

21

Corvel Scan Date: 11/29/2011

**LEXINGTON MEDICAL CENTER - IRMO**
7035 ST. ANDREWS RD • COLUMBIA, SC 29212 • (803) 749-0924
**WORK/SCHOOL STATUS**

☐ No school/PE _____ ☐ No Work _____

☒ Restrictions No bending, pushing or lifting >10 lbs, no prolonged standing

☐ Return to work/school on _____ Signature _____

**Should you require an extension to your excuse, please return to the Urgent Care for a recheck or follow up with your Primary Care Provider.**

☐ Return to the Urgent Care or your physician in _____ days for suture removal/recheck.

☐ Call to arrange an appointment with _____

For workers compensation injuries check with your employee health office of LMC Occupational Health Clinic at 755-3337 for follow-up.

Lexington Medical Center-Irmo is open daily 7:00AM - 10:00PM. Thank you for allowing us to take very good care of you. It is important that you keep your follow-up appointment as directed and that you report any new or remaining problems to the physician who sees you for follow-up. Follow the instructions below as indicated for you.

**GENERAL INFORMATION AND INSTRUCTIONS:**
**X-RAYS AND EKG: For your protection all x-rays and EKG's are reviewed by specialist physicians. If any clinically significant difference is noted between the first and final reading, you or your physician will be contacted. LABORATORY: Certain lab tests and cultures require a waiting period. If any results require a change in your treatment, you will be notified.**

HOME CARE INSTRUCTIONS: Refer to the Home Care instruction sheet. If you have any questions concerning the information provided do not hesitate to consult your physician or return to Lexington Medical Center in Irmo.

☐ _____

☐ You have been prescribed an antibiotic. Look for and follow any specific instructions or warnings on the bottle. Take the medicine according to the instructions until ALL of the medicine is gone: Do NOT stop taking the medicine just because you are feeling better or the infection appears to have cleared up. There should NOT be any medicine left in the bottle or "saved" for another infection. NEVER take anyone else's antibiotic! If you are currently taking oral birth control, please be aware that antibiotics can affect its efficacy.

☐ You have been given or prescribed medication that may cause drowsiness. While under the influence of this drug: Do NOT drive or operate dangerous machinery; Do NOT perform hazardous activity requiring alertness or skill; Do NOT consume alcoholic beverages.
Call/Return if your pain is not controlled or symptoms are not improving by _____ hours.

Additional Instructions: Stop Naproxen
Followup with Workers Comp doctor in 5-7 days for further evaluation or determination of restrictions.

Discharged via: ☐ Amb ☐ Wheelchair ☐ Other _____ with ☐ Self ☐ Family/Friend ☐ Other _____
I hereby acknowledge that I have received and understand the instructions verbalized to me and indicated above. I will arrange for follow-up care as instructed above.

PATIENT OR RESPONSIBLE PERSON | DISCHARGED BY | DATE/TIME

X00004125845 03/26/11 53
FOLSTON, SARAH ANN
M000337993 ER PHYSICIANS
IUC B F

**LEXINGTON MEDICAL CENTER - IRMO**
**7035 ST. ANDREWS ROAD**
**COLUMBIA, SC 29212**
**(803) 749-0924**

| | | | |
|---|---|---|---|
| Dale Blizzard, M.D. DEA #BB6303096 | Fatimah Ndiaye, M.D. DEA #BN7236590 | Timothy Wingo, M.D. DEA #BW8544492 | Christine Barrett, F.N.P. MB2014784 |
| William Harman, M.D. DEA #BH5916272 | Wesley Shuler, M.D. DEA #AS9285923 | David Winn, M.D. DEA #BW1140970 | Terry Prince, F.N.P. MP1237052 |
| Donald Moore, M.D. DEA #AM1668946 | Ashley Whetsell, M.D. DEA #BW5138979 | Lori Wolfe, D.O. DEA #BS6481610 | Virginia Summerall, F.N.P. APN123 |

| RX ILLEGAL IF NOT SAFETY RED BACKGROUND | REFILL | MID-LEVEL PRACTITIONERS |
|---|---|---|
| Diclofenac 75mg T po BID #30 | 0 | |
| Lortab 5mg T po q6-8° prn pain #10 | 0 | |

DISPENSE AS WRITTEN _____ M.D./D.O. | SUBSTITUTION PERMITTED _____ M.D./D.O.

22

***

# IMAGECARE, LLC

710 RABON ROAD
COLUMBIA, SC 29203
803-462-3680

**Name**: Folston, Sarah
**Patient ID**: 1000119895
**DOB**:

**Acc#**: 604446
**Patient Phone #**:

**Exam Date**: 10/12/2011
**Exam**: MRI Pelvis without
**Reason**: SPRAINS AND STRAINS OF HIP AND THIGH (843.9)
**Referrer**: Izard, Steven MD

***

PROCEDURE: MRI of the hips and pelvis without contrast, initial exam

CLINICAL HISTORY: Right hip and leg pain

TECHNIQUE: 5 mm axial and coronal T1 and T2 STIR images of the pelvis and hips were obtained.

FINDINGS: The proximal femurs and hips are normal in appearance. No evidence of avascular necrosis, occult fracture, bone marrow edema, or degenerative joint disease is noted. The bony pelvis and sacrum and sacroiliac joints are normal appearing. The visualized soft tissues of the pelvis, buttocks and proximal thighs are normal in appearance.

**IMPRESSION: Normal MRI exam of the hips and pelvis**

Martin P. Dommers, M.D.
Electronic Signature
Date Finalized: 10/12/2011

DD: DT:10/12/2011

23

***

# IMAGECARE, LLC

710 RABON ROAD
COLUMBIA, SC 29203
803-462-3680

**Name:** Folston, Sarah A
**Patient ID:** 1000119895
**DOB:**
**Acc#:** 750918
**Patient Phone #:**

**Exam Date:** 05/12/2014
**Exam:** CT L-spine w contast
**Reason:** SCIATICA (724.3)
**Referrer:** Lamotta, Ivan MD

***

PROCEDURE: CT LUMBAR SPINE, POST MYELOGRAM

CLINICAL HISTORY: Sciatica. Patient claims injury at work, shoved while at work, with back injury.

TECHNIQUE: Following lumbar myelogram, spiral CT scan of the lumbar spine was obtained with axial images reconstructed every 2 mm. Computer-generated sagittal 3 mm and coronal 2 mm images are also obtained and reviewed.

FINDINGS:

There are 5 non-rib-bearing lumbar vertebrae. Sagittal images show normal alignment without spondylolysis or spondylolisthesis. Coronal images show very mild dextroscoliosis centered at L2.

The T11-T12 disc, spinal canal, spinal cord, and neural foramina appear unremarkable. The posterior facets appear unremarkable.

At T12-L1, the disc, spinal canal, spinal cord, and neural foramina appear unremarkable, with normal appearance of the posterior facets and with mild ligamentous thickening posteriorly.

At L1-L2, there is no disc herniation, spinal canal stenosis, or neuroforaminal stenosis. The tip of the conus is at upper L2. There is mild ligamentous thickening at the posterior facets and mild sclerosis without significant productive change.

At L2-L3, the disc, spinal canal, and neural foramina are unremarkable with mild ligamentous thickening at the posterior facets.

At L3-L4, the disc, spinal canal, and neural foramina appear unremarkable. The posterior facets demonstrate mild ligamentous thickening and slight productive change. There is slight subchondral sclerosis. There is no spinal stenosis.

At L4-L5, there is asymmetric bulge or focal protrusion of the posterior disc margin to the right of midline, causing mild effacement of anterior epidural fat, without spinal canal stenosis, foraminal stenosis, or significant nerve root displacement. Findings are suspicious for a focal annular tear. The posterior facets demonstrate mild-to-moderate hypertrophic change at L4-L5 with mild ligamentous thickening, without spinal canal or significant neuroforaminal stenosis.

At L5-S1, there is degenerative narrowing of the disc, vacuum disc phenomenon, sclerosis of the adjacent vertebral body end plates, anterior osteophytes and disc bulge, and a suspected small focal right paracentral disc herniation or prominent focal protrusion, abutting the right S1 nerve root, best identified on sagittal reconstructed images 29 through 31 of series 5. There is moderate right-sided L5-S1 neuroforaminal stenosis with suspected disc protrusion into the neural foramen and with mild-to-moderate hypertrophic facet changes. There is mild left-sided L5-S1 neuroforaminal stenosis.

The more caudal aspect of the thecal sac is unremarkable. The tip of the conus is at the upper end plate of L2. There are no intrathecal abnormalities. Vertebral body contours and heights are normal. Paraspinal soft tissues appear unremarkable. The abdominal aorta is normal diameter. There is no lymphadenopathy identified.

24

IMPRESSION:

1. DEGENERATIVE DISC CHANGES AT L5-S1 WITH SUSPECTED FOCAL DISC PROTRUSION OR PERHAPS LIMITED DISC HERNIATION TO THE RIGHT OF MIDLINE, ABUTTING THE RIGHT S1 NERVE ROOT TOWARD THE LATERAL RECESS AND WITH MODERATE RIGHT L5-S1 FORAMINAL STENOSIS.

2. SUSPECTED FOCAL ANNULAR TEAR AND LOCALIZED BULGE OR FOCAL PROTRUSION JUST TO THE RIGHT OF MIDLINE AT L4-L5 DISC, WITHOUT DISC HERNIATION, SPINAL CANAL, OR FORAMINAL STENOSIS.

3. NO OTHER LEVELS OF SIGNIFICANT ABNORMALITY ARE PRESENT.

Timothy P. Close, M.D.
Electronic Signature
Date Finalized: 05/13/2014

DD: 05/12/2014 DT:05/12/2014

25

***

# IMAGECARE, LLC

710 RABON ROAD
COLUMBIA, SC 29203
803-462-3680

Name: Folston, Sarah A
Patient ID: 1000119895

DOB:
Acc#: 750911
Patient Phone #:

***

Exam Date: 05/12/2014
Exam: code-- covers c, t and l-OR c, t OR l-5-30-13
Reason: SCIATICA (724.3)
Referrer: Lamotta, Ivan MD

PROCEDURE: LUMBAR MYELOGRAM WITH FLUOROSCOPY

CLINICAL HISTORY: Sciatica, back pain. Patient claims she was shoved while at work with subsequent back injury.

TECHNIQUE: With the patient prone, in aseptic fashion, with Lidocaine 1% local anesthetic and with fluoroscopic guidance, a 22-gauge spinal needle was advanced into the lumbar subarachnoid space in the midline at L2-L3. Approximately 6 mL of clear, colorless CSF was obtained and was ultimately discarded. Isovue-M 200 15 mL was then instilled into the lumbar subarachnoid space under fluoroscopy. The needle was removed. Images are obtained in AP, lateral, and oblique projections. Upright (weightbearing) AP and lateral views and lateral flexion and extension views are also obtained. Patient was then sent for CT scan. CT scan report will follow separately.

FINDINGS:

Initial prone image demonstrates 5 non-rib-bearing lumbar vertebrae with normal alignment in frontal and lateral positions. Contrast injection confirms needle position within the lumbar subarachnoid space at L2-L3. There is unobstructed flow of contrast throughout the lumbar subarachnoid space. There are mild anterior epidural defects at the L4-L5 and L5-S1 levels without significant central spinal canal stenosis. There is no significant effacement of nerve root sleeves throughout the lumbar spine. There are no intrathecal filling defects identified. There are no significant changes in the upright position. The tip of the conus appears to be at the level of L1-L2.

FLUOROSCOPY TIME: 1 minute, 23 seconds.

**IMPRESSION:**

**1. LUMBAR MYELOGRAM, WITH MILD ANTERIOR EPIDURAL DEFECTS AT L4-L5 AND L5-S1, WITHOUT SPINAL STENOSIS, WITHOUT NERVE ROOT EFFACEMENT, AND WITHOUT INTRATHECAL ABNORMALITIES.**

**2. NO EVIDENCE OF INSTABILITY OR SIGNIFICANT CHANGE IN THE APPEARANCE OF THE COLUMN OF CONTRAST OR IN THE LUMBAR SPINE IN THE UPRIGHT (WEIGHTBEARING) VIEWS INCLUDING LATERAL FLEXION AND EXTENSION VIEWS.**

Timothy P. Close, M.D.
Electronic Signature
Date Finalized: 05/13/2014

DD: 05/12/2014 DT:05/13/2014

26

Doctors Express Columbia
3304 FOREST DRIVE
COLUMBIA, SC 29204
803-787-3901

Doctors Express
(Insurance Work Injuries)

FOLSTON, SARAH (9/25/2012) **Transcription (page 1 of 2)**

Patient: SARAH FOLSTON (ID#200127) Date of Birth:
Work Comp Visit on 9/25/2012 for Company MIDLANDS CENTER Protocol is WC NEW (Log# 40461807)

**History of Present Illness:**
The patient presents with a chief complaint of constant (but worse at times) pain of the back and right hip since Thu, Apr 21, 2011. The patient describes the severity as moderate. Context: The patient reports it was not the result of an injury, complains of right hip pain for 1 and 1/2 years. The patient also reports weakness as an abnormal symptom related to the complaint.

**Review of Systems:**
The patient complains of the following recent symptoms:

- Neurological:
  - weakness, chronic condition, began approximately 1-3 years ago, gradual onset, symptoms are intermittent, located over lower back and buttocks, mild in intensity, alleviated by massage, aggravated by movement, aggravated by certain positions/staying in 1 position too long, associated with trauma, Pt was injured in 4/2011 and has had chronic back and hip pain ever since

The patient denies the following recent symptoms:

- Constitutional: denies fever
- Cardiovascular: denies chest pain/pressure
- Neurological: denies headache, tingling

**Allergies:** patient reports "No allergies"
**Current Medications:** patient reports "No medications"
**Medical History:** patient reports "No problems"
**Surgeries:** patient reports "No surgeries"
**Social History:**

- Tobacco Use: denies
- Alcohol: denies
- Street / Unprescribed Drugs: denies

**Family History:**

- Father
- Brother(s): High Blood Pressure, diabetes
- Mother

**Vitals:**
Temperature: 97.7 °F (Oral), Pulse: 78 BPM, BP: 115/74, Respirations: 18/min, Weight: 259 LBS, Height: 5'3", BMI: 45.9

**Physical Exam:**
The following exam elements were documented to be normal:

- Cardiovascular: S1, S2, regular rate and rhythm, no murmur, rub, or gallop
- Cardiovascular: no lower extremity edema or varicosities bilaterally
- Cardiovascular: placement of PMI normal, no thrills or heaves, cardiac size within normal limits
- Eyes: pupils equal, round and reactive to light
- Eyes: conjunctivae non-icteric and not injected bilaterally
- General: well developed, well nourished, and no acute distress
- GI: no hepatosplenomegaly, liver nontender
- GI: negative Murphy's sign
- GI: abdomen nontender, no guarding or rebound, no mass noted
- Muscular: normal gait and posture
- Muscular: normal digits on inspection and palpation
- Muscular: no head or neck abnormality on inspection or palpation
- Muscular: lower extremity without tenderness, deformity, or lesion bilaterally
- Muscular: no abnormality of spine, ribs or pelvis on inspection or palpation
- Muscular: upper extremity without tenderness, deformity, or lesion bilaterally
- Neurological: upper extremity deep tendon reflexes 2+ and equal bilaterally
- Neurological: lower extremity deep tendon reflexes 2+ and equal bilaterally

27

Doctors Express Columbia
3304 FOREST DRIVE
COLUMBIA, SC 29204
803-787-3901

Doctors Express
Urgent Care When You Need It

FOLSTON, SARAH (9/25/2012) **Transcription (page 2 of 2)**

- Neurological: upper extremity sensation intact bilaterally
- Neurological: lower extremity sensation intact bilaterally
- Neurological: cranial nerves 2-12 intact grossly
- Psychiatric: alert and oriented to person, place and time
- Psychiatric: normal mood and affect
- Psychiatric: normal judgment and insight
- Psychiatric: recent and remote memory intact
- Respiratory: no increased work of breathing
- Respiratory: lung clear to auscultation with good air movement bilaterally
- Skin: skin normal in temperature and nontender on palpation
- Skin: skin without ecchymosis or rash
- Skin: skin without lesion

Diagnoses:

- Back Pain, lower (Lumbago)(724.2) - Minor
- Muscle Spasm(728.85) - Workup
- SCIATICA(724.3) - Workup

Exit Care Documents:

- Back Pain
- Spasticity
- Sciatica

Plan

- Please follow up with your personal physician in 1 weeks. Call or return to this clinic if your condition worsens or if you have any concerns.
- Fit for duty with the following restrictions: Starting 9/25/2012: Avoid kneeling entirely. Avoid squatting entirely. Avoid bending over entirely. Avoid twisting entirely. Avoid climbing ladders entirely. Avoid prolonged sitting. Avoid prolonged standing. Avoid prolonged kneeling. Avoid prolonged squatting. Avoid prolonged bending over. No lifting over shoulder greater than 10 lbs. No lifting from waist to shoulder greater than 10 lbs. No lifting below waist greater than 10 lbs. No pulling or pushing greater than 10 lbs. Use proper lifting techniques as instructed. Restrictions in effect until: 10/2/2012
- Toradol 10 mg 1 po Q8 prn pain
  Flexeril 10 mg 1 po Q8 prn spasm

Patient was discharged by Susan Foster MD on 9/25/2012 10:36:06 AM
Signed off electronically by Susan Foster MD on 9/26/2012 10:38:06 AM

28

Doctors Express Columbia
3304 FOREST DRIVE
COLUMBIA, SC 29204
803-787-3901

Doctors Express
Urgent Care When You Need It

FOLSTON, SARAH (9/25/2012)

## Patient Clinical Summary (page 1 of 2)

**You were seen at Doctors Express Columbia (FOREST DR) on 9/25/2012.**

**Your Diagnoses for today's visit are:**

- 1. Back Pain, lower (Lumbago)
- 2. Muscle Spasm
- 3. SCIATICA

**Recommendations:**

- Please follow up with your personal physician in 1 weeks. Call or return to this clinic if your condition worsens or if you have any concerns.
- Fit for duty with the following restrictions: Starting 9/25/2012. Avoid kneeling entirely. Avoid squatting entirely. Avoid bending over entirely. Avoid twisting entirely. Avoid climbing ladders entirely. Avoid prolonged sitting. Avoid prolonged standing. Avoid prolonged kneeling. Avoid prolonged squatting. Avoid prolonged bending over. No lifting over shoulder greater than 10 lbs. No lifting from waist to shoulder greater than 10 lbs. No lifting below waist greater than 10 lbs. No pulling or pushing greater than 10 lbs. Use proper lifting techniques as instructed. Restrictions in effect until 10/2/2012.
- Toradol 10 mg 1 po Q8 prn pain
  Flexeril 10 mg 1 po Q8 prn spasm
- **Please read the Exit Care Documents provided:**
  - Back Pain
  - Spasticity
  - Sciatica

**Thank you for allowing us to serve you today.**
**Please call this clinic at 803-787-3901 if your condition changes or you have any concerns.**

You were discharged by Susan Foster MD on 9/25/2012 10:36:06 AM.

29

Doctors Express Columbia
3304 FOREST DRIVE
COLUMBIA, SC 29204
803-787-3901

Doctors Express
Urgent Care When You Need It

FOLSTON, SARAH (9/25/2012)

## Patient Clinical Summary (page 2 of 2)

### Additional clinical information:

**Your Reason for visiting us:**

- The patient presents with a chief complaint of constant (but worse at times) pain of the back and right hip since Thu, Apr 21, 2011. The patient describes the severity as moderate. Context: The patient reports it was not the result of an injury, complains of right hip pain for 1 and 1/2 years. The patient also reports weakness as an abnormal symptom related to the complaint.

**Your Vital Signs recorded during this visit were:**

- Temperature: 97.7 °F (Oral), Pulse: 78 BPM, BP: 115/74, Respirations: 18/min, Weight: 259 LBS, Height: 5' 3", BMI: 45.9

**Your Symptoms during this visit:**

The following symptoms were marked as **negative/normal**: fever, chest pain/ pressure, headache, tingling.

The following symptoms were marked as **positive/abnormal**:

- Pain (see *Reason for visit*)
- Weakness: chronic condition, began approximately 1-3 years ago, gradual onset, symptoms are intermittent, located over lower back and buttocks, mild in intensity, alleviated by massage, aggravated by movement, aggravated by certain positions/staying in 1 position too long, associated with trauma, Pt was injured in 4/2011 and has had chronic back and hip pain ever since

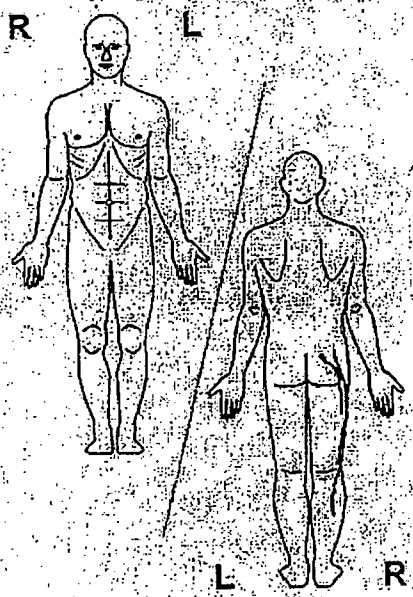
30

Doctors Express Columbia
3304 FOREST DRIVE
COLUMBIA, SC 29204
803-787-3901

Doctors Express
Urgent Care When You Need It

FOLSTON, SARAH (9/25/2012)

## General Exam Notes



Doctors Express Columbia
3304 FOREST DRIVE
COLUMBIA, SC 29204
803-787-3901

Doctors Express
Here For You When You Need It

FOLSTON, SARAH (9/25/2012)

# Work Status Note

Date of Visit: September 25, 2012
Employer: MIDLANDS CENTER
Full Name: FOLSTON, SARAH
SSN:
Date of initial onset/injury: 4/21/2011
Reason: Pain

**This employee was seen today in our clinic for an injury that may be compensable under workers' compensation statutes. The following is a short summary of the visit:**

**Diagnoses:**

- Back Pain, lower (Lumbago)(724.2) - Minor
- Muscle Spasm(728.85) - Workup
- SCIATICA(724.3) - Workup

**Disposition:**

- Toradol 10 mg 1 po Q8 prn pain
  Flexeril 10 mg 1 po Q8 prn spasm

**Work Restrictions:**

- Fit for duty with the following restrictions: Starting 9/25/2012. Avoid kneeling entirely. Avoid squatting entirely. Avoid bending over entirely. Avoid twisting entirely. Avoid climbing ladders entirely. Avoid prolonged sitting. Avoid prolonged standing. Avoid prolonged kneeling. Avoid prolonged squatting. Avoid prolonged bending over. No lifting overshoulder greater than 10 lbs. No lifting from waist to shoulder greater than 10 lbs. No lifting below waist greater than 10 lbs. No pulling or pushing greater than 10 lbs. Use proper lifting techniques as instructed. Restrictions in effect until 10/2/2012.

**Scheduled Recheck:**

- Please follow up with your personal physician in 1 weeks. Call or return to this clinic if your condition worsens or if you have any concerns.

Patient was discharged by Susan Foster MD on 9/25/2012 10:36:06 AM.
Signed off electronically by Susan Foster MD on 9/25/2012 10:36:06 AM.

32

Doctors Express Columbia
3304 FOREST DRIVE
COLUMBIA, SC 29204
803-787-3901

Doctors Express
Urgent Care When You Need It

FOLSTON, SARAH (10/2/2012) **Transcription (page 1 of 2)**

Patient: SARAH FOLSTON (ID# 200127) Date of Birth:
Work Comp Visit on 10/2/2012 for Company MIDLANDS CENTER. Protocol is WC RECHECK (Log# 40470857)

**History of Present Illness:**
Patient came in for a follow-up of pain in the back and right hip which was originally seen on 9/25/2012. Original onset was Thu, Apr 21, 2011. The location is now in the back and right hip. It has the following qualities: aching and dull. The patient reports it was not the result of an injury. complains of right hip pain for 1 and 1/2 years

Interval History: 55 YO AAF , FOR F/U OF INJURY APRIL 2011. STATES RESIDENT AT MIDLANDS CTR ATTACKED HER ,KNOCKED HER TO GROUND. STATES DX WITH SCIATICA FROM DOCTORS CARE. STATES DID P/T, MRI LAST YR. MRI DIDNT SHOW ANYTHING. P/T MADE IT WORSE. STATES DOCTOR SHE SAW THEN TOLD HER NOTHING WAS WRONG WITH HER AND SHE COULDNT HAVE BEEN HURT MUCH DUE TO HER LARGE POSTERIOR. HAS SCIATICA FLARES FROM TIME TO TIME. NO NEW INJURY. STATES BACK BETTER SINCE VISIT 9/25, NOW JUST HAS CRAMPY INTERMITTENT PAIN THAT STARTS DEEP IN LEFT BUTTOCK, GOES DOWN SIDE OF LEG TO CALF. FLEXERIL HELPS, BUT CAUSES MOUTH DRYNESS. TORADOL MAKES HER SLEEPY.

**Review of Systems:**
The patient denies the following recent symptoms:

- Constitutional: denies chills, fever, sweats
- GI: denies nausea, urinary/bowel changes, vomiting

**Allergies:** patient reports "No allergies"
**Current Medications:**

- Flexeril
- ketorolac 10 mg Tab: 1 x By Mouth (PO), QBh, started Tue, Sep 25, 2012

**Medical History:** patient reports "No problems"
**Surgeries:** patient reports "No surgeries"
**Social History:**

- Tobacco Use: denies
- Alcohol: denies
- Street / Unprescribed Drugs: denies

**Family History:**

- Father
- Brother(s): High Blood Pressure, diabetes
- Mother

**Vitals:**
Temperature: 98.2 °F (Oral) Pulse: 83 BPM BP: 97/66, Respirations: 18/min, Weight: 250 LBS Height: 5' 3" BMI: 44.3, Pregnant: No Breastfeeding: No, **Last Menses: Unknown**

**Physical Exam:**
The following exam elements were documented to be abnormal:

- Muscular: spasm/tenderness of paraspinal muscles
  Right paraspinal muscles: spasm of lumbar muscles, tenderness of lumbar muscles, diffusely, spasm of sacral muscles, tenderness of sacral muscles diffusely.
  Left paraspinal muscles:
- Muscular: positive straight left raise test
  right straight leg raise 30 degrees

The following exam elements were documented to be normal:

- General: well developed, well nourished, and no acute distress
  MORBID OBESITY
- GI: no CVA Tenderness
- Muscular: normal gait and posture
- Neurological: lower extremity sensation intact bilaterally
- Psychiatric: normal mood and affect
- Respiratory: no increased work of breathing

33

Doctors Express Columbia
3304 FOREST DRIVE
COLUMBIA, SC 29204
803-787-3901

Doctors Express
Urgent Care When You Need It

FOLSTON, SARAH (10/2/2012) **Transcription (page 2 of 2)**

- Skin: no ecchymosis or rash of skin of back
- Skin: no lesion of skin of back
- Skin: no wound of back

**Diagnoses:**

- Back Pain, lower (Lumbago)(724.2) - Stable/Improved
- Muscle Spasm(728.85) - Stable/Improved
- SCIATICA(724.3) - Stable/Improved

**Medication Orders:**

- Prescribed: Skelaxin 800mg 0.5/half tablet by mouth Three Times A Day as directed #21 Refills(0), MAY USE FULL TABLET AT A DOSE IF NEEDED - FOR MUSCLE ACHES.
  Prescribed at 10:06 AM on 10/2/2012
  Prescription printed
- Prescribed: Ultram 50mg 1-2 tablet(s) by mouth Three Times A Day as directed #18 Refills(0), FOR MILD TO MODERATE PAIN
  Prescribed at 10:09 AM on 10/2/2012
  Prescription printed

**Plan**

- Please return to the clinic on Tuesday, October 09, 2012 for a recheck.
- Ordered physical therapy - start
  - RE: CHR R SCIATICA, INJURY 4/2011
- Fit for duty with the following restrictions: Starting 9/25/2012. Avoid kneeling entirely. Avoid squatting entirely. Avoid bending over entirely. Avoid twisting entirely. Avoid climbing ladders entirely. Avoid prolonged sitting. Avoid prolonged standing. Avoid prolonged kneeling. Avoid prolonged squatting. Avoid prolonged bending over. No lifting over shoulder greater than 10 lbs No lifting from waist to shoulder greater than 10 lbs No lifting below waist greater than 10 lbs No pulling or pushing greater than 10 lbs. Use proper lifting techniques as instructed. Restrictions in effect until 10/9/2012.
- TRY USING SKELAXIN INSTEAD OF FLEXERIL, TO SEE IF IMPROVES MOUTH DRYNESS PROBLEM

Patient was discharged by Cynthia Jones on 10/2/2012 10:09:43 AM
Signed off electronically by Cynthia Jones on 10/2/2012 10:08:43 AM

34

Doctors Express Columbia
3304 FOREST DRIVE
COLUMBIA, SC 29204
803-787-3901

Doctors Express
Urgent Care When You Need It

FOLSTON, SARAH (10/2/2012)

## Patient Clinical Summary (page 1 of 2)

**You were seen at Doctors Express Columbia (FOREST DR) on Tuesday, October 02, 2012.**

**Your Diagnoses for today's visit are:**

- 1. Back Pain, lower (Lumbago)
- 2. Muscle Spasm
- 3. SCIATICA

**You have been Prescribed the following medications. Please take as instructed.**

- Prescribed: Skelaxin 800mg 0.5/half tablet by mouth Three Times A Day as directed #21 Refills(0), MAY USE FULL TABLET AT A DOSE IF NEEDED - FOR MUSCLE ACHES
  Prescribed at 10:08 AM on 10/2/2012
  Prescription printed
- Prescribed: Ultram 50mg 1-2 tablet(s) by mouth Three Times A Day as directed #18 Refills(0), FOR MILD TO MODERATE PAIN.
  Prescribed at 10:08 AM on 10/2/2012
  Prescription printed

**Recommendations:**

- Please return to the clinic on Tuesday, October 09, 2012 for a recheck.
- Ordered physical therapy - start
  - RE: CHR R SCIATICA, INJURY 4/2011
- Fit for duty with the following restrictions: Starting 9/25/2012. Avoid kneeling entirely. Avoid squatting entirely. Avoid bending over entirely. Avoid twisting entirely. Avoid climbing ladders entirely. Avoid prolonged sitting. Avoid prolonged standing. Avoid prolonged kneeling. Avoid prolonged squatting. Avoid prolonged bending over. No lifting over shoulder greater than 10 lbs. No lifting from waist to shoulder greater than 10 lbs. No lifting below waist greater than 10 lbs. No pulling or pushing greater than 10 lbs. Use proper lifting techniques as instructed. Restrictions in effect until 10/9/2012.
- TRY USING SKELAXIN INSTEAD OF FLEXERIL, TO SEE IF IMPROVES MOUTH DRYNESS PROBLEM.

**Thank you for allowing us to serve you today.**
**Please call this clinic at 803-787-3901 if your condition changes or you have any concerns.**

You were discharged by Cynthia Jones on 10/2/2012 10:08:43 AM.

35

Doctors Express Columbia
3304 FOREST DRIVE
COLUMBIA, SC 29204
803-787-3901

Doctors Express
Urgent Care When You Need It

FOLSTON, SARAH (10/2/2012)

## Patient Clinical Summary (page 2 of 2)

### Additional clinical information:

**Your Reason for visiting us:**

- Patient came in for a follow-up of pain in the back and right hip which was originally seen on 9/25/2012. Original onset was Thu, Apr 21, 2011. The location is now in the back and right hip. It has the following qualities: aching and dull. The patient reports it was not the result of an injury. complains of right hip pain for 1 and 1/2 years

  Interval History: 55 YO AAF, FOR F/U OF INJURY APRIL 2011. STATES RESIDENT AT MIDLANDS CTR ATTACKED HER, KNOCKED HER TO GROUND. STATES DX WITH SCIATICA FROM DOCTORS CARE. STATES DID P/T, MRI LAST YR. MRI DIDN'T SHOW ANYTHING, P/T MADE IT WORSE. STATES DOCTOR SHE SAW THEN TOLD HER NOTHING WAS WRONG WITH HER, AND SHE COULDN'T HAVE BEEN HURT MUCH DUE TO HER LARGE POSTERIOR. HAS SCIATICA FLARES FROM TIME TO TIME. NO NEW INJURY. STATES BACK BETTER SINCE VISIT 9/25. NOW JUST HAS CRAMPY INTERMITTENT PAIN THAT STARTS DEEP IN LEFT BUTTOCK, GOES DOWN SIDE OF LEG TO CALF. FLEXERIL HELPS, BUT CAUSES MOUTH DRYNESS. TORADOL MAKES HER SLEEPY.

**Your Vital Signs recorded during this visit were:**

- Vitals recorded at 10/2/2012 8:31 AM: Temperature: 98.2 °F (Oral), Pulse: 83 BPM, BP: 97/66, Respirations: 16/min, Weight: 250 LBS, Height: 5' 3", BMI: 44.3, Pregnant: No, Breastfeeding: No, Last Menses: Unknown

**Your Symptoms during this visit:**

The following symptoms were marked as **negative/normal**: fever, chills, sweats, nausea, vomiting, urinary/bowel changes.

The following symptoms were marked as **positive/abnormal**:

- Pain (see *Reason for visit*)

**According to our documentation, you are on the following Medications (see also Prescribed medications above):**

- Flexeril:
- ketorolac 10 mg Tab: 1 x By Mouth (PO), Q8h, started Tue, Sep 25, 2012

36

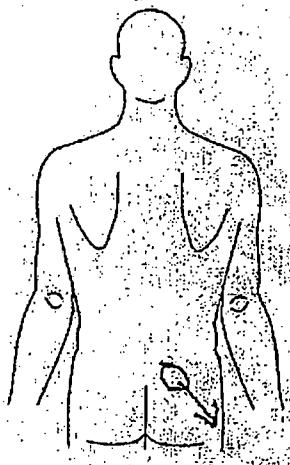
Corvel Scan Date: 10/17/2012

Doctors Express Columbia
3304 FOREST DRIVE
COLUMBIA, SC 29204
803-787-3901

Doctors Express
Urgent Care When You Need It

FOLSTON, SARAH (10/2/2012)

## Back Exam Notes



L R

37

Corvel Scan Date: 10/17/2012

Doctors Express Columbia
3304 FOREST DRIVE
COLUMBIA, SC 29204
803-787-3901

Doctors Express
Urgent Care When You Need It

FOLSTON, SARAH (10/2/2012)

# Work Status Note

Date of Visit: October 2, 2012
Employer: MIDLANDS CENTER
Full Name: FOLSTON, SARAH
Date of initial onset/injury: 4/21/2011
Reason: Pain

**This employee was seen today in our clinic for an injury that may be compensable under workers' compensation statutes. The following is a short summary of the visit:**

**Diagnoses:**

- Back Pain, lower (Lumbago)(724.2) - Stable/Improved
- Muscle Spasm(728.85) - Stable/Improved
- SCIATICA(724.3) - Stable/Improved

**Disposition:**

- Ordered physical therapy - start
  - RE: CHR R SCIATICA, INJURY 4/2011
- TRY USING SKELAXIN INSTEAD OF FLEXERIL, TO SEE IF IMPROVES MOUTH DRYNESS PROBLEM.

**Work Restrictions:**

- Fit for duty with the following restrictions: Starting 9/25/2012. Avoid kneeling entirely. Avoid squatting entirely. Avoid bending over entirely. Avoid twisting entirely. Avoid climbing ladders entirely. Avoid prolonged sitting. Avoid prolonged standing. Avoid prolonged kneeling. Avoid prolonged squatting. Avoid prolonged bending over. No lifting over shoulder greater than 10 lbs No lifting from waist to shoulder greater than 10 lbs No lifting below waist greater than 10 lbs No pulling or pushing greater than 10 lbs. Use proper lifting techniques as instructed. Restrictions in effect until 10/9/2012.

**Scheduled Recheck:**

- Please return to the clinic on Tuesday, October 09, 2012 for a recheck.

Patient was discharged by Cynthia Jones on 10/2/2012 10:08:43 AM
Signed off electronically by Cynthia Jones on 10/2/2012 10:08:43 AM

38

Doctors Express Columbia
3304 FOREST DRIVE
COLUMBIA, SC 29204
803-787-3901

Doctors Express
Urgent Care When You Need It

FOLSTON, SARAH (10/9/2012) **Transcription (page 1 of 2)**

Patient: SARAH FOLSTON (ID# 200127) Date of Birth:
Work Comp Visit on 10/9/2012 for Company MIDLANDS CENTER. Protocol is WC RECHECK (Log# 40479542)

**History of Present Illness:**
Patient came in for a follow up of pain in the back and right hip which was originally seen on 9/25/2012. Original onset was Thu, Apr 21, 2011. Their last follow up visit for this was on 10/2/2012. The location is now in the back and right hip. It has the following qualities: aching, dull, and sharp. The patient reports it was not the result of an injury. complains of right hip pain for 1 and 1/2 years.

Interval History: PT WITH IMPROVED SCIATIC PAIN ON COMBINATION OF 1/2 TAB SKELAXIN AND SOMETIMES ADDING ULTRAM. STATES SHE CAN TELL THE SKELAXIN RELAXES HER AND TAKES THE EDGE OFF THE PAIN. JUST FEELS SORE THEN. FEELS CAN DO A LITTLE MORE AT WORK THAN BEFORE. STILL WAITING FOR P/T REFERRAL TO BE SET UP BY WORK. THINKS THERE HAS BEEN A CHANGE IN WC COMPANY. STATES NO MOUTH DRYNESS SINCE CHANGING TO 1/2 TAB SKELAXIN.

**Review of Systems:**
The patient complains of the following recent symptoms:

- Muscular:
  - muscle pain

The patient denies the following recent symptoms:

- Constitutional: denies chills, fever, sweats
- GI: denies nausea, vomiting

**Allergies:** patient reports "No allergies"
**Current Medications:**

- ketorolac 10 mg Tab: 1 x By Mouth (PO), QBh, started Tue, Sep 25, 2012
- Skelaxin: by mouth, TID, started Tue, Oct 02, 2012
- Ultram 50 mg Tab: 1-2 tabs TID

**Medical History:** patient reports "No problems".
**Surgeries:** patient reports "No surgeries".
**Social History:**

- Tobacco Use: denies
- Alcohol: denies
- Street / Unprescribed Drugs: denies

**Family History:**

- Father:
- Brother(s): High Blood Pressure, diabetes
- Mother:

**Vitals:**
Temperature: 97.3 °F (Oral), Pulse: 84 BPM, BP: 120/76, Respirations: 18/min, Weight: 262 LBS, Height: 5' 2", BMI: 47.9

**Physical Exam:**
The following exam elements were documented to be **abnormal**:

- **Muscular:** altered gait and posture
  limp favoring right lower extremity
- **Muscular:** positive straight left raise test
  right straight leg raise 30 degrees.

The following exam elements were documented to be **normal**:

- General: well developed, well nourished, and no acute distress
  MORBID OBESITY
- Psychiatric: normal mood and affect

**Diagnoses:**

- Muscle Spasm(728.85) - Stable/Improved
- SCIATICA(724.3) - Stable/Improved

39

Doctors Express Columbia
3304 FOREST DRIVE
COLUMBIA, SC 29204
803-787-3901

Doctors Express
Urgent Care When You Need It

FOLSTON, SARAH (10/9/2012)

## Transcription (page 2 of 2)

**Medication Orders:**

- Continue Taking: Ultram 50mg 1-2 tablet(s) by mouth Three Times A Day as directed #18 Refills(0), FOR MILD TO MODERATE PAIN
- Prescribed: Ultram 50mg 1-2 tablet(s) by mouth Three Times A Day as directed #45 Refills(0), FOR MILD TO MODERATE PAIN
  Prescribed at 10:31 AM on 10/9/2012
  Prescription printed
- Prescribed: Skelaxin 800mg 0.5/half tablet by mouth Three Times A Day as directed #30 Refills(0), MAY USE FULL TABLET AT A DOSE IF NEEDED FOR MUSCLE ACHES
  Prescribed at 10:31 AM on 10/9/2012
  Prescription printed

**Plan:**

- Please return to the clinic on Tuesday, October 09, 2012 for a recheck.
- Ordered physical therapy - continue.
  RE: CHR R SCIATICA INJURY 4/2011
- Fit for duty with the following restrictions: Starting 10/9/2012: Avoid prolonged sitting. Avoid prolonged standing. Avoid prolonged kneeling. Avoid prolonged squatting. Avoid prolonged bending over. Avoid prolonged twisting. Avoid prolonged ladder-climbing. No lifting over shoulder greater than 15 lbs. No lifting from waist to shoulder greater than 15 lbs. No lifting below waist greater than 10 lbs. Use proper lifting techniques as instructed. Restrictions in effect until 10/24/2012. Notes: MAY PUSH PATIENTS IN WHEELCHAIR OR PUSH OTHER OBJECTS < 20 LBS. NO PULLING > 10 LBS.
- CONTINUE WITH USING SKELAXIN AS NEEDED. OKAY TO RESERVE ULTRAM FOR WHEN REALLY NEEDED.

Patient was discharged by Cynthia Jones on 10/9/2012 10:34:10 AM
Signed off electronically by Cynthia Jones on 10/9/2012 10:34:10 AM

40

Corvel Scan Date: 10/30/2012

Doctors Express Columbia
3304 FOREST DRIVE
COLUMBIA, SC 29204
803-787-3901

Doctors Express
Urgent Care When You Need It

FOLSTON, SARAH (10/9/2012)

## Patient Clinical Summary (page 1 of 2)

**You were seen at Doctors Express Columbia (FOREST DR) on Tuesday, October 09, 2012.**

**Your Diagnoses for today's visit are:**

- 1. Muscle Spasm
- 2. SCIATICA

**You have been Prescribed the following medications. Please take as instructed.**

- Continue Taking: Ultram 50mg 1-2 tablet(s) by mouth Three Times A Day as directed #18 Refills(0), FOR MILD TO MODERATE PAIN
- Prescribed: Ultram 50mg 1-2 tablet(s) by mouth Three Times A Day as directed #45 Refills(0), FOR MILD TO MODERATE PAIN
  Prescribed at 10:31 AM on 10/9/2012
  Prescription printed
- Prescribed: Skelaxin 800mg 0.5/half tablet by mouth Three Times A Day as directed #30 Refills(0), MAY USE FULL TABLET AT A DOSE IF NEEDED FOR MUSCLE ACHES.
  Prescribed at 10:31 AM on 10/9/2012
  Prescription printed

**Recommendations:**

- Please return to the clinic on Tuesday, October 09, 2012 for a recheck.
- Ordered physical therapy - continue
  - RE: CHR R SCIATICA, INJURY 4/2011
- Fit for duty with the following restrictions: Starting 10/9/2012: Avoid prolonged sitting. Avoid prolonged standing. Avoid prolonged kneeling. Avoid prolonged squatting. Avoid prolonged bending over. Avoid prolonged twisting. Avoid prolonged ladder-climbing. No lifting over shoulder greater than 15 lbs No lifting from waist to shoulder greater than 15 lbs No lifting below waist greater than 10 lbs Use proper lifting techniques as instructed. Restrictions in effect until 10/24/2012. Notes: MAY PUSH PATIENTS IN WHEELCHAIR OR PUSH OTHER OBJECTS < 20 LBS. NO PULLING > 10 LBS.
- CONTINUE WITH USING SKELAXIN AS NEEDED. OKAY TO RESERVE ULTRAM FOR WHEN REALLY NEEDED.

**Thank you for allowing us to serve you today.**
**Please call this clinic at 803-787-3901 if your condition changes or you have any concerns.**

You were discharged by Cynthia Jones on 10/9/2012 10:34:10 AM.

41

Doctors Express Columbia
3304 FOREST DRIVE
COLUMBIA, SC 29204
803-787-3901

Doctors Express
Urgent Care When You Need It

FOLSTON, SARAH (10/9/2012) **Patient Clinical Summary (page 2 of 2)**

## Additional clinical information:

### Your Reason for visiting us:

- Patient came in for a follow up of pain in the back and right hip which was originally seen on 9/25/2012. Original onset was Thu, Apr 21, 2011. Their last follow-up visit for this was on 10/2/2012. The location is now in the back and right hip. It has the following qualities: aching, dull, and sharp. The patient reports it was not the result of an injury. complains of right hip pain for 1 and 1/2 years

  Interval History: PT WITH IMPROVED SCIATIC PAIN ON COMBINATION OF 1/2 TAB SKELAXIN AND SOMETIMES ADDING ULTRAM. STATES SHE CAN TELL THE SKELAXIN RELAXES HER AND TAKES THE EDGE OFF THE PAIN. JUST FEELS SORE THEN. FEELS CAN DO A LITTLE MORE AT WORK THAN BEFORE. STILL WAITING FOR P/T REFERRAL TO BE SET UP BY WORK. THINKS THERE HAS BEEN A CHANGE IN W/C COMPANY. STATES NO MOUTH DRYNESS SINCE CHANGING TO 1/2 TAB SKELAXIN.

### Your Vital Signs recorded during this visit were:

- Vitals recorded at 10/9/2012 8:49 AM: Temperature: 97.3 °F (Oral), Pulse: 84 BPM, BP: 120/76, Respirations: 18/min, Weight: 262 LBS, Height: 5' 2", BMI: 47.9

### Your Symptoms during this visit:

The following symptoms were marked as **negative/normal**: fever, chills, sweats, nausea, vomiting.
The following symptoms were marked as **positive/abnormal**:

- Pain (see *Reason for visit*)
- Muscle pain

### According to our documentation, you are on the following Medications (see also Prescribed medications above):

- ketorolac 10 mg Tab: 1 x By Mouth (PO), Q8h, started Tue, Sep 25, 2012
- Skelaxin: by mouth, TID, started Tue, Oct 02, 2012
- Ultram 50 mg Tab: 1-2 tabs TID

42

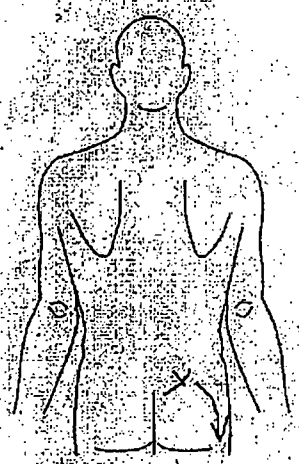
Corvel Scan Date: 10/30/2012

Doctors Express Columbia
3304 FOREST DRIVE
COLUMBIA, SC 29204
803-787-3901

Doctors Express
Urgent Care When You Need It

FOLSTON, SARAH (10/9/2012)

## Back Exam Notes



L R

43

Doctors Express Columbia
3304 FOREST DRIVE
COLUMBIA, SC 29204
803-787-3901

Doctors Express
Urgent Care When You Need It

FOLSTON, SARAH (10/9/2012)

# Work Status Note

Date of Visit: October 9, 2012
Employer: MIDLANDS CENTER
Full Name: FOLSTON, SARAH
Date of initial onset/injury: 4/21/2011
Reason: Pain

**This employee was seen today in our clinic for an injury that may be compensable under workers' compensation statutes. The following is a short summary of the visit:**

**Diagnoses:**

- Muscle Spasm(728.85) - Stable/Improved
- SCIATICA(724.3) - Stable/Improved

**Disposition:**

- Ordered physical therapy - continue
  - RE: CHR R SCIATICA, INJURY 4/2011
- CONTINUE WITH USING SKELAXIN AS NEEDED. OKAY TO RESERVE ULTRAM FOR WHEN REALLY NEEDED.

**Work Restrictions:**

- Fit for duty with the following restrictions: Starting 10/9/2012: Avoid prolonged sitting. Avoid prolonged standing. Avoid prolonged kneeling. Avoid prolonged squatting. Avoid prolonged bending over. Avoid prolonged twisting. Avoid prolonged ladder-climbing. No lifting over shoulder greater than 15 lbs No lifting from waist to shoulder greater than 15 lbs No lifting below waist greater than 10 lbs Use proper lifting techniques as instructed. Restrictions in effect until 10/24/2012. Notes: MAY PUSH PATIENTS IN WHEELCHAIR OR PUSH OTHER OBJECTS < 20 LBS. NO PULLING > 10 LBS.

**Scheduled Recheck:**

- Please return to the clinic on Tuesday, October 09, 2012 for a recheck.

Patient was discharged by Cynthia Jones on 10/9/2012 10:34:10 AM
Signed off electronically by Cynthia Jones on 10/9/2012 10:34:10 AM

44

Corvel Scan Date: 11/20/2012

Doctors Express Columbia
3304 FOREST DRIVE
COLUMBIA, SC 29204
803-787-9961

Doctors Express
Urgent Care When You Need It

FOLSTON, SARAH (10/24/2012) **Transcription (page 1 of 2)**

Patient: SARAH FOLSTON (ID# 200127) Date of Birth:
Work Comp Visit on 10/24/2012 for Company MIDLANDS CENTER. Protocol is WC RECHECK (Log# 40500483)

**History of Present Illness:**
Patient came in for a follow-up of pain in the back and right hip which was originally seen on 9/25/2012. Original onset was Thu, Apr 21, 2011. Their last follow-up visit for this was on 10/9/2012. The location is now in the back and right hip. The patient reports it was not the result of an injury, complains of right hip pain for 1 and 1/2 years patient states the pain is intermittent.

Interval History: Patient is asking about Physical therapy. Her low back injury is over a year old. Does respond to Skelaxin and Ultram. Has been putting heat on her back. No recent falls or overuse. Is on light duty at work.

**Review of Systems:**
The patient denies the following recent symptoms:

- Constitutional: denies change in appetite, chills, fatigue, fever, sweats, weight loss
- Cardiovascular: denies chest pain/pressure, fainting, fluttering/palpitations
- Psychiatric: denies anxiety/nerves, depression
- Lymph: denies frequent infections, lymph nodes
- ENT: denies dizziness, ear pain, nasal congestion, nasal discharge, sneezing, sore throat
- Respiratory: denies congestion, cough, shortness of breath, wheeze
- GI: denies abdominal pain, diarrhea, nausea, rectal/perirectal complaints, urinary/bowel changes, vomiting
- Skin: denies bruising, itching, laceration, rash, redness, skin sores

**Allergies:** patient reports "No allergies"
**Current Medications:**

- Ultram: by mouth, TID, started Tue, Oct 09, 2012
- Skelaxin: by mouth, TID, started Tue, Oct 09, 2012

**Medical History:** patient reports "No problems"
**Surgeries:** patient reports "No surgeries"
**Social History:**

- Tobacco Use: denies
- Alcohol: denies
- Street / Unprescribed Drugs: denies

**Family History:**

- Father
- Brother(s): High Blood Pressure, diabetes
- Mother

**Vitals:**
Temperature: 98.0 °F (Oral), Pulse: 94 BPM, BP: 124/84, Weight: 260 LBS, Height: 5' 3", BMI: 46.1, Hand dominance: Right

**Physical Exam:**
The following exam elements were documented to be **abnormal**:

- Muscular: positive straight left raise test
  right straight leg raise 30 degrees
- Muscular: back range of motion reduced
  Lumbosacral range of motion: flexion reduced extension reduced right lateral flexion reduced right lateral rotation reduced left lateral flexion reduced left lateral rotation reduced

The following exam elements were documented to be **normal**:

- General: well developed, well nourished, and no acute distress
- Muscular: normal gait and posture
- Muscular: no spasm or tenderness or paraspinal muscles
- Neurological: lower extremity sensation intact bilaterally
- Psychiatric: alert and oriented to person, place and time
- Psychiatric: normal mood and affect

45

Doctors Express Columbia
3304 FOREST DRIVE
COLUMBIA, SC 29204
803-787-3901

Doctors Express
Urgent Care When You Need It

FOLSTON, SARAH (10/24/2012) **Transcription (page 2 of 2)**

- Respiratory: no increased work of breathing

**Diagnosis:**

- SCIATICA(724.3) - Stable/Improved

**Plan**

- Please return to the clinic on Wednesday, October 31, 2012 for a recheck.
- Patient is asked to follow up in consultation with Dr. PPhysical Therapy. Re: Persistent lumbar pain, on 10/29/2012. Arrange for 2 weeks of PT, with 3 visits per week.
- Fit for duty with the following restrictions: Starting 10/24/2012. Avoid kneeling entirely. Avoid squatting entirely. Avoid bending over entirely. Avoid twisting entirely. No lifting over shoulder greater than 10 lbs using either arm. No lifting from waist to shoulder greater than 10 lbs. No lifting below waist greater than 10 lbs No pulling or pushing greater than 10 lbs. Restrictions in effect until 11/7/2012.

Patient was discharged by STEVEN TAYLOR on 10/24/2012 6:17:22 PM
Signed off electronically by STEVEN TAYLOR on 10/24/2012 6:17:22 PM

46

Doctors Express Columbia
3304 FOREST DRIVE
COLUMBIA, SC 29204
803-787-3901

Doctors Express

FOLSTON, SARAH (10/24/2012)

## Patient Clinical Summary (page 1 of 2)

**You were seen at Doctors Express Columbia (FOREST DR) on Wednesday, October 24, 2012.**

**Your Diagnosis for today's visit is:**

- 1. SCIATICA

**Recommendations:**

- Please return to the clinic on Wednesday, October 31, 2012 for a recheck.
- Patient is asked to follow up in consultation with Dr. PPhysical Therapy, Re: Persistent lumbar pain, on 10/29/2012. Arrange for 2 weeks of PT, with 3 visits per week.
- Fit for duty with the following restrictions: Starting 10/24/2012. Avoid kneeling entirely. Avoid squatting entirely. Avoid bending over entirely. Avoid twisting entirely. No lifting over shoulder greater than 10 lbs using either arm. No lifting from waist to shoulder greater than 10 lbs. No lifting below waist greater than 10 lbs. No pulling or pushing greater than 10 lbs. Restrictions in effect until 11/7/2012.

**Thank you for allowing us to serve you today.**
**Please call this clinic at 803-787-3901 if your condition changes or you have any concerns.**

You were discharged by STEVEN TAYLOR on 10/24/2012 6:17:22 PM.

47

Doctors Express Columbia
3304 FOREST DRIVE
COLUMBIA, SC 29204
803-787-3901

Doctors Express
Urgent Care When You Need It

FOLSTON, SARAH (10/24/2012) **Patient Clinical Summary (page 2 of 2)**

## Additional clinical information:

### Your Reason for visiting us:

- Patient came in for a follow-up of pain in the back and right hip which was originally seen on 9/25/2012. Original onset was Thu, Apr 21, 2011. Their last follow-up visit for this was on 10/9/2012. The location is now in the back and right hip. The patient reports it was not the result of an injury, complains of right hip pain for 1 and 1/2 years

  patient states the pain is intermittent

  Interval History: Patient is asking about Physical therapy. Her low back injury is over a year old. Does respond to Skelaxin and Ultram. Has been putting heat on her back. No recent falls or overuse. Is on light duty at work.

### Your Vital Signs recorded during this visit were:

- Vitals recorded at 10/24/2012 4:50 PM: Temperature: 98.0 °F (Oral), Pulse: 94 BPM, BP: 124/84, Weight: 260 LBS, Height: 5'3", BMI: 46.1, Hand dominance: Right

### Your Symptoms during this visit:

The following symptoms were marked as **negative/normal**: change in appetite, chills, fatigue, fever, sweats, weight loss, chest pain/ pressure, fainting, fluttering/palpitations, anxiety/ nerves, depression, frequent infections, nodes/ glands, dizziness, ear pain, nasal congestion, nose discharge, sneezing, sore throat, congestion, cough, shortness of breath, wheeze, abdominal pain, diarrhea, nausea, rectal/ perirectal complaints, urinary/bowel changes, vomiting, bruising, itching, laceration, rash, redness, skin sores.

The following symptoms were marked as **positive/abnormal**:

- Pain (see *Reason for visit*)

### According to our documentation, you are on the following Medications:

- Skelaxin: by mouth, TID, started Tue, Oct 09, 2012
- Ultram: by mouth, TID, started Tue, Oct 09, 2012

48

Corvel Scan Date: 11/20/2012

Doctors Express Columbia
3304 FOREST DRIVE
COLUMBIA, SC 29204
803-787-3901

Doctors Express
Urgent Care When You Need It

FOLSTON, SARAH (10/24/2012)

# Work Status Note

Date of Visit: October 24, 2012
Employer: MIDLANDS CENTER
Full Name: FOLSTON, SARAH
Date of initial onset/injury: 4/21/2011
Reason: Pain

**This employee was seen today in our clinic for an injury that may be compensable under workers' compensation statutes. The following is a short summary of the visit:**

**Diagnosis:**

- SCIATICA(724.3) - Stable/Improved

**Disposition:**

- Patient is asked to follow up in consultation with Dr. PPhysical Therapy, Re: Persistent lumbar pain, on 10/29/2012. Arrange for 2 weeks of PT, with 3 visits per week.

**Work Restrictions:**

- Fit for duty with the following restrictions: Starting 10/24/2012: Avoid kneeling entirely. Avoid squatting entirely. Avoid bending over entirely. Avoid twisting entirely. No lifting over shoulder greater than 10 lbs using either arm. No lifting from waist to shoulder greater than 10 lbs No lifting below waist greater than 10 lbs No pulling or pushing greater than 10 lbs. Restrictions in effect until 11/7/2012.

**Scheduled Recheck:**

- Please return to the clinic on Wednesday, October 31, 2012 for a recheck.

Patient was discharged by STEVEN TAYLOR on 10/24/2012 6:17:22 PM
Signed off electronically by STEVEN TAYLOR on 10/24/2012 6:17:22 PM

49

Doctors Express Columbia
9304 FOREST DRIVE
COLUMBIA, SC 29204
803-787-3901

Doctors Express
Urgent Care for Your Health

FOLSTON, SARAH (10/31/2012) **Transcription (page 1 of 2)**

Patient: SARAH FOLSTON (ID# 20012) Date of Birth:
Work Comp Visit on 10/31/2012 for Company MIDLANDS CENTER. Protocol is WC RECHECK (Log# 40509250)

**History of Present Illness:**
Patient came in for a follow up of pain in the back and right hip which was originally seen on 9/25/2012. Original onset was Thu, Apr 21, 2011. Their last follow up visit for this was on 10/24/2012. The location is now in the back and right hip. The patient reports it was not the result of an injury. complains of right hip pain for 1 and 1/2 years patient states the pain is intermittent

Interval History: PT HERE FOR RE-EVALUATION. STATES HR CLAIMED THEY DID NOT RECEIVE THE LAST FEW VISITS' NOTES, AND THAT THEY DID NOT KNOW WE WANTED HER TO GO TO PHYSICAL THERAPY UNTIL DR. TAYLOR'S VISIT LAST WEEK. STATED THAT SHE GOT A CALL FROM PHYSICAL THERAPY OFFICE TONIGHT ON HER WAY HERE. MISSED THE CALL. STATES IS LEARNING TO WALK AND DO ACTIVITIES AT WORK THAT WON'T CAUSE HER PAIN, BUT SHE IS FRUSTRATED SHE IS NOT IMPROVING. STATES HR TOLD HER SHE COULD ONLY BE ON LIGHT DUTY 60 DAYS, AND THAT SHE WAS CONCERNED THAT SHE HAS ALREADY BEEN SEEN FOR THIS PROBLEM FOR A MONTH WITH LITTLE IMPROVEMENT.

**Review of Systems:**
The patient denies the following recent symptoms:

- Constitutional: denies fever
- GI: denies nausea, vomiting

**Allergies:** patient reports "No allergies"
**Current Medications:**

- Flexeril
- Ultram: by mouth, TID, started Tue, Oct 02, 2012
- Ultram: by mouth, TID, started Tue, Oct 09, 2012
- ketorolac 10 mg Tab: 1 x By Mouth (PO), Q8h, started Tue, Sep 25, 2012
- Skelnxin: by mouth, TID, started Tue, Oct 02, 2012
- Skelnxin: by mouth, TID, started Tue, Oct 09, 2012

**Medical History:** patient reports "No problems"
**Surgeries:** patient reports "No surgeries"
**Social History:**

- Tobacco Use: denies
- Alcohol: denies
- Street / Unprescribed Drugs: denies

**Family History:**

- Father:
- Brother(s): High Blood Pressure, diabetes
- Mother:

**Vitals:**
Temperature: 98.8 °F (Oral), Pulse: 79 BPM, BP: 138/93, Respirations: 16/min, Weight: 260 LBS, Height: 5'5", BMI: 46.1

**Physical Exam:**
The following exam elements were documented to be abnormal:

- **Muscular:** positive straight left raise test
  right straight leg raise 30 degrees
- **Muscular:** back range of motion reduced
  Lumbosacral range of motion: flexion reduced extension reduced right lateral flexion reduced right lateral rotation reduced left lateral flexion reduced left lateral rotation reduced

The following exam elements were documented to be normal:

- General: well developed, well nourished, and no acute distress
  patient appears obese
- GI: no CVA Tenderness
- Lymph: no lymphadenopathy, lymphedema, or lymphangitis of lower extremities bilaterally
- Muscular: normal gait and posture

50

Doctors Express Columbia
9304 FOREST DRIVE
COLUMBIA, SC 29204
803-787-3901

Doctors Express
Urgent Care for Your Family

FOLSTON, SARAH (10/31/2012) **Transcription (page 2 of 2)**

- Muscular: no spasm of tenderness or paraspinal muscles
- Neurological: lower extremity sensation intact bilaterally
- Psychiatric: normal mood and affect
- Respiratory: no increased work of breathing
- Skin: no ecchymosis or rash of skin of back
- Skin: no lesion of skin of back
- Skin: no wound of back

Diagnosis:

- SCIATICA(724.3) - Worsening

Plan:

- Please return to the clinic on Tuesday, November 20, 2012 for a recheck.
- Patient is asked to follow up in consultation with Dr. Physical Therapy. Re: Persistent lumbar pain, on 10/29/2012. Arrange for 2 weeks of PT, with 3 visits per week.
- Fit for duty with the following restrictions: Starting 10/24/2012. Avoid kneeling entirely. Avoid squatting entirely. Avoid bending over entirely. Avoid twisting entirely. No lifting over shoulder greater than 10 lbs using either arm. No lifting from waist to shoulder greater than 10 lbs. No lifting below waist greater than 10 lbs. No pulling or pushing greater than 10 lbs. Restrictions in effect until 11/7/2012.
- DECLINED NEED FOR MEDICINES TODAY. PT ADVISED TO RETURN AFTER COMPLETING 4 PHYSICAL THERAPY SESSIONS.

Patient was discharged by Cynthia Jones on 10/31/2012 8:00:19 PM
Signed off electronically by Cynthia Jones on 10/31/2012 8:00:19 PM

**Chart Addendums**

| Addendum Added By | Added On | |
|---|---|---|
| cmjones@DX022@12.2.1003.1504 | 11/14/2012 9:42:45 AM | PT CALLED ON 13 NOV, QUESTIONING LAST WORK EXCUSE RECEIVED CALLING FOR LIGHT DUTY, HER WORKPLACE NEEDED SOMETHING WITH DIRECTIVE DATE THROUGH WHICH SHE WILL BE ON LIGHT DUTY.<br>SPOKE WITH NICHOLE AT ELLIS PHYSICAL THERAPY. PT HAD INITIAL EVAL ON 2 NOV, HAS ATTENDED 4 VISITS, LAST ONE 13 NOV. HAS BEEN APPROVED FOR 6 VISITS, ALTHOUGH WE/ELLIS HAD ASKED FOR 8. SHE STATED THE THERAPIST WOULD BE ABLE TO MORE APTLY DIRECT US IN RTW AT FULL DUTY VS LIGHT DUTY ONCE 6TH VISIT HAD BEEN DONE.<br>WILL EXPECT PT TO FOLLOW UP WITH US ON 20 NOV, FOR FURTHER EVAL AND DETERMINATION OF DUTY RESTRICTIONS IF ANY. FAXED ALL TRANSCRIPTION NOTES FROM HER VISITS HERE TO NICHOLE FOR THERAPIST READ. |

51

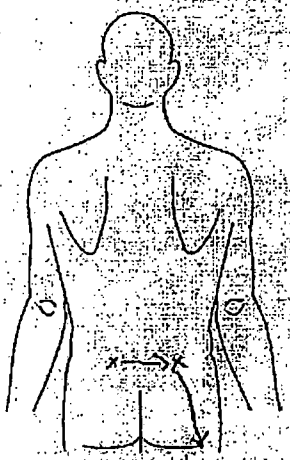
Corvel Scan Date: 11/20/2012

Doctors Express Columbia
3304 FOREST DRIVE
COLUMBIA, SC 29204
803-787-3901

Doctors Express
Urgent Care When You Need It

FOLSTON, SARAH (10/31/2012)

## Back Exam Notes



L R

52

Doctors Express Columbia
3304 FOREST DRIVE
COLUMBIA, SC 29204
803-787-3901

Doctors Express
Urgent Care When You Need It

FOLSTON, SARAH (10/31/2012)

## Patient Clinical Summary (page 1 of 2)

**You were seen at Doctors Express Columbia (FOREST DR) on Wednesday, October 31, 2012.**

**Your Diagnosis for today's visit is:**

- 1. SCIATICA

**Recommendations:**

- Please return to the clinic on Tuesday, November 20, 2012 for a recheck.
- Patient is asked to follow up in consultation with Dr. Physical Therapy, Re: Persistent lumbar pain, on 10/29/2012. Arrange for 2 weeks of PT, with 3 visits per week.
- Fit for duty with the following restrictions: Starting 10/24/2012. Avoid kneeling entirely. Avoid squatting entirely. Avoid bending over entirely. Avoid twisting entirely. No lifting over shoulder greater than 10 lbs using either arm. No lifting from waist to shoulder greater than 10 lbs No lifting below waist greater than 10 lbs No pulling or pushing greater than 10 lbs. Restrictions in effect until 11/7/2012.
- DECLINED NEED FOR MEDICINES TODAY. PT ADVISED TO RETURN AFTER COMPLETING 4 PHYSICAL THERAPY SESSIONS.

**Thank you for allowing us to serve you today.**
**Please call this clinic at 803-787-3901 if your condition changes or you have any concerns.**

You were discharged by Cynthia Jones on 10/31/2012 8:00:19 PM.

53

Doctors Express Columbia
3304 FOREST DRIVE
COLUMBIA, SC 29204
803-787-3901

Doctors Express
Here for You When You Need It

FOLSTON, SARAH (10/31/2012)

## Patient Clinical Summary (page 2 of 2)

### Additional clinical information:

**Your Reason for visiting us:**

- Patient came in for a follow-up of pain in the back and right hip which was originally seen on 9/25/2012. Original onset was Thu, Apr 21, 2011. Their last follow-up visit for this was on 10/24/2012. The location is now in the back and right hip. The patient reports it was not the result of an injury. complains of right hip pain for 1 and 1/2 years

  patient states the pain is intermittent

  Interval History: PT HERE FOR RE-EVALUATION. STATES HR CLAIMED THEY DID NOT RECEIVE THE LAST FEW VISITS' NOTES, AND THAT THEY DID NOT KNOW WE WANTED HER TO GO TO PHYSICAL THERAPY UNTIL DR. TAYLOR'S VISIT LAST WEEK. STATED THAT SHE GOT A CALL FROM PHYSICAL THERAPY OFFICE TONIGHT ON HER WAY HERE, MISSED THE CALL. STATES IS LEARNING TO WALK AND DO ACTIVITIES AT WORK THAT WON'T CAUSE HER PAIN, BUT SHE IS FRUSTRATED SHE IS NOT IMPROVING. STATES HR TOLD HER SHE COULD ONLY BE ON LIGHT DUTY 60 DAYS; AND THAT SHE WAS CONCERNED THAT SHE HAS ALREADY BEEN SEEN FOR THIS PROBLEM FOR A MONTH WITH LITTLE IMPROVEMENT.

**Your Vital Signs recorded during this visit were:**

- Vitals recorded at 10/31/2012 6:52 PM: Temperature: 98.8 °F (Oral), Pulse: 79 BPM, BP: 138/93, Respirations: 16/min, Weight: 260 LBS, Height: 5' 3", BMI: 46.1

**Your Symptoms during this visit:**

The following symptoms were marked as **negative/normal**: fever, nausea, vomiting.
The following symptoms were marked as **positive/abnormal**:

- Pain (see *Reason for visit*)

**According to our documentation, you are on the following Medications:**

- Flexeril:
- ketorolac 10 mg Tab: 1 x By Mouth (PO), Q8h, started Tue, Sep 25, 2012
- Skelaxin: by mouth, TID, started Tue, Oct 02, 2012
- Skelaxin: by mouth, TID, started Tue, Oct 09, 2012
- Ultram: by mouth, TID, started Tue, Oct 02, 2012
- Ultram: by mouth, TID, started Tue, Oct 09, 2012

54

Corvel Scan Date: 11/20/2012

Doctors Express Columbia
3304 FOREST DRIVE
COLUMBIA, SC 29204
803-787-3901

Doctors Express
Urgent Care When You Need It

FOLSTON, SARAH (10/31/2012)

# Work Status Note

Date of Visit: October 31, 2012
Employer: MIDLANDS CENTER
Full Name: FOLSTON, SARAH
Date of initial onset/injury: 4/21/2011
Reason: Pain

**This employee was seen today in our clinic for an injury that may be compensable under workers' compensation statutes. The following is a short summary of the visit:**

**Diagnosis:**

- SCIATICA(724.3) - Worsening

**Disposition:**

- Patient is asked to follow up in consultation with Dr. Physical Therapy, Re: Persistent lumbar pain, on 10/29/2012. Arrange for 2 weeks of PT, with 3 visits per week.
- DECLINED NEED FOR MEDICINES TODAY. PT ADVISED TO RETURN AFTER COMPLETING 4 PHYSICAL THERAPY SESSIONS.

**Work Restrictions:**

- Fit for duty with the following restrictions: Starting 10/24/2012. Avoid kneeling entirely. Avoid squatting entirely. Avoid bending over entirely. Avoid twisting entirely. No lifting over shoulder greater than 10 lbs using either arm. No lifting from waist to shoulder greater than 10 lbs No lifting below waist greater than 10 lbs No pulling or pushing greater than 10 lbs. Restrictions in effect until 11/7/2012.

**Scheduled Recheck:**

- Please return to the clinic on Tuesday, November 20, 2012 for a recheck.

Patient was discharged by Cynthia Jones on 10/31/2012 8:00:19 PM
Signed off electronically by Cynthia Jones on 10/31/2012 8:00:19 PM

55

Doctors Express Columbia
3304 FOREST DRIVE
COLUMBIA, SC 29204
803-787-3901

Doctors Express
Urgent Care When You Need It

FOLSTON, SARAH (11/20/2012) **Transcription (page 1 of 2)**

Patient: SARAH FOLSTON (ID# 200127) Date of Birth:
Work Comp Visit on 11/20/2012 for Company MIDLANDS CENTER. Protocol is WC RECHECK (Log# 40534729)

**History of Present Illness:**
Patient came in for a follow up of pain in the back and right hip which was originally seen on 10/31/2012. Original onset was Thu, Apr 21, 2011. It has the following quality: dull. The patient describes the severity as mild. The patient reports it was not the result of an injury. complains of right hip pain for 1 and 1/2 years patient states the pain is intermittent

**Review of Systems:**
The patient denies the following recent symptoms:

- Constitutional: denies change in appetite, chills, fatigue, fever, sweats, weight loss
- Cardiovascular: denies chest pain/pressure, fainting, fluttering/palpitations
- Neurological: denies headache, light-headedness, numbness, poor balance/coordination, tingling, weakness
- Psychiatric: denies anxiety/nerves, depression
- Lymph: denies frequent infections, lymph nodes
- ENT: denies dizziness, ear pain, nasal congestion, nasal discharge, sneezing, sore throat
- Respiratory: denies congestion, cough, shortness of breath, wheeze
- GI: denies abdominal pain, diarrhea, nausea, rectal/perirectal complaints, urinary/bowel changes, vomiting
- Skin: denies bruising, itching, laceration, rash, redness, skin sores

**Allergies:** patient reports "No allergies"
**Current Medications:**

- Flexeril
- Ultram: by mouth, TID, started Tue, Oct 02, 2012
- Ultram: by mouth, TID, started Tue, Oct 09, 2012
- ketorolac 10 mg Tab: 1 x By Mouth (PO), Q8h, started Tue, Sep 25, 2012
- Skelaxin: by mouth, TID, started Tue, Oct 02, 2012
- Skelaxin: by mouth, TID, started Tue, Oct 09, 2012

**Medical History:** patient reports "No problems"
**Surgeries:** patient reports "No surgeries"
**Social History:**

- Tobacco Use: denies
- Alcohol: denies
- Street / Unprescribed Drugs: denies

**Family History:**

- Father
- Brother(s): High Blood Pressure, diabetes
- Mother

**Vitals:**
Temperature: 97.8 °F (Oral), Pulse: 72 BPM, BP: 111/68, Respirations: 18/min, Weight: 258 LBS, Height: 5' 3", BMI: 45.7, Hand dominance: Right, Pregnant: No, Breastfeeding: No, Last Menses: Unknown

**Physical Exam:**
The following exam elements were documented to be abnormal:

- Musculo: back range of motion reduced
  Lumbosacral range of motion: flexion reduced extension reduced right lateral flexion reduced right lateral rotation reduced left lateral flexion reduced left lateral rotation reduced

The following exam elements were documented to be normal:

- General: well developed, well nourished, and no acute distress
- GI: no CVA Tenderness
- Lymph: no lymphadenopathy, lymphedema, or lymphangitis of lower extremities bilaterally
- Muscular: normal gait and posture

36

Doctors Express Columbia
9304 FOREST DRIVE
COLUMBIA, SC 29204
803-787-3901

Doctors Express
Urgent Care When You Need It

FOLSTON, SARAH (11/20/2012) **Transcription (page 2 of 2)**

- Muscular: no spasm or tenderness or paraspinal muscles
- Neurological: lower extremity sensation intact bilaterally
- Psychiatric: alert and oriented to person, place and time
- Psychiatric: normal mood and affect
- Psychiatric: normal judgment and insight
- Skin: no ecchymosis or rash of skin of back
- Skin: no lesion of skin of back
- Skin: no wound of back

**Diagnosis:**

- SCIATICA(724.3) - Stable/Improved

**Medication Orders:**

- Prescribed: Ultram 50mg 1 tablet by mouth Every 6 Hours as needed #40 Refills(1) PRN Pain or Headache.
  Prescribed at 12:37 PM on 11/20/2012
  Prescription printed

**Plan**

- Please follow up with consultant as requested.
- Fit for duty with the following restrictions: Avoid kneeling entirely. Avoid squatting entirely. Avoid bending over entirely. Avoid jumping entirely. Avoid climbing ladders entirely. No lifting over shoulder greater than 20 lbs. No lifting from waist to shoulder greater than 20 lbs. No pulling or pushing greater than 20 lbs. Use proper lifting techniques as instructed. Restrictions in effect until 12/4/2012.

Patient was discharged by STEVEN TAYLOR on 11/20/2012 12:45:00 PM
Signed off electronically by Karen Richardson on 11/20/2012 12:52:54 PM

57

Doctors Express Columbia
3304 FOREST DRIVE
COLUMBIA, SC 29204
803-787-3901

Doctors Express
Urgent Care When You Need It

FOLSTON, SARAH (11/20/2012)

## Patient Clinical Summary (page 1 of 2)

**You were seen at Doctors Express Columbia (FOREST DR) on Tuesday, November 20, 2012.**

**Your Diagnosis for today's visit is:**

- 1. SCIATICA

**You have been Prescribed the following medications. Please take as instructed.**

- Prescribed: Ultram 50mg 1 tablet by mouth Every 6 Hours as needed #40 Refills(1), PRN Pain or Headache.
  Prescribed at 12:37 PM on 11/20/2012
  Prescription printed

**Recommendations:**

- Please follow up with consultant as requested.
- Fit for duty with the following restrictions: Avoid kneeling entirely. Avoid squatting entirely. Avoid bending over entirely. Avoid jumping entirely. Avoid climbing ladders entirely. No lifting over shoulder greater than 20 lbs No lifting from waist to shoulder greater than 20 lbs No pulling or pushing greater than 20 lbs. Use proper lifting techniques as instructed. Restrictions in effect until 12/4/2012.

**Thank you for allowing us to serve you today.**
**Please call this clinic at 803-787-3901 if your condition changes or you have any concerns.**

You were discharged by STEVEN TAYLOR on 11/20/2012 12:45:00 PM.

58

Doctors Express Columbia
3304 FOREST DRIVE
COLUMBIA, SC 29204
803-787-3901

Doctors Express
Urgent Care When You Need It

FOLSTON, SARAH (11/20/2012)

## Patient Clinical Summary (page 2 of 2)

### Additional clinical information:

**Your Reason for visiting us:**

- Patient came in for a follow-up of pain in the back and right hip which was originally seen on 10/31/2012. Original onset was Thu, Apr 21, 2011. It has the following quality: dull. The patient describes the severity as mild. The patient reports it was not the result of an injury, complains of right hip pain for 1 and 1/2 years

  patient states the pain is intermittent

**Your Vital Signs recorded during this visit were:**

- Vitals recorded at 11/20/2012 10:43 AM: Temperature: 97.8 °F (Oral); Pulse: 72 BPM; BP: 111/68; Respirations: 18/min; Weight: 258 LBS; Height: 5' 3"; BMI: 45.7; Hand dominance: Right; Pregnant: No; Breastfeeding: No; Last Menses: Unknown

**Your Symptoms during this visit:**

The following symptoms were marked as negative/normal: change in appetite, chills, fatigue, fever, sweats, weight loss, chest pain/ pressure, fainting, fluttering/palpitations, headache, light headedness, numbness, poor balance, tingling, weakness, anxiety/ nerves, depression, frequent infections, nodes/ glands, dizziness, ear pain, nasal congestion, nose discharge, sneezing, sore throat, congestion, cough, shortness of breath, wheeze, abdominal pain, diarrhea, nausea, rectal/ perirectal complaints, urinary/bowel changes, vomiting, bruising, itching, laceration, rash, redness, skin sores.

The following symptoms were marked as positive/abnormal:

- Pain (see *Reason for visit*)

**According to our documentation, you are on the following Medications (see also Prescribed medications above):**

- Flexeril
- ketorolac 10 mg Tab: 1 x By Mouth (PO), Q8h, started Tue, Sep 25, 2012
- Skelaxin: by mouth, TID, started Tue, Oct 02, 2012
- Skelaxin: by mouth, TID, started Tue, Oct 09, 2012
- Ultram: by mouth, TID, started Tue, Oct 02, 2012
- Ultram: by mouth, TID, started Tue, Oct 09, 2012

59

Doctors Express Columbia
3304 FOREST DRIVE
COLUMBIA, SC 29204
803-787-3901

Doctors Express
Urgent Care When You Need It!

FOLSTON, SARAH (12/4/2012)

## Transcription (page 1 of 2)

Patient: SARAH FOLSTON (ID# 200127) Date of Birth:
Work Comp Visit on 12/4/2012 for Company MIDLANDS CENTER. Protocol is WC RECHECK (Log# 40553021)

**History of Present Illness:**
Patient came in for a follow-up of pain in the back and right hip which was originally seen on 10/31/2012. Original onset was Thu, Apr 21, 2011. Their last follow-up visit for this was on 11/20/2012. The patient reports it was not the result of an injury; complains of right hip pain for 1 and 1/2 years patient states the pain is intermittent

Interval History: PT STATES PHYSICAL THERAPY IS "REALLY WORKING ME OVER" BUT SHE IS FEELING BETTER AFTER SORENESS WEARS OFF. STATES SHE WISHES THAT HER ORIGINAL PHYSICAL THERAPIST HAD BEEN MORE HANDS ON, AS SHE FEELS THIS MAY HAVE KEPT HER FROM RE-INJURY THIS TIME. STATES SHE HAS STARTED TO TAKE HER ULTRAM EARLIER IN EVENING, BECAUSE SHE REALIZES SHE GETS NAUSEA FIRST THING IN MORNING DUE TO IT NOT BEING OUT OF HER SYSTEM BY THEN. TAKES MUSCLE RELAXANTS AS NEEDED, SINCE STARTING P/T, HAS BEEN OFF AT WORK, AND SHE THINKS AND THE THERAPIST THINKS THAT HAS HELPED.

**Review of Systems:**
The patient denies the following recent symptoms:

- Constitutional: denies chills, fever, sweats
- GI: denies nausea, vomiting

**Allergies:** patient reports "No allergies"
**Current Medications:**

- Flexeril
- Ultram: by mouth, TID, started Tue, Oct 02, 2012
- Ultram: by mouth, TID, started Tue, Oct 09, 2012
- Ultram: by mouth, Q6h, started Tue, Nov 20, 2012
- ketorolac 10 mg Tab: 1 x By Mouth (PO), Q8h, started Tue, Sep 25, 2012
- Skelaxin: by mouth, TID, started Tue, Oct 02, 2012
- Skelaxin: by mouth, TID, started Tue, Oct 09, 2012

**Medical History:** patient reports "No problems"
**Surgeries:** patient reports "No surgeries"
**Social History:**

- Tobacco Use: denies
- Alcohol: denies
- Street / Unprescribed Drugs: denies

**Family History:**

- Father:
- Brother(s): High Blood Pressure, diabetes
- Mother

**Vitals:**
Temperature: 96.8 °F (Oral), Pulse: 68 BPM, BP: 131/81, Respirations: 16/min, Weight: 256 LBS, Height: 5'5", BMI: 42.9, Hand dominance: Right, Pregnant: No, Breastfeeding: No, Last Menses: Unknown

**Physical Exam:**
The following exam elements were documented to be normal:

- General: well developed, well nourished, and no acute distress
- GI: no CVA Tenderness
- Lymph: no lymphadenopathy, lymphedema, or lymphangitis of lower extremities bilaterally
- Muscular: normal gait and posture
- Muscular (Right): normal hip strength
- Muscular (Right): no abnormality of knee, leg, ankle, or foot
- Muscular (Right): no erythema, swelling, or tenderness over greater or lesser trochanters
- Neurological (Right): lower extremity sensation intact
- Psychiatric: normal mood and affect

60

Doctors Express Columbia
3304 FOREST DRIVE
COLUMBIA, SC 29204
803-787-3901

Doctors Express
Urgent Care When You Need It

FOLSTON, SARAH (12/4/2012)

## Transcription (page 2 of 2)

- Respiratory: no increased work of breathing
- Skin: no ecchymosis or rash of skin of hip or thigh bilaterally
- Skin: no swelling or tenderness of skin

**Progress Log**

| Last Edited By | Log Time | |
|---|---|---|
| cmjones@dx022@12.2.1003.1504 | 12/4/2012 10:32:59 AM | Progress Note: NO P/T NOTES REVIEWED RECENTLY. BELIEVE PT IS BENEFITING FROM PHYSICAL THERAPY, AND WILL BE A GOOD CANDIDATE FOR HOME EXERCISE PROGRAM WHEN FINISHING THERAPY. PT IS ALSO MASSAGE THERAPIST. WE SPOKE ABOUT MAYBE USING THOSE SKILLS TO RE-CREATE HER POSITION AND OFFER THAT SERVICE TO CLIENTS, WHILE DECREASING THE DUTIES SHE HAS THAT ARE DIRECTLY IMPACTING HER BACK AND LEG, AND MAY CAUSE HER RE-INJURY. |

**Diagnosis:**

- SCIATICA(724.3) - Stable/Improved

**Medication Orders:**

- Prescribed: Skelaxin 800mg 0.5/half tablet by mouth Three Times A Day for 10 Days #30 Refills(0)
  Prescribed at 11:24 AM on 12/4/2012.
  Prescription attempted to be sent electronically.
  Prescription sent to LONG'S DRUGS - GATEWAY E050RX Phone: 8037365975 8810 FARROW RD COLUMBIA
- Prescribed: Ultram 50mg 1-2 tablet(s) by mouth Three Times A Day as directed #60 Refills(0)
  Prescribed at 11:24 AM on 12/4/2012.
  Prescription attempted to be sent electronically.
  Prescription sent to LONG'S DRUGS - GATEWAY E050RX Phone: 8037365975 8810 FARROW RD COLUMBIA

**Plan**

- Please follow up with consultant as requested.
- Fit for duty with the following restrictions: Starting 12/4/2012, Avoid kneeling entirely. Avoid squatting entirely. Avoid bending over entirely. Avoid jumping entirely. Avoid climbing ladders entirely. No lifting over shoulder greater than 20 lbs No lifting from waist to shoulder greater than 20 lbs No pulling or pushing greater than 20 lbs. Use proper lifting techniques as instructed. Restrictions in effect until 12/20/2012. OTHER RESTRICTIONS, IF ANY, AS OUTLINED BY PHYSICAL THERAPIST
- PT ENCOURAGED TO CONTINUE WITH PHYSICAL THERAPY; WILL BENEFIT FROM CHANGE IN POSITION AT WORK, WITH REDUCED ACTIVITIES THAT TORQUE/TWIST HER TORSO/BACK AREA, AS THIS MAY CAUSE RE-INJURY.

PATIENT WOULD LIKE TO INCORPORATE HER MASSAGE THERAPY BACKGROUND INTO ANY NEW JOB DUTIES SHE CAN DO FOR THE CLIENTS WHERE SHE WORKS.

Patient was discharged by Cynthia Jones on 12/4/2012 10:43:36 AM
Signed off electronically by Cynthia Jones on 12/4/2012 10:43:36 AM

61

Doctors Express Columbia
3304 FOREST DRIVE
COLUMBIA, SC 29204
803-787-3901

Doctors Express
Urgent Care When You Need It

FOLSTON, SARAH (12/4/2012)

## Patient Clinical Summary (page 1 of 2)

**You were seen at Doctors Express Columbia (FOREST DR) on Tuesday, December 04, 2012.**

**Your Diagnosis for today's visit is:**

- 1. SCIATICA

**You have been Prescribed the following medications. Please take as Instructed.**

- Prescribed: Skelaxin 800mg 0.5/half tablet by mouth Three Times A Day for 10 Days #30 Refills(0).
  Prescribed at 11:24 AM on 12/4/2012
  Prescription attempted to be sent electronically.
  Prescription sent to LONG'S DRUGS - GATEWAY E050RX Phone: 8037365975 8810 FARROW RD COLUMBIA
- Prescribed: Ultram 50mg 1-2 tablet(s) by mouth Three Times A Day as directed #60 Refills(0).
  Prescribed at 11:24 AM on 12/4/2012
  Prescription attempted to be sent electronically.
  Prescription sent to LONG'S DRUGS - GATEWAY E050RX Phone: 8037365975 8810 FARROW RD COLUMBIA

**Recommendations:**

- Please follow up with consultant as requested.
- Fit for duty with the following restrictions: Starting 12/4/2012 Avoid kneeling entirely. Avoid squatting entirely. Avoid bending over entirely. Avoid jumping entirely. Avoid climbing ladders entirely. No lifting over shoulder greater than 20 lbs. No lifting from waist to shoulder greater than 20 lbs. No pulling or pushing greater than 20 lbs. Use proper lifting techniques as instructed. Restrictions in effect until 12/20/2012. OTHER RESTRICTIONS, IF ANY, AS OUTLINED BY PHYSICAL THERAPIST
- PT ENCOURAGED TO CONTINUE WITH PHYSICAL THERAPY. WILL BENEFIT FROM CHANGE IN POSITION AT WORK, WITH REDUCED ACTIVITIES THAT TORQUE/TWIST HER TORSO/BACK AREA, AS THIS MAY CAUSE RE-INJURY.

PATIENT WOULD LIKE TO INCORPORATE HER MASSAGE THERAPY BACKGROUND INTO ANY NEW JOB DUTIES SHE CAN DO FOR THE CLIENTS WHERE SHE WORKS.

**Thank you for allowing us to serve you today.**
**Please call this clinic at 803-787-3901 if your condition changes or you have any concerns.**

You were discharged by Cynthia Jones on 12/4/2012 10:43:36 AM.

62

Doctors Express Columbia
3304 FOREST DRIVE
COLUMBIA, SC 29204
803-787-3901

Doctors Express
Urgent Care When You Need It

FOLSTON, SARAH (12/4/2012) **Patient Clinical Summary (page 2 of 2)**

## Additional clinical information:

### Your Reason for visiting us:

- Patient came in for a follow-up of pain in the back and right hip which was originally seen on 10/31/2012. Original onset was Thu, Apr 21, 2011. Their last follow-up visit for this was on 11/20/2012. The patient reports it was not the result of an injury, complains of right hip pain for 1 and 1/2 years

  patient states the pain is intermittent

- Interval History: PT STATES PHYSICAL THERAPY IS 'REALLY WORKING ME OVER' BUT SHE IS FEELING BETTER AFTER SORENESS WEARS OFF. STATES SHE WISHES THAT HER ORIGINAL PHYSICAL THERAPIST HAD BEEN MORE HANDS-ON, AS SHE FEELS THIS MAY HAVE KEPT HER FROM RE-INJURY THIS TIME. STATES SHE HAS STARTED TO TAKE HER ULTRAM EARLIER IN EVENING, BECAUSE SHE REALIZES SHE GETS NAUSEA FIRST THING IN MORNING DUE TO IT NOT BEING OUT OF HER SYSTEM BY THEN. TAKES MUSCLE RELAXANTS AS NEEDED, SINCE STARTING P/T, HAS BEEN OFF AT WORK, AND SHE THINKS AND THE THERAPIST THINKS THAT HAS HELPED

### Your Vital Signs recorded during this visit were:

- Vitals recorded at 12/4/2012 8:34 AM: Temperature: 96.8 °F (Oral), Pulse: 68 BPM, BP: 131/81, Respirations: 16/min, Weight: 258 LBS, Height: 5' 5", BMI: 42.9, Hand dominance: Right, Pregnant: No, Breastfeeding: No, Last Menses: Unknown

### Your Symptoms during this visit:

The following symptoms were marked as negative/normal: fever, chills, sweats, nausea, vomiting
The following symptoms were marked as positive/abnormal:

- Pain (see *Reason for visit*)

### According to our documentation, you are on the following Medications (see also Prescribed medicatlons above):

- Flexeril
- ketorolac 10 mg Tab: 1 x By Mouth (PO), Q8h, started Tue, Sep 25, 2012
- Skelaxin: by mouth, TID, started Tue, Oct 02, 2012
- Skelaxin: by mouth, TID, started Tue, Oct 09, 2012
- Ultram: by mouth, TID, started Tue, Oct 02, 2012
- Ultram: by mouth, TID, started Tue, Oct 09, 2012
- Ultram: by mouth, Q6h, started Tue, Nov 20, 2012

63

Doctors Express Columbia
3904 FOREST DRIVE
COLUMBIA, SC 29204
803-787-3901

Doctors Express
Urgent Care when you need it.

FOLSTON, SARAH (12/20/2012) **Transcription (page 1 of 2)**

Patient: SARAH FOLSTON (ID# 200127) Date of Birth:
Work Comp Visit on 12/20/2012 for Company MIDLANDS CENTER. Protocol is WC RECHECK (Log# 40576389)

**History of Present Illness:**
Patient came in for a follow up of pain in the back and right hip which was originally seen on 10/31/2012. Original onset was Thu, Apr 21, 2011. Their last follow up visit for this was on 12/4/2012. The patient describes the severity as moderate. The patient reports it was not the result of an injury. complains of right hip pain for 1 and 1/2 years patient states the pain is intermittent pt with follow up

Interval History: still no relief from pain currently taking Tramadol and Skelaxin states no arm pain, but pain in the R hip

**Review of Systems:**
The patient complains of the following recent symptoms:

- Muscular:
  - Joint pain: new condition, began approximately 3 months ago, rapid onset, located over R hip

The patient denies the following recent symptoms:

- Constitutional: denies change in appetite, fever
- Cardiovascular: denies chest pain/pressure
- Neurological: denies headache, tingling, weakness
- Psychiatric: denies depression
- Eyes: denies blurred vision, eye discharge
- ENT: denies dizziness, nasal discharge
- Respiratory: denies congestion, shortness of breath
- GI: denies diarrhea, nausea, vomiting
- GU: denies discharge, painful urination
- Muscular: denies swelling

**Allergies:** patient reports "No allergies"
**Current Medications:**

- Flexeril
- Ultram: by mouth, TID, started Tue, Oct 02, 2012
- Ultram: by mouth, TID, started Tue, Oct 09, 2012
- Ultram: by mouth, Q6h, started Tue, Nov 20, 2012
- Ultram: by mouth, TID, started Tue, Dec 04, 2012
- Ultram: by mouth, TID, started Tue, Dec 04, 2012
- ketorolac 10 mg Tab: 1 x By Mouth (PO), Q8h, started Tue, Sep 25, 2012
- Skelaxin: by mouth, TID, started Tue, Oct 02, 2012
- Skelaxin: by mouth, TID, started Tue, Oct 09, 2012
- Skelaxin: by mouth, TID, started Tue, Dec 04, 2012
- Skelaxin: by mouth, TID, started Tue, Dec 04, 2012

**Medical History:** patient reports "No problems"
**Surgeries:** patient reports "No surgeries"
**Social History:**

- Tobacco Use: denies
- Alcohol: denies
- Street / Unprescribed Drugs: denies

**Family History:**

- Father
- Brother(s): High Blood Pressure; diabetes
- Mother

**Vitals:**
Vital signs obtained 12/20/2012 10:37 AM

64

Doctors Express Columbia
3304 FOREST DRIVE
COLUMBIA, SC 29204
803-787-3901

Doctors Express
Urgent Care When You Need It

FOLSTON, SARAH (12/20/2012) **Transcription (page 2 of 2)**

Temperature: 98.5 °F (Oral), Pulse: 74 BPM, BP: 122/87, Respirations: 16/min, Weight: 260 LBS, Height: 5' 3", BMI: 46.1, Pregnant: No, Breastfeeding: No, **Last Menses: Unknown**
Last entered 12/20/2012 11:42 by JOHNSON, DANIELLE

**Physical Exam:**

The following exam elements were documented to be abnormal:

- **Cardiovascular:** edema/varicosities of extremities noted
  Right lower extremity: pedal edema, grade 1+.
  Left lower extremity: pedal edema, grade 1+.
- **Lymph:** lower extremity lymphadenopathy/lymphedema/lymphangitis noted
  Right: inguinal lymph nodes with lymphadenopathy.
  Left: inguinal lymph nodes with lymphadenopathy
- **Muscular:** altered gait and posture
  limp favoring "waddle-like" gait, but stable

The following exam elements were documented to be normal:

- General: well developed, well nourished, and no acute distress
- Muscular: no abnormality of spine, ribs or pelvis on inspection or palpation
- Muscular: no head or neck abnormality on inspection or palpation
- Muscular: upper extremity without tenderness, deformity or lesion bilaterally
- Muscular: lower extremity without tenderness, deformity or lesion bilaterally
- Neurological: upper extremity deep tendon reflexes 2+ and equal bilaterally
- Neurological: lower extremity deep tendon reflexes 2+ and equal bilaterally
- Neurological: upper extremity sensation intact bilaterally
- Neurological: lower extremity sensation intact bilaterally
- Psychiatric: normal mood and affect
- Psychiatric: normal judgment and insight
- Psychiatric: alert and oriented to person, place and time
- Respiratory: no increased work of breathing
- Respiratory: lung clear to auscultation with good air movement bilaterally
- Skin: skin normal in temperature and nontender on palpation

**Diagnoses:**

- Back Pain, lower (Lumbago)(724.2) - Workup
- Joint Pain, Knee(719.46) - Workup

**Medication Orders:**

- Prescribed: Neurontin 100mg 1 capsule by mouth Three Times A Day for 7 Days #21 Refills(0), 100 mg TID X 7 days.
  Prescribed at 12:07 PM on 12/20/2012
  Prescription printed
- Prescribed: Neurontin 300mg 1 capsule by mouth Three Times A Day for 30 Days #90 Refills(0), 100 mg TID X 7 days then increase to 300 mg TID.
  Prescribed at 12:07 PM on 12/20/2012
  Prescription printed

**Plan**

- Fit for duty with the following restrictions: Starting 12/21/2012. Avoid kneeling entirely. Avoid squatting entirely. Avoid bending over entirely. Avoid twisting entirely. Avoid jumping entirely. Avoid running entirely. Avoid climbing ladders entirely. Avoid prolonged sitting. Avoid prolonged standing. Avoid prolonged kneeling. Avoid prolonged bending over. Avoid prolonged jumping. Avoid prolonged running. Avoid prolonged ladder-climbing. Limit repetitive motion with right leg/foot. Limit repetitive motion with left leg/foot. No lifting over shoulder greater than 10 lbs using either arm. No lifting from waist to shoulder greater than 10 lbs using either arm. No lifting below waist greater than 10 lbs using either arm. No pulling or pushing greater than 5 lbs. Use proper lifting techniques as instructed. No exercise of right leg. No exercise of right foot/ankle. Restrictions in effect until 1/14/2013. Off work until re-evaluation. Re-evaluation is on 1/14/2013.
- started Neurontin 100 mg TID X 7 days then increase to 300 mg TID-- for pain relief

Patient was discharged by Janice Morrow, DNP on 12/20/2012 12:12:09 PM
Signed off electronically by Janice Morrow, DNP on 12/20/2012 12:12:09 PM

65

Doctors Express Columbia
3304 FOREST DRIVE
COLUMBIA, SC 29204
803-787-3901

Doctors Express
Urgent Care When You Need It

FOLSTON, SARAH (12/20/2012)

## Patient Clinical Summary (page 1 of 3)

**You were seen at Doctors Express Columbia (FOREST DR) on Thursday, December 20, 2012.**

**Your Diagnoses for today's visit are:**

- 1. Back Pain, lower (Lumbago)
- 2. Joint Pain, Knee

**You have been Prescribed the following medications. Please take as instructed.**

- Prescribed: Neurontin 100mg 1 capsule by mouth Three Times A Day for 7 Days #21 Refills(0), 100 mg TID X 7 days.
  Prescribed at 12:07 PM on 12/20/2012
  Prescription printed.
- Prescribed: Neurontin 300mg 1 capsule by mouth Three Times A Day for 30 Days #90 Refills(0), 100 mg TID X 7 days then increase to 300 mg TID.
  Prescribed at 12:07 PM on 12/20/2012
  Prescription printed

**Recommendations:**

- Fit for duty with the following restrictions: Starting 12/21/2012. Avoid kneeling entirely. Avoid squatting entirely. Avoid bending over entirely. Avoid twisting entirely. Avoid jumping entirely. Avoid running entirely. Avoid climbing ladders entirely. Avoid prolonged sitting. Avoid prolonged standing. Avoid prolonged kneeling. Avoid prolonged bending over. Avoid prolonged jumping. Avoid prolonged running. Avoid prolonged ladder-climbing. Limit repetitive motion with right leg/foot. Limit repetitive motion with left leg/foot. No lifting over shoulder greater than 10 lbs using either arm. No lifting from waist to shoulder greater than 10 lbs using either arm. No lifting below waist greater than 10 lbs using either arm. No pulling or pushing greater than 5 lbs. Use proper lifting techniques as instructed. No exercise of right leg. No exercise of right foot/ankle. Restrictions in effect until 1/14/2013. Off work until re-evaluation. Re-evaluation is on 1/14/2013.
- started Neurontin 100 mg TID X 7 days then increase to 300 mg TID-- for pain relief

**Thank you for allowing us to serve you today.**
**Please call this clinic at 803-787-3901 if your condition changes or you have any concerns.**

You were discharged by Janice Morrow, DNP on 12/20/2012 12:12:09 PM.

66

Doctors Express Columbia
3304 FOREST DRIVE
COLUMBIA, SC 29204
803-787-3901

Doctors Express
Urgent Care When You Need It



## Additional clinical information:

### Your Reason for visiting us:

- Patient came in for a follow-up of pain in the back and right hip which was originally seen on 10/31/2012. Original onset was Thu, Apr 21, 2011. Their last follow-up visit for this was on 12/4/2012. The patient describes the severity as moderate. The patient reports it was not the result of an injury. complains of right hip pain for 1 and 1/2 years

patient states the pain is intermittent

pt with follow up

Interval History: still no relief from pain
currently taking Tramadol and Skelaxin
states no arm pain, but pain in the R hip

### Your Vital Signs recorded during this visit were:

- Main vitals: Vital signs obtained 12/20/2012 10:37 AM
Temperature: 98.5 °F (Oral), Pulse: 74 BPM, BP: 122/87, Respirations: 16/min, Weight: 260 LBS, Height: 5' 3", **BMI: 46.1**, Pregnant: No, Breastfeeding: No, **Last Menses: Unknown**
First entered 12/20/2012 11:42 by JOHNSON, DANIELLE

### Your Symptoms during this visit:

The following symptoms were marked as **negative/normal**: change in appetite, fever, chest pain/pressure, headache, blurred vision, eye discharge, dizziness, nose discharge, congestion, discharge, painful urination, tingling, depression, diarrhea, swelling, vomiting, nausea, shortness of breath, weakness.

The following symptoms were marked as **positive/abnormal**:

- Pain (see *Reason for visit*)
- Joint pain: new condition, began approximately 3 months ago, rapid onset, located over R hip

### According to our documentation, you are on the following Medications (see also Prescribed medications above):

- Flexeril:
- ketorolac 10 mg Tab: 1 x By Mouth (PO), Q8h, started Tue, Sep 25, 2012
- Skelaxin: by mouth, TID, started Tue, Oct 02, 2012
- Skelaxin: by mouth, TID, started Tue, Oct 09, 2012
- Skelaxin: by mouth, TID, started Tue, Dec 04, 2012
- Skelaxin: by mouth, TID, started Tue, Dec 04, 2012
- Ultram: by mouth, TID, started Tue, Oct 02, 2012
- Ultram: by mouth, TID, started Tue, Oct 09, 2012
- Ultram: by mouth, Q6h, started Tue, Nov 20, 2012
- Ultram: by mouth, TID, started Tue, Dec 04, 2012

67

Doctors Express Columbia
3304 FOREST DRIVE
COLUMBIA, SC 29204
803-787-3901

Doctors Express
Urgent Care When You Need It

FOLSTON, SARAH (12/20/2012) **Patient Clinical Summary (page 3 of 3)**

- Ultram: by mouth, TID, started Tue, Dec 04, 2012

68

Doctors Express Columbia
3304 FOREST DRIVE
COLUMBIA, SC 29204
803-787-3901

Doctors Express
Urgent Care When You Need It

FOLSTON, SARAH (1/14/2013) **Transcription (page 1 of 2)**

Patient: SARAH FOLSTON (ID#:200127) Date of Birth:
Work Comp Visit on 1/14/2013 for Company: MIDLANDS CENTER. Protocol is WC RECHECK (Log#:40619323).

**History of Present Illness:**
Patient came in for a follow-up of pain in the back and right hip which was originally seen on 12/20/2012. Original onset was Thu, Apr 21, 2011. It has the following quality: aching. The patient describes the severity as moderate, which is unchanged since last visit. The patient reports it was not the result of an injury. complains of right hip pain for 1 and 1/2 years patient states the pain is intermittent pt with follow up

**Review of Systems:**
The patient complains of the following recent symptoms:

- Muscular
  - joint pain: new condition, began approximately 1 years ago, gradual onset, symptoms are constant, but worse at times, located over R sided hip and back pain; pain is aching, pain is dull
  - muscle pain: began approximately 1 years ago, gradual onset, symptoms are constant, but worse at times, located over R hip and back

The patient denies the following recent symptoms:

- Constitutional: denies chills, fever, sweats
- Cardiovascular: denies chest pain/pressure, fainting
- Neurological: denies headache

**Allergies:** patient reports "No allergies"
**Current Medications:**

- Flexeril
- Ultram: by mouth, TID, started Tue, Dec 04, 2012
- ketorolac 10 mg Tab: 1 x By Mouth (PO), Q6h, started Tue, Sep 25, 2012
- Neurontin: by mouth, TID, started Thu, Dec 20, 2012
- Skelaxin: by mouth, TID, started Tue, Dec 04, 2012

**Medical History:** patient reports "No problems"
**Surgeries:** patient reports "No surgeries"
**Social History:**

- Tobacco Use: denies
- Alcohol: denies
- Street / Unprescribed Drugs: denies

**Family History:**

- Father:
- Brother(s): High Blood Pressure; diabetes
- Mother:

**Vitals:**
Vital signs obtained 01/14/2013 1:18 PM.
Temperature: 98.5 °F (Oral), Pulse: 78 BPM, BP: 128/72, Respirations: 16/min, Weight: 258 LBS, Height: 5' 2", BMI: 47.2, Pregnant: No, Breastfeeding: No, Last Menses: Unknown
First entered 01/14/2013 14:22 by JOHNSON, DANIELLE.

**Physical Exam:**
The following exam elements were documented to be abnormal:

- Cardiovascular: edema/varicosities of extremities noted
  Right lower extremity: pedal edema, grade 1+
  Left lower extremity: pedal edema, grade 1+
- Lymph: lower extremity lymphadenopathy/lymphedema/lymphangitis noted
  Right: inguinal lymph nodes with lymphadenopathy.
  Left: inguinal lymph nodes with lymphadenopathy
- Muscular: altered gait and posture
  limp favoring "waddle-like" gait , but stable

The following exam elements were documented to be normal:

69

Doctors Express Columbia
3304 FOREST DRIVE
COLUMBIA, SC 29204
803-787-8901

Doctors Express
Urgent Care When You Need It

FOLSTON, SARAH (1/14/2013) **Transcription (page 2 of 2)**

- General: well developed, well nourished, and no acute distress
- Muscular: no head or neck abnormality on inspection or palpation
- Muscular: no abnormality of spine, ribs or pelvis on inspection or palpation
- Muscular: upper extremity without tenderness, deformity or lesion bilaterally
- Muscular: lower extremity without tenderness, deformity or lesion bilaterally
- Neurological: upper extremity deep tendon reflexes 2+ and equal bilaterally
- Neurological: lower extremity deep tendon reflexes 2+ and equal bilaterally
- Neurological: upper extremity sensation intact bilaterally
- Neurological: lower extremity sensation intact bilaterally
- Psychiatric: alert and oriented to person, place and time
- Psychiatric: normal mood and affect
- Psychiatric: normal judgment and insight
- Respiratory: no increased work of breathing
- Respiratory: lung clear to auscultation with good air movement bilaterally
- Skin: skin normal in temperature and nontender on palpation

Diagnosis:

- Back Pain, lower (Lumbago)(724.2) - Workup

Plan:

- F/ for duty with the following restrictions: Starting 1/14/2013. Avoid kneeling entirely. Avoid squatting entirely. Avoid bending over entirely. Avoid twisting entirely. Avoid jumping entirely. Avoid running entirely. Avoid climbing ladders entirely. Avoid prolonged sitting. Avoid prolonged standing. Limit repetitive motion with right leg/foot. Limit repetitive motion with left leg/foot. No lifting over shoulder greater than 15 lbs No lifting from waist to shoulder greater than 15 lbs No lifting below waist greater than 15 lbs No pulling or pushing greater than 50 lbs. Use proper lifting techniques as instructed. Restrictions in effect until 2/25/2013.
- re-order PT 2X a week for 6 weeks
  return for F/U after completes PT

Patient was discharged by Janice Morrow, DNP on 1/14/2013 2:50:37 PM
Signed off electronically by Janice Morrow, DNP on 1/14/2013 2:50:37 PM

70

Doctors Express Columbia
3304 FOREST DRIVE
COLUMBIA, SC 29204
803-787-3901

Doctors Express
Urgent Care When You Need It

FOLSTON, SARAH (1/14/2013)

# Patient Clinical Summary (page 1 of 2)

**You were seen at Doctors Express Columbia (FOREST DR) on Monday, January 14, 2013.**

**Your Diagnosis for today's visit is:**

- 1. Back Pain, lower (Lumbago)

**Recommendations:**

- Fit for duty with the following restrictions: Starting 1/14/2013, Avoid kneeling entirely. Avoid squatting entirely. Avoid bending over entirely. Avoid twisting entirely. Avoid jumping entirely. Avoid running entirely. Avoid climbing ladders entirely. Avoid prolonged sitting. Avoid prolonged standing. Limit repetitive motion with right leg/foot. Limit repetitive motion with left leg/foot. No lifting over shoulder greater than 15 lbs No lifting from waist to shoulder greater than 15 lbs No lifting below waist greater than 15 lbs No pulling or pushing greater than 50 lbs. Use proper lifting techniques as instructed. Restrictions in effect until 2/25/2013.
- re-order PT 2X a week for 6 weeks
  return for F/U after completes PT

**Thank you for allowing us to serve you today.**
**Please call this clinic at 803-787-3901 if your condition changes or you have any concerns.**

You were discharged by Janice Morrow, DNP on 1/14/2013 2:50:37 PM.

71

Doctors Express Columbia
5304 FOREST DRIVE
COLUMBIA, SC 29204
803-787-3901

Doctors Express
Urgent Care When You Need It

FOLSTON, SARAH (1/14/2013)

## Patient Clinical Summary (page 2 of 2)

## Additional clinical information:

### Your Reason for visiting us:

- Patient came in for a follow-up of pain in the back and right hip which was originally seen on 12/20/2012. Original onset was Thu, Apr 21, 2011. It has the following quality: aching. The patient describes the severity as moderate, which is unchanged since last visit. The patient reports it was not the result of an injury. complains of right hip pain for 1 and 1/2 years

  patient states the pain is intermittent

  pt with follow up

### Your Vital Signs recorded during this visit were:

- Main vitals: Vital signs obtained 01/14/2013 1:18 PM
  Temperature: 98.5 °F (Oral), Pulse: 78 BPM, BP: 128/72, Respirations: 16/min, Weight: 258 LBS, Height: 5' 2", **BMI: 47.2**, Pregnant: No, Breastfeeding: No, Last Menses: Unknown
  First entered 01/14/2013 14:22 by JOHNSON, DANIELLE

### Your Symptoms during this visit:

The following symptoms were marked as negative/normal: fever, headache, chest pain/ pressure, chills, sweats, fainting.
The following symptoms were marked as positive/abnormal:

- Pain (see *Reason for visit*)
- Joint pain, new condition, began approximately 1 years ago, gradual onset, symptoms are constant, but worse at times, located over R sided hip and back pain, pain is aching, pain is dull
- Muscle pain, began approximately 1 years ago, gradual onset, symptoms are constant, but worse at times, located over R hip and back

### According to our documentation, you are on the following Medications:

- Flexeril:
- ketorolac 10 mg Tab: 1 x By Mouth (PO), Q8h, started Tue, Sep 25, 2012
- Neurontin: by mouth, TID, started Thu, Dec 20, 2012
- Skelaxin: by mouth, TID, started Tue, Dec 04, 2012
- Ultram: by mouth, TID, started Tue, Dec 04, 2012

72

Corvel Scan Date: 2/11/2013

Doctors Express
Urgent Care When You Need It

Janice Monroe, CPNP
APN 644

3304 Forest Drive
Columbia, SC 29204
P: 803-787-3901
F: 803-787-3902

Name Sarah Stetson Date 1/14/13

Address / D.O.B.

PT 2 x week for 6 weeks

Rx

Dispense as written M.D./D.O.

Substitution permitted M.D./D.O.

REFILL 0 - 1 - 2 - 3 - 4 PRN DEA # for Controlled Substances

NPI #:

Interchange is mandated unless the prescriber writes the words "No Substitution"

Security Features include VOID screen on front, heat sensitive Rx symbols on back, artificial watermark on back, toner lock, chemically reactive paper, and UV verifiable fibers.

73

Corvel Scan Date: 2/11/2013

Doctors Express Columbia
3304 FOREST DRIVE
COLUMBIA, SC 29204
803-787-3901

Doctors Express
Urgent Care When You Need It

FOLSTON, SARAH (1/14/2013)

# Work Status Note

Date of Visit: January 14, 2013
Employer: MIDLANDS CENTER
Full Name: FOLSTON, SARAH
Date of initial onset/injury: 4/21/2011
Reason: Pain

**This employee was seen today in our clinic for an injury that may be compensable under workers' compensation statutes. The following is a short summary of the visit:**

**Diagnosis:**

- Back Pain, lower (Lumbago)(724.2) - Workup

**Disposition:**

- re-order PT 2X a week for 6 weeks
  return for F/U after completes PT

**Work Restrictions:**

- Fit for duty with the following restrictions: Starting 1/14/2013. Avoid kneeling entirely. Avoid squatting entirely. Avoid bending over entirely. Avoid twisting entirely. Avoid jumping entirely. Avoid running entirely. Avoid climbing ladders entirely. Avoid prolonged sitting. Avoid prolonged standing. Limit repetitive motion with right leg/foot. Limit repetitive motion with left leg/foot. No lifting over shoulder greater than 15 lbs No lifting from waist to shoulder greater than 15 lbs No lifting below waist greater than 15 lbs No pulling or pushing greater than 50 lbs. Use proper lifting techniques as instructed. Restrictions in effect until 2/25/2013.

Patient was discharged by Janice Morrow, DNP on 1/14/2013 2:50:37 PM
Signed off electronically by Janice Morrow, DNP on 1/14/2013 2:50:37 PM

14

Doctors Express Columbia
8304 FOREST DRIVE
COLUMBIA, SC 29204
803-787-3901

Doctors Express
Urgent Care when you need it

FOLSTON, SARAH (2/11/2013) **Transcription (page 1 of 2)**

Patient: SARAH FOLSTON (ID# 200127) Date of Birth:
Work Comp Visit on 2/11/2013 for Company MIDLANDS CENTER. Protocol is WC RECHECK (Log# 40659084)

**History of Present Illness:**
Patient came in for a follow up of pain in the back and right hip which was originally seen on 1/14/2013. Original onset was Thu, Apr 21, 2011. The patient describes the severity as moderate, which is unchanged since last visit. The patient reports it was not the result of an injury, complains of right hip pain for 1 and 1/2 years patient states the pain is intermittent pt with follow up

Interval History: PT HAS FINISHED ALL P/T SESSIONS. HERE FOR FINAL DISPOSITION. AGREES WITH P.T. THAT SHE HAS IMPROVED ABOUT 60%. STATES STILL FINDS THAT MUSCLE RELAXANT WORKS BETTER FOR HER THAN ULTRAM. WANTS TO RETURN TO WORK, BUT IS CONCERNED ABOUT THE TWISTING/BENDING/PULLING SHE WAS REQUIRED TO DO IN THE FACILITY SHE HAS BEEN ASSIGNED TO THE LAST 4 YEARS. IS DOING THE EXERCISES TAUGHT TO HER BY P/T.

**Review of Systems:**
The patient complains of the following recent symptoms:

- Muscular
  - muscle pain

The patient denies the following recent symptoms:

- GI: denies nausea
- Muscular: denies joint pain, swelling

**Allergies:** patient reports "No allergies"
**Current Medications:**

- Flexeril

**Medical History:** patient reports "No problems"
**Surgeries:** patient reports "No surgeries"
**Social History:**

- Tobacco Use: denies
- Alcohol: denies
- Street / Unprescribed Drugs: denies

**Family History:**

- Father
- Brother(s): High Blood Pressure, diabetes
- Mother

**Vitals:**
Vital signs obtained 02/11/2013 9:33 AM
Temperature: 97.2 °F (Oral), Pulse: 73 BPM, BP: 136/86, Respirations: 16/min, O2 saturation: 99%, Weight: 259 LBS, Height: 5'2", BMI: 47.4,
Pregnant: No, Breastfeeding: No, Last Menses: Unknown
Flat entered 02/11/2013 10:36 by Britt, Debra B

**Physical Exam:**
The following exam elements were documented to be abnormal:

- Muscular: altered gait and posture
  limp favoring "waddle-like" gait, but stable

The following exam elements were documented to be normal:

- General: well developed, well nourished, and no acute distress
- Muscular: no spasm or tenderness of paraspinal muscles
- Neurological: lower extremity deep tendon reflexes 2+ and equal bilaterally
- Psychiatric: normal mood and affect
- Skin: skin normal in temperature and nontender on palpation

**Diagnosis:**

- Sciatica(724.3) - Stable/Improved

75

Doctors Express Columbia
3304 FOREST DRIVE
COLUMBIA, SC 29204
803-787-3901

Doctors Express
Urgent Care When You Need It

FOLSTON, SARAH (2/11/2013)

## Transcription (page 2 of 2)

**Medication Orders:**

- Prescribed: Flexeril 10mg Add'l Sig tablet by mouth Three Times A Day for 30 Days #90 Refills(2): 1/2 TO ONE WHOLE TAB FOR SCIATIC FLARE
  - Prescribed at 11:24 AM on 2/11/2013
  - Prescription printed

**Plan**

- Patient is released from our care for this condition. The patient has attained maximum medical improvement (MMI) with residual disability. EMPLOYEE REMAINS WITH SCAITIC PAIN, WHICH WILL FLARE PERIODICALLY. SHE HAS BEEN INSTRUCTED IN WAYS TO DECREASE THE RISK OF FLARE-UPS, AND HAS BEEN TAUGHT WAYS FROM PHYSICAL THERAPIST TO KEEP HER SCIATICA UNDER CONTROL.
- Fit for duty with the following restrictions: Starting 2/11/2013. Avoid bending over entirely. Avoid twisting entirely. Avoid prolonged sitting. Avoid prolonged standing. Avoid prolonged squatting. Avoid prolonged ladder-climbing. No lifting over shoulder greater than 15 lbs No lifting from waist to shoulder greater than 15 lbs No lifting below waist greater than 15 lbs Use proper lifting techniques as instructed. Restrictions in effect until 2/11/2013. EMPLOYEE RELEASED FROM FURTHER CARE. NO PULLING >20 LBS. MAY PUSH UP TO 20 LBS AT WAIST LEVEL. ABLE TO GO BACK TO FULL DUTY, WITH CHANGE TO ANOTHER RESIDENTIAL FACILITY WITH LESS TOTAL CARE RESPONSIBILITIES.
- THIS EMPLOYEE HAS IMPROVED 60% BY PHYSICAL THERAPIST OPINION. SHE IS ABLE TO RESUME FULL DUTY WORK, BUT MUST BE MOVED TO A LOWER LEVEL OF CARE DELIVERY BUILDING IN ORDER TO CONTINUE TO WORK. EMPLOYEE NEEDS TO AVOID TWISTING MOVEMENTS WITH TORSO, NEEDS TO AVOID PICKING UP OBJECTS FROM FLOOR REQUIRING BENDING OVER AT THE WAIST, NEEDS TO AVOID LONG PERIODS OF SITTING STILL, NEEDS TO AVOID PULLING ON RESIDENTS OR DRAW SHEETS TO TURN RESIDENTS OVER. MAY PUSH RESIDENTS IN WHEELCHAIR WITH THEIR ASSISTANCE.

Patient was discharged by Cynthia Jones on 2/11/2013 11:32:30 AM
Signed off electronically by Cynthia Jones on 2/11/2013 11:32:30 AM

76

Doctors Express Columbia
3304 FOREST DRIVE
COLUMBIA, SC 29204
803-787-3901

Doctors Express
Urgent Care When You Need It

FOLSTON, SARAH (2/11/2013)

## Patient Clinical Summary (page 1 of 2)

**You were seen at Doctors Express Columbia (FOREST DR) on Monday, February 11, 2013.**

**Your Diagnosis for today's visit is:**

- 1. Sciatica

**You have been Prescribed the following medications. Please take as instructed.**

- Prescribed: Flexeril 10mg Add'l Sig tablet by mouth Three Times A Day for 30 Days #90 Refills(2); 1/2 TO ONE WHOLE TAB FOR SCIATIC FLARE.
  Prescribed at 11:24 AM on 2/11/2013
  Prescription printed

**Recommendations:**

- Patient is released from our care for this condition. The patient has attained maximum medical improvement (MMI) with residual disability. EMPLOYEE REMAINS WITH SCAITIC PAIN, WHICH WILL FLARE PERIODICALLY. SHE HAS BEEN INSTRUCTED IN WAYS TO DECREASE THE RISK OF FLARE-UPS; AND HAS BEEN TAUGHT WAYS FROM PHYSICAL THERAPIST TO KEEP HER SCIATICA UNDER CONTROL.
- Fit for duty with the following restrictions: Starting 2/11/2013. Avoid bending over entirely. Avoid twisting entirely. Avoid prolonged sitting. Avoid prolonged standing. Avoid prolonged squatting. Avoid prolonged ladder-climbing. No lifting over shoulder greater than 15 lbs No lifting from waist to shoulder greater than 15 lbs No lifting below waist greater than 15 lbs Use proper lifting techniques as instructed. Restrictions in effect until 2/11/2013. EMPLOYEE RELEASED FROM FURTHER CARE. NO PULLING >20 LBS. MAY PUSH UP TO 20 LBS AT WAIST LEVEL. ABLE TO GO BACK TO FULL DUTY, WITH CHANGE TO ANOTHER RESIDENTIAL FACILITY WITH LESS 'TOTAL CARE' RESPONSIBILITIES.
- THIS EMPLOYEE HAS IMPROVED 60% BY PHYSICAL THERAPIST OPINION. SHE IS ABLE TO RESUME FULL DUTY WORK, BUT MUST BE MOVED TO A LOWER LEVEL OF CARE DELIVERY BUILDING IN ORDER TO CONTINUE TO WORK. EMPLOYEE NEEDS TO AVOID TWISTING MOVEMENTS WITH TORSO; NEEDS TO AVOID PICKING UP OBJECTS FROM FLOOR REQUIRING BENDING OVER AT THE WAIST; NEEDS TO AVOID LONG PERIODS OF SITTING STILL; NEEDS TO AVOID PULLING ON RESIDENTS OR DRAW SHEETS TO TURN RESIDENTS OVER. MAY PUSH RESIDENTS IN WHEELCHAIR WITH THEIR ASSISTANCE.

**Thank you for allowing us to serve you today.**
**Please call this clinic at 803-787-3901 if your condition changes or you have any concerns.**

You were discharged by Cynthia Jones on 2/11/2013 11:32:30 AM.

77

Doctors Express Columbia
3304 FOREST DRIVE
COLUMBIA, SC 29204
803-787-3901

Doctors Express
Urgent Care When You Need It

FOLSTON, SARAH (2/11/2013)

## Patient Clinical Summary (page 2 of 2)

## Additional clinical information:

**Your Reason for visiting us:**

- Patient came in for a follow-up of pain in the back and right hip which was originally seen on 1/14/2013. Original onset was Thu, Apr 21, 2011. The patient describes the severity as moderate, which is unchanged since last visit. The patient reports it was not the result of an injury. complains of right hip pain for 1 and 1/2 years

  patient states the pain is intermittent

  pt with follow up

  Interval History: PT HAS FINISHED ALL P/T SESSIONS. HERE FOR FINAL DISPOSITION. AGREES WITH P.T. THAT SHE HAS IMPROVED ABOUT 60%. STATES STILL FINDS THAT MUSCLE RELAXANT WORKS BETTER FOR HER THAN ULTRAM. WANTS TO RETURN TO WORK, BUT IS CONCERNED ABOUT THE TWISTING/BENDING/PULLING SHE WAS REQUIRED TO DO IN THE FACILITY SHE HAS BEEN ASSIGNED TO THE LAST 4 YEARS. IS DOING THE EXERCISES TAUGHT TO HER BY P/T.

**Your Vital Signs recorded during this visit were:**

- Main vitals: Vital signs obtained 02/11/2013 9:33 AM
  Temperature: 97.2 °F (Oral), Pulse: 73 BPM, BP: 136/86, Respirations: 16/min, O2 saturation: 99%, Weight: 259 LBS, Height: 5' 2", BMI: 47.4, Pregnant: No, Breastfeeding: No, Last Menses: Unknown
  First entered 02/11/2013 10:36 by Britt, Debra B

**Your Symptoms during this visit:**

The following symptoms were marked as **negative/normal**: joint pain, swelling, nausea.
The following symptoms were marked as **positive/abnormal**:

- Pain (see *Reason for visit*)
- Muscle pain

**According to our documentation, you are on the following Medications (see also Prescribed medications above):**

- Flexeril

78

Corvel Scan Date: 10/1/2013

# InMed
Diagnostic Services of S.C., LLC

9/17/2013

DR STEVEN C POLETTI
SOUTHEASTERN SPINE INSTITUTE
1106 CHUCK DAWLEY BLVD
MT. PLEASANT, SC 29464

RE: **FOLSTON, SARAH**
Date of Birth:
Patient ID: 1632370
Requesting Physician: DR STEVEN C POLETTI SOUTHEASTERN SPINE INSTITUTE 1106 CHUCK DAWLEY BLVD MT. PLEASANT, SC 29464 United States

Reason for Study: **LBP to hips, pts claustrophobic**
Date of Study: 09/16/2013
EXAMINATION: **mri-l-spine w/o contrast**

COMPARISON: No previous.

TECHNIQUE: Multi-planar and multi-sequence imaging of the lumbar spine was performed, without contrast.

FINDINGS: Very mild scoliosis convex to the left is demonstrated. Disc desiccation at L4-5 and to a greater degree at L5-S1. No paraspinous masses are seen. The conus medullaris is at the L1 level.

The T12-L1 and L1-2 levels appears unremarkable.

The L2-L3 level demonstrates mild biforaminal disc bulging. Facet arthrosis and thickening of the ligamentum flavum is demonstrated. No central canal stenosis is seen.

The L3-4 level demonstrates biforaminal disc bulging and facet arthrosis and thickening of the ligamentum flavum. No central canal stenosis is seen.

The L4-5 level demonstrates a shadow broad-based central protrusion. This does contact both L5 root. Facet arthrosis and thickening of the ligamentum flavum is present, though without central canal stenosis. Mild bilateral foraminal stenosis is noted.

The L5-S1 level demonstrates a diffusely bulging disc slightly greater right paracentral and foraminal. No central canal stenosis is seen. There is minimal deflection of the right S1 root. Moderate bilateral foraminal stenosis is demonstrated.

19

IMPRESSION: Multilevel spondyloltic change. At the L4-5 level a shallow central protrusion

Corvel Scan Date: 10/1/2013

convex both L5 root. L5-S1, some asymmetric disc bulge with a shallow right paracentral protrusion component does deflect the right S1 root.

Signed,

Dr. Jason Lynn

T
Anthony Mintz
--End of Report--
ITL WarpSpeed RIS/PACS System ® Image Technology Laboratories, Inc. Kingston, NY

80

## Encounters and Procedures

Clinical Encounter Summaries

Encounter Date: 10/24/2013

### Patient

| | |
|---|---|
| Name | FOLSTON, SARAH (56, F) ID# 2043894 |
| DOB | |
| Provider | IVAN E. LAMOTTA, MD |
| Insurance | Med Worker's Comp: SOUTH CAROLINA STATE ACCIDENT FUND<br>Employer Name : DEPT O DSN<br>Case # : 2011-936<br>Case Injury Date : 03/22/2011<br>Prescription: SURESCRIPTS LLC - This patient could not be found on the payor's files. Either the patient is ineligible or demographic information included in the inquiry (e.g., member ID) does not match the payor's files. |
| Appt. Date/Time | 10/24/2013 08:30AM |
| Service Dept. | Blanding Street |

### Chief Complaint

Lower Back Pain

low back pain /DOI of injury on 3/22/2011 when a schizophrenic client while working for the south carolina dept of disabilities & special needs pushed her over.

### Problems

Reviewed Problems
- Tibialis tendinitis

### Patient's Care Team

**Insurance Adjuster (Worker's Comp):** FAYE JENNINGS: Ph (803) 896-5853, Fax (803) 612-2753

### Medications

No medications reported

### Allergies

Reviewed Allergies
NKDA

### Past Medical History

Reviewed Past Medical History

### Surgical History

Reviewed Surgical History
- Gynecological Surgery - hysterectomy
- Gynecological Surgery - tubal

### Patient History - Other

Reviewed Patient History - Other

### Family History

Reviewed Family History

| | |
|---|---|
| Father | - Hypertensive disorder |
| | - Hypercholesterolemia |
| | - Asthma |
| Mother | - Heart disease |
| Unspecified Relation | - Diabetes mellitus |

### Social History

Reviewed Social History
**Ortho**
Smoking Status: Never smoker.
Deaf or serious difficulty hearing: N.
Blind or serious difficulty seeing: N.
Difficulty concentrating, remembering or making decisions: N.
Difficulty walking or climbing stairs: N.
Difficulty dressing or bathing: N.

Difficulty doing errands alone: N.
Alcohol intake: None.
Number of children: 2.
Marital status: Divorced.
Diet: Regular.
Chewing tobacco: none.
Cigar/Pipe Use: N.
Non-smoker.
Work History: Disabled.
Are you currently employed?: N.
Hand Dominance: Right.

## Vitals

10/24/2013 09:46 am

| | | |
|---|---|---|
| BP: 119/74 sitting | Ht: 5 ft 3 in | Wt: 260 lbs |
| BMI: 46.1 | Pulse: 84 bpm | |

## HPI

**Lower Back**

Reported by patient.

Location: midline
Quality: aching; burning; stabbing; throbbing; sharp; occasional
Severity: pain level 8/10; worst pain 8/10
Duration: 7 months; 2 years; continuous since onset
Timing: acute
Context: fall; bending
Alleviating Factors: sitting; standing
Aggravating Factors: sitting; standing; lying down; walking; exercise
Associated Symptoms: **swelling; instability; radiation down leg**
Previous Surgery: none
Prior Imaging: x ray; MRI
Previous Injections: none
Previous PT: none
Work Related: no
Working: no

Independent medical evaluation.

56-year-old female comes in for a second opinion. Patient states that she used to work as a home health CNA with special needs patient's when a schizophrenic patient pushed her over and she landed on her buttocks. Injury occurred March 22, 2011. Since then the patient has been complaining of significant pain that radiates from the right PSIS region into the buttocks, posterior lateral thigh, posterior lateral calf to the lateral aspect of the ankle. Positive paresthesias. Patient states that she did not have any prior symptoms before her injury which occurred at work. She has been evaluated by multiple providers which includes physicians at urgent care as well as doctors express care. She has been treated in the past with conservative measures including anti-inflammatory medications, muscle relaxants, Neurontin, oral analgesics, and Ultram. She has also been treated conservatively with several month's worth of physical therapy and she states that she attended physical therapy from approximately November to February. Her pain is severe and she rates both back pain and leg pain approximately 50% each. No left-sided symptoms. Her symptoms are markedly worsened with prolonged standing and walking she states that her intolerance and standing tolerance are anywhere from 20-30 minutes. The patient has recently undergone an MRI examination but has not undergone any type of epidural steroid injection.
I have also reviewed as a part of her medical record an independent medical evaluation by Dr. Steven Poletti, which was performed May 07, 2013. She was given a diagnosis of rule out lumbar radiculopathy.
Throughout the medical record, she has been diagnosed as having sciatica as well. Patient states that she did not followup with Dr. Poletti after the MRI examination. She is here for a second opinion.

## ROS

Patient reports **dry eyes**. She reports **nose/sinus problems**. She reports **shortness of breath when walking**. She reports **back pain**. She reports **itching**. She reports **sinus pressure**.
**ROS as noted in the HPI**

## Physical Exam

Patient is a 56-year-old female.

**Constitutional:** General Appearance: healthy-appearing, NAD, normal body habitus, and **obese**.

**Psychiatric:** Orientation: oriented to time, place, and person. Mood and Affect: active and alert and **depressed**.

**Gait and Station:** Appearance: normal gait, no limp, and ambulating with no assistive devices.

**Cardiovascular System:** Arterial Pulses Right: femoral normal, posterior tibialis normal, dorsalis pedis normal, and popliteal normal. Arterial Pulses Left: femoral normal, posterior tibialis normal, dorsalis pedis normal, and popliteal normal. Edema Right: none. Edema Left: none. Varicosities Right: no varicosities and capillary refill test normal. Varicosities Left: no varicosities and capillary refill test normal.

**Lymph Nodes:** Inspection/Palpation Right: no inguinal LAD. Inspection/Palpation Left: no inguinal LAD.

**Skin:** Lumbosacral Spine: normal skin.

**Lumbar Spine:** Inspection: no induration, ecchymosis, or swelling and normal alignment. Bony Palpation of the Lumbar Spine: no tenderness of the spinous process, the transverse process, the sacral promontory, the sacrum, or the coccyx. Bony Palpation of the Right Hip: no tenderness of the iliac crest, the ASIS, the PSIS, the pubic tubercle, the iliac tubercle, the sciatic notch, the ischial tuberosity, the SI joint, or the greater trochanter. Bony Palpation of the Left Hip: no tenderness of the iliac crest, the ASIS, the PSIS, the pubic tubercle, the iliac tubercle, the sciatic notch, the ischial tuberosity, the SI joint, or the greater trochanter. Soft Tissue Palpation on the Right: no tenderness of the supraspinous ligament, the paraspinal region, the iliolumbar region, the gluteus maximus, the gluteus medius, the sciatic nerve, the anterior abdominal muscles, the inguinal ligament, or the piriformis. Soft Tissue Palpation on the Left: no tenderness of the supraspinous ligament, the paraspinal region, the iliolumbar region, the gluteus maximus, the gluteus medius, the sciatic nerve, the anterior abdominal muscles, the inguinal ligament, or the piriformis. Active Range of Motion: flexion normal, extension normal, lateral flexion normal, rotation normal, and no pain with motion; **moderately decreased.** Passive Range of Motion: flexion normal, extension normal, lateral flexion normal, rotation normal, and no pain with motion.

**Motor Strength:** L1 Motor Strength on the Right: hip flexion iliopsoas 5/5. L1 Motor Strength on the Left: hip flexion iliopsoas 5/5. L2-L4 Motor Strength on the Right: knee extension quadriceps 5/5. L2-L4 Motor Strength on the Left: knee extension quadriceps 5/5. L5 Motor Strength on the Right: ankle dorsiflexion tibialis anterior 5/5 and great toe extension extensor hallucis longus 5/5. L5 Motor Strength on the Left: ankle dorsiflexion tibialis anterior 5/5 and great toe extension extensor hallucis longus 5/5. S1 Motor Strength on the Right: plantar flexion gastrocnemius 5/5. S1 Motor Strength on the Left: plantar flexion gastrocnemius 5/5.

**Neurological System:** Coordination: heel-to-shin normal. Babinski Reflex Right: plantar reflex absent. Babinski Reflex Left: plantar reflex absent. Special Tests: Valsalva's test negative. Ankle Reflex Right: normal (2). Ankle Reflex Left: normal (2). Knee Reflex Right: normal (2). Knee Reflex Left: normal (2). Sensation on the Right: **decreased sensation on the lateral leg and dorsum of the foot (L5)** and **dereased sensation on the sole of the foot and the posterior leg (S1)** and T12 normal, L1 normal, L2 normal, L3 normal, L4 normal, S2 normal, and normal distal extremities. Sensation on the Left: T12 normal, L1 normal, L2 normal, L3 normal, L4 normal, L5 normal, S1 normal, S2 normal, and normal distal extremities. Special Tests on the Right: **supine straight leg raising test positive** and **seated straight leg raising test positive** and compression test negative, femoral nerve traction test negative, seated straight leg raising test negative, and no clonus of the ankle/knee. Special Tests on the Left: compression test negative, femoral nerve traction test negative, Patrick-Fabere test negative, supine straight leg raising test negative, seated straight leg raising test negative, and no clonus of the ankle/knee.

## Results / Interpretations

EXTERNAL RESULT

MRI examination lumbar spine was reviewed by me today. MRI examination was performed September 16, 2013.
He reveals a broad-based shallow disc protrusion at the level LIV-V without compressive sequela. L5-S1 reveals a right paracentral and foraminal disc protrusion that, in my opinion, results in moderate to severe right-sided foraminal stenosis.

## Previous Assessment / Plan

**Date of Service**
11/17/2010
**1. 726.72: Tibialis tendinitis**

## Assessment / Plan

Lumbosacral radicular syndrome, right side
Foraminal disc herniation right L5-S1
L5 radiculopathy

### Discussion

**Discussion Notes**

The patient has sustained an injury at work and as a result she has been left with significant back pain and right-sided radicular symptoms. Although she has been dealing with these symptoms for over 2 years, she has just recently obtained an MRI examination of the lumbar spine which has confirmed the presence of nerve impingement on her L5 nerve root.

The patient has not reached maximal medical improvement. She has been treated appropriately with conservative measures in the past.

In my opinion, the patient could participate in sedentary type duties only at this time.

Future medical care may include epidural steroid injections, selective nerve root blocks, facet blocks, as well as lumbar surgery which may include discectomy, decompression, laminectomy, and interbody instrumented fusion .

I will be happy to take over care of the patient for future medical care.

The above analysis is based on the available information at this time, including the medical records and the imaging studies & results provided. It is assumed that the information provided to me is correct. If more information becomes available at a later date, an additional report may be requested. Such information may or may not change the opinions rendered in this documents.

All opinions rendered in this document are based upon a reasonable degree of medical certainty and are impartial. Comments on the appropriateness of care are professional opinions based upon the specifics of this case and should not be generalized.

Thank you for allowing me to review this medical record. If you have any other further questions please do not hesitate to contact me.

**Return to Office**
None recorded.

**Encounter Sign-Off**
Encounter signed-off by Ivan E. Lamotta, MD, 10/24/2013.

## Encounters and Procedures

Clinical Encounter Summaries

Encounter Date: 01/23/2014

### Patient

| | | | |
|---|---|---|---|
| Name | FOLSTON, SARAH (56, F) ID# 2043894 | Appt. Date/Time | 01/23/2014 11:45AM |
| DOB | | Service Dept. | MOPA_Blanding |
| Provider | IVAN E. LAMOTTA, MD | | |

Insurance: Med Worker's Comp: SOUTH CAROLINA STATE ACCIDENT FUND
Employer Name : DEPT O DSN
Case # : 2011-936
Case Injury Date : 03/22/2011
Prescription: SURESCRIPTS LLC - This patient could not be found on the payor's files. Either the patient is ineligible or demographic information included in the inquiry (e.g., member ID) does not match the payor's files.

### Chief Complaint

Lower Back/L-spine problem

### HPI

F/U7388
Reported by patient.

Athletics: no participation
How are you feeling? last office visit patient's states pain level was a 8/10 at follow up today it's a 5/10
Previous PT: none
Previous Injections: none
Change in symptoms: yes
no changes

### Vitals

| | | |
|---|---|---|
| Ht: 5 ft 3 in 01/23/2014 12:22 pm | Wt: 260 lbs 01/23/2014 12:22 pm | BMI: 46.1 01/23/2014 12:22 pm |
| BP: 122/68 sitting 01/23/2014 12:26 pm | Pulse: 78 bpm 01/23/2014 12:26 pm | |

### Medications

No medications reported

### Allergies

Reviewed Allergies
NKDA

### Problems

Reviewed Problems
- Tibialis tendinitis

### Past Medical History

Reviewed Past Medical History

### Family History

Reviewed Family History

### Surgical History

Reviewed Surgical History
- Gynecological Surgery - hysterectomy
- Gynecological Surgery - tubal

### Social History

Reviewed Social History
Alcohol intake: None.
Number of children: 2.
Marital status: Divorced.
Diet: Regular.

85

Chewing tobacco: none.
Cigar/Pipe Use: N.
Non-smoker.
Smoking Status: Never smoker.
Work History: Disabled.
Are you currently employed?: N.
Hand Dominance: Right.

## Patient's Pharmacies

WAL-MART PHARMACY 4379 (ERX): 1326 BUSH RIVER ROAD, COLUMBIA SC 29210, Ph (803) 750-3284, Fax (803) 750-3280

## Patient's Care Team

**Insurance Adjuster (Worker's Comp):** FAYE JENNINGS: Ph (803) 896-5853, Fax (803) 612-2753

## ROS

Patient reports **dry eyes**. She reports **nose/sinus problems**. She reports **shortness of breath when walking**. She reports **back pain**. She reports **itching**. She reports **sinus pressure**.

## Physical Exam

Patient is a 56-year-old female.

**Constitutional:** General Appearance: healthy-appearing, NAD, normal body habitus, and **obese**.

**Psychiatric:** Orientation: oriented to time, place, and person. Mood and Affect: active and alert and **depressed**.

**Gait and Station:** Appearance: normal gait, no limp, and ambulating with no assistive devices.

**Cardiovascular System:** Arterial Pulses Right: femoral normal, posterior tibialis normal, dorsalis pedis normal, and popliteal normal. Arterial Pulses Left: femoral normal, posterior tibialis normal, dorsalis pedis normal, and popliteal normal. Edema Right: none. Edema Left: none. Varicosities Right: no varicosities and capillary refill test normal. Varicosities Left: no varicosities and capillary refill test normal.

**Lymph Nodes:** Inspection/Palpation Right: no inguinal LAD. Inspection/Palpation Left: no inguinal LAD.

**Skin:** Lumbosacral Spine: normal skin.

**Lumbar Spine:** Inspection: no induration, ecchymosis, or swelling and normal alignment. Bony Palpation of the Lumbar Spine: no tenderness of the spinous process, the transverse process, the sacral promontory, the sacrum, or the coccyx. Bony Palpation of the Right Hip: no tenderness of the iliac crest, the ASIS, the PSIS, the pubic tubercle, the iliac tubercle, the sciatic notch, the ischial tuberosity, the SI joint, or the greater trochanter. Bony Palpation of the Left Hip: no tenderness of the iliac crest, the ASIS, the PSIS, the pubic tubercle, the iliac tubercle, the sciatic notch, the ischial tuberosity, the SI joint, or the greater trochanter. Soft Tissue Palpation on the Right: no tenderness of the supraspinous ligament, the paraspinal region, the iliolumbar region, the gluteus maximus, the gluteus medius, the sciatic nerve, the anterior abdominal muscles, the inguinal ligament, or the piriformis. Soft Tissue Palpation on the Left: no tenderness of the supraspinous ligament, the paraspinal region, the iliolumbar region, the gluteus maximus, the gluteus medius, the sciatic nerve, the anterior abdominal muscles, the inguinal ligament, or the piriformis. Active Range of Motion: flexion normal, extension normal, lateral flexion normal, rotation normal, and no pain with motion; **moderately decreased**. Passive Range of Motion: flexion normal, extension normal, lateral flexion normal, rotation normal, and no pain with motion.

**Motor Strength:** L1 Motor Strength on the Right: hip flexion iliopsoas 5/5. L1 Motor Strength on the Left: hip flexion iliopsoas 5/5. L2-L4 Motor Strength on the Right: knee extension quadriceps 5/5. L2-L4 Motor Strength on the Left: knee extension quadriceps 5/5. L5 Motor Strength on the Right: ankle dorsiflexion tibialis anterior 5/5 and great toe extension extensor hallucis longus 5/5. L5 Motor Strength on the Left: ankle dorsiflexion tibialis anterior 5/5 and great toe extension extensor hallucis longus 5/5. S1 Motor Strength on the Right: plantar flexion gastrocnemius 5/5. S1 Motor Strength on the Left: plantar flexion gastrocnemius 5/5.

**Neurological System:** Coordination: heel-to-shin normal. Babinski Reflex Right: plantar reflex absent. Babinski Reflex Left: plantar reflex absent. Special Tests: Valsalva's test negative. Ankle Reflex Right: normal (2). Ankle Reflex Left: normal (2). Knee Reflex Right: normal (2). Knee Reflex Left: normal (2). Sensation on the Right: **decreased sensation on the lateral leg and dorsum of the foot (L5)** and **dereased sensation on the sole of the foot and the posterior leg (S1)** and T12 normal, L1 normal, L2 normal, L3 normal, L4 normal, S2 normal, and normal distal extremities. Sensation on the Left: T12 normal, L1 normal, L2 normal, L3 normal, L4 normal, L5 normal, S1 normal, S2 normal, and normal distal extremities. Special Tests on the Right: **supine straight leg raising test positive** and **seated straight leg raising test positive** and compression test negative, femoral nerve traction test negative, seated straight leg raising test negative, and no clonus of the ankle/knee. Special Tests on the Left: compression test negative, femoral nerve traction test negative, Patrick-Fabere test negative, supine straight leg raising test negative, seated straight leg raising test negative, and no clonus of the ankle/knee.

## Assessment / Plan

Work-related injury
Lumbosacral radicular syndrome, right side

86

Foraminal disc herniation L5-S1, L5 radiculopathy

**Discussion**

**Discussion Notes**

Based on my evaluation and the above assessment, this patient will be recommended for nonoperative therapy. The patient will be referred to our pain management specialist for epidural steroid injections at right L5-S1. A trial of a selective nerve root block maybe considered at the discretion of the pain-management physician.

I have explained to the patient that sometimes epidural steroid injections do not work, and that it is impossible to predict the duration of the injection effects. The injection is not meant to be a cure of the spine disease process but rather a way to help control the patient's symptoms.

All current questions have been addressed and patient education has taken place and today's visit. The patient was instructed to contact our office if there are any significant changes in symptoms or if any other major concerns arise. Followup will be 2-3 weeks after the injection.

consideration for selective nerve root block if not significantly improved. Surgical candidate only if she were to fail extensive nonoperative care.

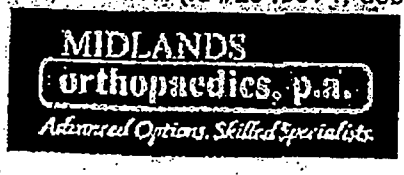
**Return to Office**

- to see Ivan E. Lamotta, MD at MOPA_Blanding on or around 03/23/2014
- Ivan E. Lamotta, MD for Return Office Visit at MOPA_Blanding on 03/27/2014 at 10:45 AM

**Encounter Sign-Off**

Encounter signed-off by Ivan E. Lamotta, MD, 01/23/2014.

87




Phone: (803) 256-4107 • www.midlandsortho.com • Fax: (803) 253-6675

## WORK STATUS INFORMATION

NAME: Sarah Folston
DATE OF BIRTH:
PROVIDER'S NAME: IVAN E. LAMOTTA, MD
CARRIER: SOUTH CAROLINA STATE
WC CLAIM#: 2011-936
DX CODE(S) & DESCRIPTION: 724.3

ACCOUNT: 2043894
EMPLOYER:
DOS: 01/23/2014
DOA: : 03/22/2011

WORK STATUS:

- ☐ Regular duty as of with no restrictions
- ☑ Light duty as of 01/23/2014 with restrictions.
  (availability of light duty is determined by the employer, not the physician)
- ☐ Remain out of work until *
- ☐ Part time (whether regular duty or light duty)
- ☐ Full time (whether regular duty or light duty)

PHYSICAL LIMITATIONS

- ☐ None
- ☐ No walking
- ☐ No climbing
- ☐ No standing
- ☐ No prolonged standing
- ☐ No twisting or stretching
- ☐ No kneeling, squatting, crawling
- ☐ Pushing or pulling limit ___ (lbs)
- ☐ Lifting and carrying limit ___ (lbs)
- ☑ Sedentary duties only
- ☐ No overhead work
- ☐ No work at heights

Other:
*These restrictions are recommended to promote healing of the body part which is injured or which has had surgery. Unrestricted use is recommended when it will not adversely affect the healing process. This is not a statement as to the capacity to undertake a given task or participate in a given sport, nor is it a warranty against subsequent injury. All restrictions or the lack of such restrictions may be subject to revision or modification if conditions change. It is your responsibility to contact us for any clarification, questions, or concerns.*

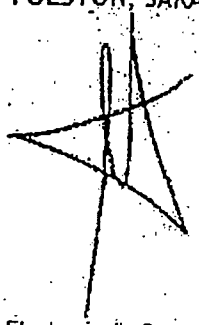
Follow-up appointment date:

- Ivan E Lamotta, MD for Return Office Visit at MOPA_Blanding on 03/27/2014 at 10:45 AM


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

88

FOLSTON, SARAH A (id #2043894, dob: )



Electronically Signed by: IVAN E. LAMOTTA, MD
IVAN E. LAMOTTA, MD
01/23/2014



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

89

# Surgery Order

01/23/2014

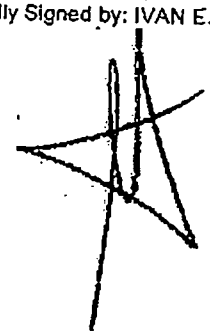
| From Provider | To Provider |
|---|---|
| IVAN E. LAMOTTA, MD<br>ARCIS HEALTHCARE<br>1910 Blanding Street<br>COLUMBIA, SC 29201-3520<br>Phone: (803) 256-4107<br>Fax: (803) 253-6676 | MIDLANDS ORTHOPAEDIC PA<br>1910 BLANDING ST<br>COLUMBIA, SC 29201<br>Phone: (803) 256-4107<br>Fax: (803) 253-6676 |

Orders included: 1

**Sciatica**
ICD-9: 724.3: Other and unspecified disorders of back; sciatica
- EPIDURAL STEROID INJECTION, LUMBAR (PROC)
  Send To: MIDLANDS ORTHOPAEDIC PA Note to Provider: LESI RIGHT L5-S1 X 2

| | | |
|---|---|---|
| Patient | NAME: FOLSTON SARAH A ** PATIENT ID: 2043894 **<br>PATIENT SSN:<br>Gender: F ** DOB: [redacted] ** AGE: 56 YR | |
| Address | [redacted] | |
| Phone | [redacted] | |
| Primary Ins. | ** ID: ** Policy Holder: | **Claim Case#: ** Case Injury Date: **<br>Case Worker's Name: |
| Secondary Ins. | ** ID: ** Policy Holder: | |

Electronically Signed by: IVAN E. LAMOTTA, MD



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

90

## Encounters and Procedures

Clinical Encounter Summaries

Encounter Date: 03/19/2014

**Patient**

| | |
|---|---|
| Name | FOLSTON, SARAH (56, F) ID# 2043894 |
| DOB | |
| Provider | THOMAS ARMSEY, MD |
| Insurance | Med Worker's Comp: SOUTH CAROLINA STATE ACCIDENT FUND<br>Employer Name : DEPT O DSN<br>Case # : 2011-936<br>Case Injury Date : 03/22/2011<br>Prescription: SURESCRIPTS LLC - This patient could not be found on the payor's files. Either the patient is Ineligible or demographic information included in the inquiry (e.g., member ID) does not match the payor's files. |
| Appt. Date/Time | 03/19/2014 10:00AM |
| Service Dept. | MOPA_Gregg |

**Procedure Documentation**

Z-TDA LESI:

LUMBAR EPIDURAL STEROID INJECTION, right L5/S1

DIAGNOSIS: sciatica

REFERRED BY: IE LaMotta MD

PERFORMED BY: Thomas D. Armsey, MD

CLINICAL DATA: Ms Folston is here for a diagnostic and therapeutic right L5/S1

DESCRIPTION OF PROCEDURE IN DETAIL: The procedure was discussed and informed consent was signed. Vital signs were obtained. Pulse ox and heart rate were monitored. The patient was placed in the prone position. The right L5/S1 interspace was identified fluoroscopically.

Skin overlying the injection site was prepped and draped in sterile fashion. The skin and subcutaneous tissues were anesthetized using 2.5 cc of Lidocaine 1%. Using a paramedian approach, an 22-gauge spinal needle was inserted and 2 to 3 cc of normal saline was injected using a loss of resistance method to approximate the epidural space. 1.5 cc of Omnipaque contrast was injected to confirm an epidural location flouroscopically. Aspiration failed to reveal blood, spinal fluid, or air.

Betamethasone 6 mg (2 cc) and Lidocaine 1% without Epinephrine (1cc) was injected into the epidural space without complications.

The patient tolerated the procedure well and was discharged after approximately 15 to 30 minutes.

**Encounter Sign-Off**

Encounter signed-off by Thomas Armsey, MD, 03/19/2014.

Encounter performed and documented by Thomas Armsey, MD
Encounter reviewed & signed by Thomas Armsey, MD on 03/19/2014 at 10:44am

Attachment for claim 26646V7388

91

Midlands Orthopaedics PA - 1910 Blanding Street, COLUMBIA SC 29201-3520

FOLSTON, SARAH A (id #2043894, dob: )

FOLSTON, SARAH #2043

* 1214860w7388 E-Proc

DATE: 03/14/2014

I, SARAH FOLSTON, give permission for Dr. Ramsey, and/or such assistants as required by him to perform Dr. Ramsey Right L5-S1 upon myself. I consent to the adminsitration of such anesthe as may be considered necessary or advisable for this procedure.
Known Anesthetic or Drug Allergies: NKA
I recognize that during the course of the procedure unforeseen conditions may necessitate additional or different procedures or services than tho set forth above. I further authorize and request the above named physician and/or his associates, partners, asisstants or designees, perform suc procedures as are in his professional judgement necessary and desirable.

I am aware that x-ray will be used during this procedure, and to the best of my knowledge I am not pregnant.

The phyisician, or his staff, has explained the nautre, purpose, risks involved, and the possibility of complications, to me. No guarantees or assurn have been made or give by anyone as to the results that may be obtained from this procedure.

I, the undersigned, have had this form explained to me and understand the contents of this authorization.

Signed: Sarah Folston Date: 3-19-14
Physician: Dr. Ramsey Date: 3-19-14
Witness: Cheryl Williams, RN Date: 3-19-14

## Procedure Record

ARRIVAL TIME: 10:20Am
BP: 121/72 Pulse: 82 SAO2: 97%
Date: 3-19-14 Procedure Start Time: 10:34

**MEDICATIONS**

**Local:**
- [x] 1% Lidocaine 3 ccs(s)
- [ ] Other

**Block:**
- [ ] Depo-Medrol 80mg/cc ___ cc(s)
- [ ] Depo-Medrol 40mg/cc ___ cc(s)
- [ ] Dexamethasone 10mg/cc ___ cc(s)
- [x] Betamethasone 2 cc(s)
- [x] 1% Lidocaine 1 cc(s)
- [ ] 0.25% Marcaine ___ cc(s)
- [ ] 0.9% NaCL ___ cc(s)
- [x] Omnipaque 240 1.5 cc(s)

**Procedure Stop Time:** 10:40 **Fluoro Time:** 0.12 min

**POST VITALS**
Time: 11AM BP: 138/67 Pulse: 90 SAO2: 90% Notes:
Time: 11:05AM BP: 129/72 Pulse: 88 SAO2: 98% Notes:
Time: BP: Pulse: SAO2: Notes:

Attachment for claim 26646V7388

92

FOLSTON, SARAH I #2043894

*9214861w7388 E-HealthHx

MIDLANDS orthopaedics, p.a.

POST INJECTION INSTRUCTIONS

Depending on your condition and the type of injection performed, you may experience some of the following symptoms:

**Post Lumbar Injection**

•Increased low back and/or leg pain for several days •Improvement in leg pain may be noticed in the first 2 to 3 days, but it may be delayed for as long as 10 to 14 days.

**Post Cervical Injection**

•Increased neck and/or arm pain for several days •Improvement in arm pain may be noticed in the first 2 to 3 days, but it may be delayed for as long as 10 to 14 days.

The steroid (cortisone-like medication) used during the injection can take 1 to 7 days to begin working to relieve the inflammation and swelling in your back or neck. The Lidocaine or Marcaine used to numb your back or neck will wear off within 30 minutes to 6 hours.

1. During the first 1 to 2 days after the injection, you may place an ice pack on the painful area for up to 20 minutes at a time.

2. Keep activity to a minimum for the first 24 hours after your injection. You may resume normal activities in 48 hours.

3. Do not drive a car or operate machinery for at least 12 hours after the procedure.

4. Use caution with ice or heat because you may not be able to feel extremes in temperature while your skin is numb.

5. You may shower after the injection, but use caution with the hot water temperature.

6. Possible temporary side effects could include increase in appetite, nervousness, headaches, dizziness, mild fluid retention, flushing or swelling of the face or neck, increased blood sugar levels, backache, hiccups, or numbness or weakness of the extremities lasting from 30 minutes to six hours after the injection.

7. Rare possible complications associated with this procedure include infection, bleeding and/or allergic reaction.

8. If you have any problems or questions regarding your injection, please call the office: (803) 256.4107.

9. Seek immediate medical attention or go to the nearest emergency room if you experience any of those very rare symptoms:
-A fever of 100.5 or greater
-New bowel or bladder accidents
-New numbness or weakness
-Swelling of the face and tongue, wheezing or difficulty breathing.

For follow-up care and any questions concerning medications, please call you referring physician.

I have received and understand the above instructions.

Signed: Sarah Folston Date: 3-19-14

Witness: Cheryl Wilauth RN Date: 3-19-14

Attachment for claim 26646V7388

93

Midlands Orthopaedics PA • 1910 Blanding Street, COLUMBIA SC 29201-3520

FOLSTON, SARAH A (id #2043894, dob: )

FOLSTON, SARAH #2043

*1214860w7388 E-Prod

## Discharge Notes

Numbness and Tingling: ☐ Upper Extremities ☐ Lower Extremities ☑ Patient Denies
Movement in: ☑ Upper Extremities ☑ Lower Extremities ☐ Specify: _____
Alert & Orientedx3 ☑ Able to Ambulate: ☑ Yes ☐ No
Swallowing without difficulty ☑ Yes ☐ No
Respiratory Distress: ☐ Yes ☑ No
Vital Signs Stable: ☑ Yes ☐ No
Bandage: ☐ Minimal bleeding ☑ No Halo on the bandage
Post Injection Instructions given: ☑ Yes ☐ No
Discharge to: ☑ Home ☐ Other: _____
Mode of transportation: ☐ Ambulatory ☐ Wheelchair ☐ Stretcher

Time of Discharge: 11:05 AM

Signed: Sarah Folston Date: _____

Witness: Cheryl Nicholls, RN Date: 3-19-14

Notes: _____

Attachment for claim 26646V7388

94

MIDLANDS
Orthopaedics PA
Advanced Options, Subspecialty Care

Richard J. Davis, M.D. 1947 - 1994
*Founder*

2011-936
B/F

*Sports Medicine*
Robert M. Peele, Jr., M.D
Robert M. DaSilva, M.D
James A. O'Leary, M.D
Bernard G. Kirol, M.D.

*Surgery of the Upper Extremity*
Michael R. Ugino, M.D.
Michael S. Green, M.D

*Physical Medicine and Electrodiagnosis*
M. David Redmond, M.D.
Ryan A. Wetzel, MD

*Surgery of the Foot and Ankle*
William C. James, III, M.D.

*Pediatric Orthopaedic Surgery*
Frederick C. Piehl, M.D.

*Total Joint Replacement*
Thomas P. Gross, M.D.

*Trauma and Total Joint Reconstruction*
Coleman D. Fowble, M.D.

*Non-Operative Orthopaedics and Sports Medicine*
Thomas D. Armsey, II, M.D.

*General Orthopaedic and Surgery of Adult Spine*
Ivan E. LaMotta, M.D

*All Offices, (803) 256-4107*
1910 Blanding St.
Columbia, SC 29201

1013 Lake Murray Blvd.
Irmo, SC 29063

2989 Sunset Blvd.
West Columbia, SC 29169

Surgery Center
(803) 461-4740
1930 Blanding St
Columbia, SC 29201

*Occupational Therapy*
(803) 256-4107 Ext. 6163
1910 Blanding St.
Columbia, SC 29201

(803) 256-4107 Ext. 7140
1013 Lake Murray Blvd.
Irmo, SC 29063

03/19/2014

**RE:** Sarah Folston
**DOB:**

Dear Dr. :

Our mutual patient, Sarah Folston, was evaluated in the office on 03/19/2014. I have copied my evaluation and plan below.

**Assessment/Plan**
None recorded.
**Return to Office**

- Ivan E. Lamotta, MD for Wcomp ROV at MOPA_Irmo on 03/27/2014 at 10:15 AM

Thank you very much for allowing us to participate in the care of your patient. Please do not hesitate to contact us if further questions arise.

Sincerely,

Electronically Signed by: THOMAS ARMSEY, MD



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

95

# Encounters and Procedures

Clinical Encounter Summaries

Encounter Date: 03/27/2014

## Patient

Name: FOLSTON, SARAH (56, F) ID# 2043894
Appt. Date/Time: 03/27/2014 11:50AM
DOB:
Service Dept: MOPA_Irmo
Provider: IVAN E. LAMOTTA, MD
Insurance: Med Worker's Comp: SOUTH CAROLINA STATE ACCIDENT FUND
Employer Name : DEPT O DSN
Case # : 2011-936
Case Injury Date : 03/22/2011
Prescription: SURESCRIPTS LLC - This patient could not be found on the payor's files. Either the patient is ineligible or demographic information included in the inquiry (e.g., member ID) does not match the payor's files.

## Chief Complaint

Lower Back/L-spine problem

low back pain s/p injection on 3/19/2014

## HPI

**Lower Back**
Reported by patient.

Location: midline
Quality: aching; burning; stabbing; throbbing; sharp; occasional
Severity: pain level 8/10; worst pain 8/10
Duration: 7 months; 2 years; continuous since onset
Timing: acute
Context: fall; bending
Alleviating Factors: sitting; standing
Aggravating Factors: sitting; standing; lying down; walking; exercise
Associated Symptoms: **swelling; instability; radiation down leg**
Previous Surgery: none
Prior Imaging: x ray; MRI
Previous Injections: none
Previous PT: none
Work Related: no
Working: no

no better after ESI. no difference at all.

## Vitals

| | | |
|---|---|---|
| **Ht:** 5 ft 3 in 03/27/2014 11:27 am | **Wt:** 160 lbs 03/27/2014 11:27 am | **BMI:** 28.3 03/27/2014 11:27 am |
| **BP:** 111/69 sitting 03/27/2014 11:39 am | **Pulse:** 67 bpm 03/27/2014 11:39 am | |

## Medications

No medications reported

## Allergies

Reviewed Allergies
NKDA

## Problems

Reviewed Problems
- Sciatica

## Past Medical History

Reviewed Past Medical History

## Family History

Reviewed Family History

Attachment for claim 30336V7388

96

## Surgical History

Reviewed Surgical History
- Gynecological Surgery - hysterectomy
- Gynecological Surgery - tubal

## Social History

Reviewed Social History
Smoking Status: Never smoker.
Non-smoker.
Cigar/Pipe Use: N.
Chewing tobacco: none.
Alcohol intake: None.
Number of children: 2.
Marital status: Divorced.
Diet: Regular.
Work History: Disabled.
Are you currently employed?: N.
Hand Dominance: Right.

## Patient's Pharmacies

WAL-MART PHARMACY 4379 (ERX): 1326 BUSH RIVER ROAD, COLUMBIA SC 29210, Ph (803) 750-3284, Fax (803) 750-3280

## Patient's Care Team

Insurance Adjuster (Worker's Comp): FAYE JENNINGS: Ph (803) 896-5853, Fax (803) 612-2753

## ROS

Patient reports dry eyes. She reports nose/sinus problems. She reports shortness of breath when walking. She reports back pain. She reports itching. She reports sinus pressure.
ROS as noted in the HPI

## Physical Exam

Patient is a 56-year-old female.

**Constitutional:** General Appearance: healthy-appearing, NAD, normal body habitus, and obese.

**Psychiatric:** Orientation: oriented to time, place, and person. Mood and Affect: active and alert and depressed.

**Gait and Station:** Appearance: normal gait, no limp, and ambulating with no assistive devices.

**Cardiovascular System:** Arterial Pulses Right: femoral normal, posterior tibialis normal, dorsalis pedis normal, and popliteal normal. Arterial Pulses Left: femoral normal, posterior tibialis normal, dorsalis pedis normal, and popliteal normal. Edema Right: none. Edema Left: none. Varicosities Right: no varicosities and capillary refill test normal. Varicosities Left: no varicosities and capillary refill test normal.

**Lymph Nodes:** Inspection/Palpation Right: no inguinal LAD. Inspection/Palpation Left: no inguinal LAD.

**Skin:** Lumbosacral Spine: normal skin.

**Lumbar Spine:** Inspection: no induration, ecchymosis, or swelling and normal alignment. Bony Palpation of the Lumbar Spine: no tenderness of the spinous process, the transverse process, the sacral promontory, the sacrum, or the coccyx. Bony Palpation of the Right Hip: no tenderness of the iliac crest, the ASIS, the PSIS, the pubic tubercle, the iliac tubercle, the sciatic notch, the ischial tuberosity, the SI joint, or the greater trochanter. Bony Palpation of the Left Hip: no tenderness of the iliac crest, the ASIS, the PSIS, the pubic tubercle, the iliac tubercle, the sciatic notch, the ischial tuberosity, the SI joint, or the greater trochanter. Soft Tissue Palpation on the Right: no tenderness of the supraspinous ligament, the paraspinal region, the iliolumbar region, the gluteus maximus, the gluteus medius, the sciatic nerve, the anterior abdominal muscles, the inguinal ligament, or the piriformis. Soft Tissue Palpation on the Left: no tenderness of the supraspinous ligament, the paraspinal region, the iliolumbar region, the gluteus maximus, the gluteus medius, the sciatic nerve, the anterior abdominal muscles, the inguinal ligament, or the piriformis. Active Range of Motion: flexion normal, extension normal, lateral flexion normal, rotation normal, and no pain with motion; moderately decreased. Passive Range of Motion: flexion normal, extension normal, lateral flexion normal, rotation normal, and no pain with motion.

**Motor Strength:** L1 Motor Strength on the Right: hip flexion iliopsoas 5/5. L1 Motor Strength on the Left: hip flexion iliopsoas 5/5. L2-L4 Motor Strength on the Right: knee extension quadriceps 5/5. L2-L4 Motor Strength on the Left: knee extension quadriceps 5/5. L5 Motor Strength on the Right: ankle dorsiflexion tibialis anterior 5/5 and great toe extension extensor hallucis longus 5/5. L5 Motor Strength on the Left: ankle dorsiflexion tibialis anterior 5/5 and great toe extension extensor hallucis longus 5/5. S1 Motor Strength on the Right: plantar flexion gastrocnemius 5/5. S1 Motor Strength on the Left: plantar flexion gastrocnemius 5/5.

**Neurological System:** Coordination: heel-to-shin normal. Babinski Reflex Right: plantar reflex absent. Babinski Reflex Left: plantar reflex

absent. Special Tests: Valsalva's test negative. Ankle Reflex Right: normal (2). Ankle Reflex Left: normal (2). Knee Reflex Right: normal (2). Knee Reflex Left: normal (2). Sensation on the Right: decreased sensation on the lateral leg and dorsum of the foot (L5) and decreased sensation on the sole of the foot and the posterior leg (S1) and T12 normal, L1 normal, L2 normal, L3 normal, L4 normal, S2 normal, and normal distal extremities. Sensation on the Left: T12 normal, L1 normal, L2 normal, L3 normal, L4 normal, L5 normal, S1 normal, S2 normal, and normal distal extremities. Special Tests on the Right: supine straight leg raising test positive and seated straight leg raising test positive and compression test negative, femoral nerve traction test negative, seated straight leg raising test negative, and no clonus of the ankle/knee. Special Tests on the Left: compression test negative, femoral nerve traction test negative, Patrick-Fabere test negative, supine straight leg raising test negative, seated straight leg raising test negative, and no clonus of the ankle/knee.

## Assessment / Plan

Work-related injury.
Lumbosacral radicular syndrome, right side
Foraminal disc herniation L5-S1, L5 radiculopathy

## Discussion

**Discussion Notes**

Unfortunately, she is not improving. She has tried the ESI and physical therapy without significant progress. At this point we will move forward and obtain CT myelogram lumbar and EMG to see if the patient is a surgical candidate.

## Return to Office

None recorded.

## Encounter Sign-Off

Encounter signed-off by Ivan E. Lamotta, MD, 03/27/2014.

Encounter performed and documented by Ivan E. Lamotta, MD
Encounter reviewed & signed by Ivan E. Lamotta, MD on 03/27/2014 at 12:13pm

FOLSTON, SARAH A (id #2043894, dob:

MIDLANDS orthopaedics p.a.

2011000936

Phone. (803) 256-4107 * www.midlandsortho.com * Fax: (803) 253-6676

## WORK STATUS INFORMATION

NAME: Sarah Folston
DATE OF BIRTH:
PROVIDER'S NAME: IVAN E LAMOTTA, MD
CARRIER: SOUTH CAROLINA STATE ACCIDENT FUND
WC CLAIM#: 2011-936
DX CODE(S) & DESCRIPTION:

ACCOUNT: 2043894
EMPLOYER: DEPT O DSN
DOS: 03/27/2014
DOA: 03/22/2011

Sciatica.

WORK STATUS:

- ☐ Regular duty as of with no restrictions
- ☑ Light duty as of * 03/27/2014 with restrictions.
  (availability of light duty is determined by the employer, not the physician)
- ☐ Remain out of work until *
- ☐ Part time (whether regular duty or light duty)
- ☐ Full time (whether regular duty or light duty)

PHYSICAL LIMITATIONS

- ☐ None
- ☐ No walking
- ☐ No climbing
- ☐ No standing
- ☐ No prolonged standing
- ☐ No twisting or stretching
- ☐ No kneeling, squatting, crawling
- ☐ Pushing or pulling limit ___ (lbs)
- ☐ Lifting and carrying limit ___ (lbs)
- ☐ Sedentary duties only
- ☐ No overhead work.
- ☐ No work at heights

Other

*These restrictions are recommended to promote healing of the body part which is injured or which has had surgery. Unrestricted use is recommended when it will not adversely affect the healing process. This is not a statement as to the capacity to undertake a given task or participate in a given sport, nor is it a warranty against subsequent injury. All restrictions or the lack of such restrictions may be subject to revision or modification if conditions change. It is your responsibility to contact us for any clarification, questions, or concerns.*

Follow-up appointment date

- Ivan E Lamotta, MD for Wcomp ROV at MOPA_Irmo on 04/24/2014 @ 10:45am


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

99

FOLSTON, SARAH A (id #2043894, dob: [redacted])

Electronically Signed by IVAN E LAMOTTA, MD
IVAN E LAMOTTA MD
03/20/2014



This fax was received by SFI FaxMaker fax server. For more information, visit: http://www.sfi.com

100

B/F

FOLSTON, SARAH A (id #2043894, dob: )

# Imaging Order 2011-936

03/27/2014

| To Provider | From Provider |
|---|---|
| Phone:<br>Fax: | IVAN E. LAMOTTA, MD<br>MOPA_Blanding<br>1910 Blanding Street<br>COLUMBIA, SC 29201-3520<br>Phone: (803) 256-4107<br>Fax: (803) 253-6676 |

## Imaging Order Information

| | |
|---|---|
| Diagnosis | Sciatica<br>ICD-9: 724.3: Sciatica |
| Order Name | Orders included: 1<br><br>**Sciatica**<br>ICD-9: 724.3: Sciatica<br>• CT MYELOGRAM, LUMBAR<br><br>Note to Imaging Facility:<br>CT Myelogram of the Lumbar Spine<br>Workercomp |
| Notes | |

| | |
|---|---|
| Allergic to Iodine?: N<br>Breastfeeding (If applicable)?: N<br>Diabetes?: N<br>Has BUN/Creatinine been completed?: N<br>Over 55, or history of Kidney Disease?: N<br>Possibility of Pregnancy?: N<br>Prior Reaction to Contrast?: N | Prior Surgery In Area of Interest?: N<br>Taking Avandamet: N<br>Taking Glucophage: N<br>Taking Glucovance?: N<br>Taking Metaglip: N<br>Taking Metformin?: N |

## Patient Information

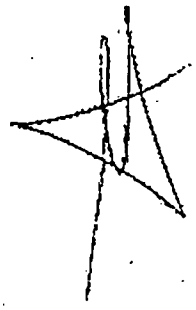
| | |
|---|---|
| Patient Name | FOLSTON, SARAH A |
| Sex - DOB - Age | F 56 YR |
| Address | |
| Phone | |
| Primary Insurance | None recorded. |
| Secondary Insurance | None recorded. |

Electronically Signed by IVAN E. LAMOTTA, MD

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

101

FOLSTON, SARAH A (id #2043894, dob: [redacted])



IVAN E LAMOTTA, MD

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

102

# Surgery Order

03/27/2014

| From Provider | To Provider |
|---|---|
| IVAN E LAMOTTA, MD<br>ARCIS HEALTHCARE<br>1910 Blanding Street<br>COLUMBIA, SC 29201-3520<br>Phone: (803) 256-4107<br>Fax: (803) 253-6676 | MIDLANDS ORTHOPAEDIC PA<br>1910 BLANDING ST<br>COLUMBIA, SC 29201<br>Phone: (803) 256-4107<br>Fax: (803) 253-6676 |

Orders included: 1

**Sciatica**
ICD-9: 724.3: Sciatica
- NERVE CONDUCTION STUDY/EMG (PROC)
  - Send To: MIDLANDS ORTHOPAEDIC PA
  - Note to Provider:
  - EMG/ NCS Bilateral Upper Extremity
  - DOS WC Pending

| | | |
|---|---|---|
| Patient | NAME: FOLSTON, SARAH A ** PATIENT ID: 2043894 **<br>PATIENT SSN: *<br>Gender: F ** DO[redacted] ** AGE: 56 YR | |
| Address | [redacted] | |
| Phone | H: (803) 354-0420<br>M: (803) 354-0420 | |
| Primary Ins. | ** ID: ** Policy Holder: | **Claim Case#: ** Case Injury Date. **<br>Case Worker's Name: |
| Secondary Ins. | ** ID: ** Policy Holder: | |

Electronically Signed by IVAN E LAMOTTA, MD



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

103

# Encounters and Procedures

Clinical Encounter Summaries

**Encounter Date: 05/29/2014**

## Patient

| | | | |
|---|---|---|---|
| Name | FOLSTON, SARAH (56, F) ID# 2043894 | Appt. Date/Time | 05/29/2014 09:45AM |
| DOB | | Service Dept. | MOPA_Irmo |
| Provider | IVAN E. LAMOTTA, MD | | |
| Insurance | Med Worker's Comp: SOUTH CAROLINA STATE ACCIDENT FUND<br>Employer Name : DEPT O DSN<br>Case # : 2011-936<br>Case Injury Date : 03/22/2011<br>Prescription: CMX - Member is eligible. details | | |

## Chief Complaint

Lower Back/L-spine problem

low back pain Lumbar myelogram done on 5/12/2014

## HPI

F/U7388
Reported by patient.

Are you working? not at all
Athletics: no participation
How are you feeling? improving
Previous PT: none
Previous Injections: none
Medications: helping a little
Change in symptoms: no
Do you need a work excuse? no
Do you need a prescription renewal? no
patient is here after CT myelography. No change in condition.

## Vitals

05/29/2014 09:45 am

| | | |
|---|---|---|
| **Ht:** 5 ft 3 in | **Wt:** 260 lbs | **BMI:** 46.1 |
| **BP:** 125/66 sitting | **Pulse:** 88 bpm | |

## Medications

No medications reported

## Allergies

Reviewed Allergies
NKDA

## Problems

Reviewed Problems
- Sciatica

## Past Medical History

Reviewed Past Medical History

## Family History

Reviewed Family History

## Surgical History

Reviewed Surgical History
- Gynecological Surgery - hysterectomy
- Gynecological Surgery - tubal

## Social History

Reviewed Social History
Smoking Status: Never smoker.

104

Attachment for claim 62080V7388

Non-smoker.
Cigar/Pipe Use: N.
Chewing tobacco: none.
Alcohol intake: None.
Number of children: 2.
Marital status: Divorced.
Diet: Regular.
Work History: Disabled.
Are you currently employed?: N.
Hand Dominance: Right.

## Patient's Pharmacies

WAL-MART PHARMACY 4379 (ERX): 1326 BUSH RIVER ROAD, COLUMBIA SC 29210, Ph (803) 750-3284, Fax (803) 750-3280

## Patient's Care Team

Insurance Adjuster (Worker's Comp): FAYE JENNINGS: Ph (803) 896-5812, Fax (803) 612-2753

## ROS

Patient reports dry eyes. She reports nose/sinus problems. She reports shortness of breath when walking. She reports back pain. She reports itching. She reports sinus pressure.

## Physical Exam

Patient is a 56-year-old female.

Lumbar spine examination reveals:
morbid obesity
moderately limited range of motion
Patient ambulates with no assistive devices
Lower extremity strength reveals no deficits, 5/5
Intact sensation to all major dermatomes, stable
Incision - n/a

CT myelogram lumbar spine which was performed at image care on May 12, 2014 was reviewed with the patient. There is disc bulge at the level of L4-L5 with a possible posterior annular tear. There is mild-to-moderate posterior facet arthropathy. No stenosis. L5-S1 reveals right-sided paracentral and foraminal disc protrusion which results in moderate right-sided foraminal stenosis.

## Assessment / Plan

*Work-related injury*
Lumbosacral radicular syndrome, right side
Foraminal disc herniation L5-S1, L5 radiculopathy
Obesity

1. Sciatica
   724.3: Sciatica
   - SCIATICA: AFTER YOUR VISIT
   - PAIN MANAGEMENT REFERRAL - Schedule Within: provider's discretion  Note to Provider: pain management referrel

### Discussion

**Discussion Notes**

I had an extensive conversation and discussion with the patient regarding further care. Her average pain level is 5/10 which places her at a mild to moderate pain category. She has good days and then bad days. At this point she's not truly interested in surgery because her condition is not severe enough to warrant surgical intervention. I agree with the patient. If her condition were to significantly worsen, she may be a candidate for decompression and fusion of the L5-S1 segment. In the meantime the patient will be referred to pain management.

### Return to Office

None recorded.

## Encounter Sign-Off

Encounter signed-off by Ivan E. Lamotta, MD, 05/29/2014.

Encounter performed and documented by Ivan E. Lamotta, MD
Encounter reviewed & signed by Ivan E. Lamotta, MD on 05/29/2014 at 11:23am

## Encounters and Procedures

Clinical Encounter Summaries

**Encounter Date: 08/27/2015**

Patient

| | | | |
|---|---|---|---|
| **Name** | FOLSTON, SARAH (58, F) ID# 2043894 | **Appt. Date/Time** | 08/27/2015 08:45AM |
| **DOB** | / | **Service Dept.** | MOPA_Irmo |
| **Provider** | IVAN E. LAMOTTA, MD | | |
| **Insurance** | Med Worker's Comp: SOUTH CAROLINA STATE ACCIDENT FUND<br>Employer Name : DEPT O DSN<br>Case # : 2011-936<br>Case Injury Date : 03/22/2011<br>Prescription: check now | | |

### Chief Complaint

Lower Back/L-spine problem

Low back

### HPI

**F/U7388**

Reported by patient.

Are you working? not at all
Athletics: no participation
How are you feeling? same; 8
Previous PT: none
Previous Injections: none
Medications: helping a little
Change in symptoms: no
Do you need a work excuse? no
Do you need a prescription renewal? no

Ms. Sarah Folston is a 58 year old female who comes to clinic for a follow up. Her previous assessment from 5/29/15 is lumbosacral radicular syndrome, right side, foraminal disc herniation L5-S1, L5 radiculopathy, and obesity. VAS leg 8/10. The patient presents with significant pain in her legs. She has been under pain management, where she has been treated with injection therapy which has not been helping. She reports that she is hurting more now than she was last year. She reports pain in the lumbar spine, to the buttocks, and shooting down the right leg. After her last injection she reported significant heel pain.

### Vitals

| | | | | | |
|---|---|---|---|---|---|
| **Ht:** | 5 ft 3 in 08/27/2015 09:17 am | **Wt:** | 260 lbs 08/27/2015 09:23 am | **BMI:** | 46.1 08/27/2015 09:39 am |
| **BP:** | 127/67 sitting 08/27/2015 09:22 am | **Pulse:** | 83 bpm 08/27/2015 09:22 am | | |

### Medications

No medications reported

### Allergies

Reviewed Allergies
NKDA

### Problems

Reviewed Problems
- Sciatica

### Past Medical History

Reviewed Past Medical History

### Family History

Reviewed Family History

### Surgical History

Reviewed Surgical History
- Gynecological Surgery - hysterectomy
- Gynecological Surgery - tubal

### Social History

Reviewed Social History
Smoking Status: Never smoker
Non-smoker
Cigar/Pipe Use: N

Attachment for claim 308423V7388

Chewing tobacco: none
Alcohol intake: None
Number of children: 2
Marital status: Divorced
Diet: Regular
Work History: Disabled
Are you currently employed?: N
Hand Dominance: Right
Occupation: NONE

## Patient's Pharmacies

**WAL-MART PHARMACY 4379 (ERX): 1326 BUSH RIVER ROAD, COLUMBIA SC 29210, Ph (803) 750-3284, Fax (803) 750-3280**

## Patient's Care Team

**Insurance Adjuster (Worker's Comp):** FAYE JENNINGS: Ph (803) 896-5812, Fax (803) 612-2753

## ROS

Patient reports **dry eyes**. She reports **nose/sinus problems**. She reports **shortness of breath when walking**. She reports **back pain**. She reports **itching**. She reports **sinus pressure**.
**ROS as noted in the HPI**

## Physical Exam

Patient is a 57-year-old female.

Lumbar spine examination reveals:
morbid obesity
moderately limited range of motion
Patient ambulates with no assistive devices
Lower extremity strength reveals no deficits, 5/5
Intact sensation to all major dermatomes, stable
Incision - n/a

CT myelogram lumbar spine which was performed at image care on May 12, 2014 was reviewed with the patient. There is disc bulge at the level of L4-L5 with a possible posterior annular tear. There is mild-to-moderate posterior facet arthropathy. No stenosis. L5-S1 reveals right-sided paracentral and foraminal disc protrusion which results in moderate right-sided foraminal stenosis.

## Assessment / Plan

Lumbosacral radicular syndrome, right side
Foraminal disc herniation L5-S1, L5 radiculopathy
Obesity

**1. Sciatica**
724.3: Sciatica
- SCIATICA: AFTER YOUR VISIT
- MRI, LUMBAR SPINE - Note to Imaging Facility: MRI OF LUMBAR SPINE

| | |
|---|---|
| Ordering provider to read?: N | Contrast (MRI): Without |
| Prior Reaction to MRI Contrast?: N | Over 60, or history of Kidney Disease?: N |
| History of Hypertension: N | Is patient on blood thinners?: N |
| Taking Insulin?: N | Has BUN/Creatinine been completed?: N |
| Pacemaker or defibrillator?: N | Cochlear Implant?: N |
| Brain Aneurysm Clip?: N | Does the patient have any stents?: N |
| Pill Cam in the last 30 days: N | Metal in body?: N |
| Machine shop or welding exposure?: N | Metal in or removed from eyes?: N |
| Prosthesis or Implant?: N | Possibility of Pregnancy?: N |
| Heart Valve Replacement?: N | Patient claustrophobic?: N |
| Sedation?: N | Prior Surgery in Area of Interest?: N |
| Prior CT, MRI or X-ray Studies?: Y | Precertification Required?: Y |
| Body Piercings?: N | Ability to lay still for 45 minutes?: Y |
| Currently wearing a medication or nicotine patch?: N | Allergies?: N/A |

## Discussion

**Discussion Notes**

This patient has signs and symptoms consistent with nerve impingement. This may be due to different etiologies such as a herniated disc, hypertrophy of the ligamentum flavum, facet arthropathy, or instability. For this reason I will recommend this patient for an MRI examination of the lumbar spine.

The patient will come back to see me one week after the above examination. The patient was told to contact our office if there are any significant changes in symptoms, problems with bowel or bladder, or any other major concerns.

Attachment for claim 308423V7388

All current questions have been answered and patient education has taken place today. I look forward to seeing this patient after the MRI examination.

Return to Office

- Ivan E. Lamotta, MD for Wcomp ROV at MOPA_Irmo on 10/01/2015 at 08:15 AM

Encounter Sign-Off

Encounter signed-off by Ivan E. Lamotta, MD, 08/31/2015.

Encounter performed by Ivan E. Lamotta, MD
Encounter scribed for Ivan E. Lamotta, MD by Johanna Welsh
Encounter reviewed & signed by Ivan E. Lamotta, MD on 08/31/2015 at 4:01pm

Attachment for claim 308423V7388

Corvel Scan Date: 10/16/2015

FOLSTON, SARAH A (id #2043894, dob: )



## Encounters and Procedures

Clinical Encounter Summaries

**Encounter Date:** 10/01/2015

Patient

| | | | |
|---|---|---|---|
| **Name** | FOLSTON, SARAH (58, F) ID# 2043894 | **Appt. Date/Time** | 10/01/2015 08:15AM |
| **DOB** | | **Service Dept.** | MOPA_Irmo |
| **Provider** | IVAN E. LAMOTTA, MD | | |
| **Insurance** | Med Worker's Comp: SOUTH CAROLINA STATE ACCIDENT FUND<br>Employer Name : DEPT O DSN<br>Case # : 032011000936<br>Case Injury Date : 03/22/2011<br>Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please verify coverage and all member demographic information. details | | |

### Chief Complaint

Lower Back/L-spine problem

Low back

### HPI

**F/U7388**

Reported by patient.

Are you working? not at all
Athletics: no participation
How are ydu feeling? same; 7 to 8
Previous PT: none
Previous Injections: none
Medications: helping a little
Change in symptoms: no
Do you need a work excuse? no
Do you need a prescription renewal? no

Ms. Sarah Folston is a 58 year old female who comes to clinic for a worker's compensation follow up. Her previous assessment from 8/27/15 is lumbosacral radicular syndrome, right side, foraminal disc herniation L5-S1, L5 radiculopathy, and obesity. VAS back 7/10 VAS leg 8/10. She reports more pain in the right hip. After her injection she complains of left heel pain. She states that she can tolerate the pain on a daily basis, but after increased physical activity she does experience an increase in pain.

### Vitals

| | | |
|---|---|---|
| **Ht:** 5 ft 3 in 10/01/2015 08:27 am | **Wt:** 260 lbs 10/01/2015 08:27 am | **BMI:** 46.1 10/01/2015 08:27 am |
| **BP:** 118/70 sitting 10/01/2015 08:32 am | **Pulse:** 86 bpm 10/01/2015 08:32 am | |

### Medications

Reviewed Medications

Lyrica 75 mg capsule — 10/01/15 prescribed
Take 1 capsule(s) twice a day by oral route as directed.

### Allergies

Reviewed Allergies
NKDA

### Problems

Reviewed Problems
- Sciatica

### Past Medical History

Reviewed Past Medical History

### Family History

Reviewed Family History

### Surgical History

Reviewed Surgical History
- Gynecological Surgery - hysterectomy
- Gynecological Surgery - tubal

### Social History

Attachment for claim 328586V7388



123493-13218

109

Reviewed Social History
Smoking Status: Never smoker
Non-smoker
Cigar/Pipe Use: N
Chewing tobacco: none
Alcohol intake: None
Number of children: 2
Marital status: Divorced
Diet: Regular
Work History: Disabled
Are you currently employed?: N
Hand Dominance: Right
Occupation: NONE

## Patient's Pharmacies

**WAL-MART PHARMACY 4379 (ERX): 1326 BUSH RIVER ROAD, COLUMBIA SC 29210, Ph (803) 750-3284, Fax (803) 750-3280**

## Patient's Care Team

**Insurance Adjuster (Worker's Comp):** MARGIE MILLER: Ph (803)896-5925, Fax (803) 612-2725

## ROS

Patient reports **dry eyes**. She reports **nose/sinus problems**. She reports **shortness of breath when walking**. She reports **back pain**. She reports **itching**. She reports **sinus pressure**.
**ROS as noted in the HPI**

## Physical Exam

Patient is a 58-year-old female.

Lumbar spine examination reveals:
morbid obesity
moderately limited range of motion
Patient ambulates with no assistive devices
Lower extremity strength reveals no deficits, 5/5
Intact sensation to all major dermatomes, stable
Incision - n/a

CT myelogram lumbar spine which was performed at Image care on May 12, 2014 was reviewed with the patient. There is disc bulge at the level of L4-L5 with a possible posterior annular tear. There is mild-to-moderate posterior facet arthropathy. No stenosis. L5-S1 reveals right-sided paracentral and foraminal disc protrusion which results in moderate right-sided foraminal stenosis.

## Results / Interpretations

EXTERNAL RESULT

MRI of the lumbar spine performed on 9/29/15 revealing very slight curvature, not quite scoliosis. There is degenerative disc disease at L5-S1 with modic changes. In my opinion there is moderate right sided foraminal stenosis. Very mild left sided foraminal stenosis. There is a disc bulge at L4-5 as well as facet arthropathy.

## Assessment / Plan

Lumbosacral radicular syndrome, right side
Foraminal disc herniation L5-S1, L5 radiculopathy
Obesity

**1. Sciatica**
M54.30: Sciatica, unspecified side
- SCIATICA: CARE INSTRUCTIONS
- Lyrica 75 mg capsule - Take 1 capsule(s) twice a day by oral route as directed. Qty: 60 capsule(s) Refills: 0
  Pharmacy: WAL-MART PHARMACY 4379
- PHYSICAL THERAPY BACK REFERRAL - Schedule Within: provider's discretion Note to Provider: Start low back rehab program 2 x a week for 6 weeks

## Discussion

**Discussion Notes**

Based on my evaluation and the above assessment, I believe this patient would benefit from nonoperative treatment. I recommend a course of directed physical therapy for the lumbar spine as well Lyrica 75mg. Therapy may include aquatic therapy and other modalities.

The patient was instructed to contact our office if the experienced any significant changes in their symptoms or if the patient has any other major concerns. Current questions have been addressed and patient education has been done during this visit.
The patient will return to clinic to see me in 6 weeks. She may be considered for a minimally invasive decompression and fusion of L5-S1.

Return to Office

- Ivan E. Lamotta, MD for Wcomp ROV at MOPA_Irmo on 11/12/2015 at 08:15 AM

Encounter Sign-Off

Encounter signed-off by Ivan E. Lamotta, MD, 10/03/2015.

Encounter performed by Ivan E. Lamotta, MD
Encounter scribed for Ivan E. Lamotta, MD by Johanna Welsh
Encounter reviewed & signed by Ivan E. Lamotta, MD on 10/03/2015 at 10:35am

Attachment for claim 328586V7388

## Encounters and Procedures

Clinical Encounter Summaries
**Encounter Date: 11/12/2015**
Patient

| | | | |
|---|---|---|---|
| **Name** | FOLSTON, SARAH (58, F) ID# 2043894 | **Appt. Date/Time** | 11/12/2015 08:15AM |
| **DOB** | | **Service Dept.** | MOPA_Irmo |
| **Provider** | IVAN E. LAMOTTA, MD | | |
| **Insurance** | Med Worker's Comp: SOUTH CAROLINA STATE ACCIDENT FUND<br>Employer Name : DEPT O DSN<br>Case # : 032011000936<br>Case Injury Date : 03/22/2011<br>Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please verify coverage and all member demographic information. details | | |

### Chief Complaint

Lower Back/L-spine problem

6 Week Follow Up

### HPI

**F/U7388**

Reported by patient.

Athletics: no participation
How are you feeling? same
Previous PT: none
Previous injections: none
Medications: Not taking any medications for orthopedic problems
Change in symptoms: no
Do you need a work excuse? no
Do you need a prescription renewal? no

Ms. Sarah Folston is a 58 year old female who comes to clinic for a worker's compensation follow up. Her previous assessment from 10/1/15 is lumbosacral radicular syndrome, right side, foraminal disc herniation L5-S1, L5 radiculopathy, and obesity. VAS 5/10. The patient reports no major change in condition since her previous visit. She has completed physical therapy and reports no major improvement.

### Vitals

| | | | | | |
|---|---|---|---|---|---|
| **Ht:** | 5 ft 3 in 11/12/2015 08:34 am | **Wt:** | 260 lbs 11/12/2015 08:34 am | **BMI:** | 46.1 11/12/2015 08:34 am |
| **BP:** | 144/74 sitting 11/12/2015 08:50 am | **Pulse:** | 86 bpm 11/12/2015 08:50 am | **Pain Scale:** | 5 11/12/2015 08:34 am |

### Medications

None recorded.

### Allergies

Reviewed Allergies
NKDA

### Problems

Reviewed Problems
- Sciatica

### Past Medical History

Reviewed Past Medical History

### Family History

Reviewed Family History

### Surgical History

Reviewed Surgical History
- Gynecological Surgery - hysterectomy
- Gynecological Surgery - tubal

### Social History

Reviewed Social History
Smoking Status: Never smoker
Non-smoker
Cigar/Pipe Use: N
Chewing tobacco: none
Alcohol intake: None

Attachment for claim 351996V7388

Number of children: 2
Marital status: Divorced
Diet: Regular
Work History: Disabled
Are you currently employed?: N
Hand Dominance: Right
Occupation: NONE

## Patient's Pharmacies

**WAL-MART PHARMACY 4379 (ERX): 1326 BUSH RIVER ROAD, COLUMBIA SC 29210, Ph (803) 750-3284, Fax (803) 750-3280**

## Patient's Care Team

**Insurance Adjuster (Worker's Comp):** MARGIE MILLER: Ph (803)896-5925, Fax (803) 612-2725

## ROS

Patient reports no fever, no night sweats, no significant weight gain, no significant weight loss, and no exercise intolerance. She reports no dry eyes, no irritation, and no vision change. She reports no difficulty hearing and no ear pain. She reports no frequent nosebleeds and no nose/sinus problems. She reports no sore throat, no bleeding gums, no snoring, no dry mouth, no mouth ulcers, no oral abnormalities, and no teeth problems. She reports no chest pain, no arm pain on exertion, no shortness of breath when walking, no shortness of breath when lying down, no palpitations, and no known heart murmur. She reports no cough, no wheezing, no shortness of breath, no coughing up blood, and no sleep apnea. She reports no abdominal pain, no vomiting, normal appetite, no diarrhea, not vomiting blood, no dyspepsia, and no GERD. She reports no incontinence, no difficulty urinating, no hematuria, and no increased frequency. She reports no muscle aches, no muscle weakness, no arthralgias/joint pain, no back pain, and no swelling in the extremities. She reports no abnormal mole, no jaundice, and no rashes. She reports no loss of consciousness, no weakness, no numbness, no seizures, no dizziness, and no headaches. She reports no depression, no sleep disturbances, feeling safe in relationship, and no alcohol abuse. She reports no fatigue. She reports no swollen glands and no bruising. She reports no runny nose, no sinus pressure, no itching, no hives, and no frequent sneezing.
**ROS as noted in the HPI**

## Physical Exam

Patient is a 58-year-old female.

Lumbar spine examination reveals:
morbid obesity
moderately limited range of motion
Patient ambulates with no assistive devices
Lower extremity strength reveals no deficits, 5/5
Intact sensation to all major dermatomes, stable
Incision - n/a

CT myelogram lumbar spine which was performed at image care on May 12, 2014 was reviewed with the patient. There is disc bulge at the level of L4-L5 with a possible posterior annular tear. There is mild-to-moderate posterior facet arthropathy. No stenosis. L5-S1 reveals right-sided paracentral and foraminal disc protrusion which results in moderate right-sided foraminal stenosis.

## Assessment / Plan

Lumbosacral radicular syndrome, right side
Foraminal disc herniation L5-S1, L5 radiculopathy
Obesity

## Discussion

**Discussion Notes**

The patient has reached maximum medical improvement. Future medical care includes; repeat orthopedic visits, repeat therapy, and repeat injections. I do not see any contraindications for the patient to participate in sedentary duties. I do not see any surgical indications for the patient at this time based on the severity of the symptom etiology.

According to the American Medical Association Guides for the Evaluation of Permanent Impairment, fifth edition, the patient qualifies for a DRE lumbar category *** . Therefore, the patient qualifies for a 5% whole person impairment (WPI), which translates into a regional impairment of the lumbar spine of 7%.

All of the above statements are to a degree of medical certainty.

## Return to Office

None recorded.

## Encounter Sign-Off

Encounter signed-off by Ivan E. Lamotta, MD, 11/13/2015.

Encounter performed by Ivan E. Lamotta, MD
Encounter scribed for Ivan E. Lamotta, MD by Johanna Welsh
Encounter reviewed & signed by Ivan E. Lamotta, MD on 11/13/2015 at 12:01pm

Attachment for claim 351996V7388

# Encounters and Procedures

Clinical Encounter Summaries

**Encounter Date: 11/10/2016**

Patient

| | | | |
|---|---|---|---|
| **Name** | FOLSTON, SARAH (59yo, F) ID# 2043894 | **Appt. Date/Time** | 11/10/2016 08:00AM |
| **DOB** | | **Service Dept.** | MOPA_Irmo |
| **Provider** | IVAN E. LAMOTTA, MD | | |
| **Insurance** | Med Worker's Comp: SOUTH CAROLINA STATE ACCIDENT FUND<br>Employer Name : DEPT O DSN<br>Case # : 032011000936<br>Case Injury Date : 03/22/2011<br>Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please verify coverage and all member demographic information. details | | |

## Chief Complaint

None recorded.

## HPI

Ms. Sarah Folston is a 59-year-old female who comes to the clinic for a workers' compensation follow up. Her previous assessment from 11/12/2015 is lumbosacral radicular syndrome, right side, foraminal disc herniation L5-S1, L5 radiculopathy, and obesity. VAS is 5/10. The patient has been previously rated and released. The patient states she has pain in her back that radiates down her legs bilaterally. The patient says when she was released she did not know what to do. She was prescribed Lyrica by me but then not authorized to get it. She reports she has gained weight since last year. The patient stands 5"3' and weighs 266 pounds.

## Vitals

| | | | | | |
|---|---|---|---|---|---|
| **Ht:** | 5 ft 3 in 11/10/2016 09:01 am | **Wt:** | 260 lbs 11/10/2016 09:01 am | **BMI:** | 46.1 11/10/2016 09:01 am |
| **BP:** | 121/72 sitting 11/10/2016 09:06 am | **Pulse:** | 83 bpm 11/10/2016 09:06 am | | |

## Medications

None recorded.

## Allergies

Reviewed Allergies
NKDA

## Problems

Reviewed Problems
- Sciatica

## Past Medical History

Reviewed Past Medical History
Acid Reflux: Y
Anxiety: Y

## Family History

Reviewed Family History

| | |
|---|---|
| Mother | - Arthritis<br>- Heart disease |
| Father | - Asthma<br>- Hypercholesterolemia |
| Brother | - Malignant neoplastic disease<br>- Diabetes mellitus |
| Unspecified Relation | - Cerebrovascular accident |

## Surgical History

Reviewed Surgical History
- Gynecological Surgery - hysterectomy
- Gynecological Surgery - tubal

## Social History

Reviewed Social History

Attachment for claim 584220V7388

Smoking Status: Never smoker
Non-smoker
Cigar/Pipe Use: N
Chewing tobacco: none
Alcohol intake: None
Number of children: 2
Marital status: Divorced
Diet: Regular
Work History: Disabled
Are you currently employed?: N
Hand Dominance: Right
Occupation: NONE

## Patient's Pharmacies

**WAL-MART PHARMACY 4379 (ERX): 1326 BUSH RIVER ROAD, COLUMBIA SC 29210, Ph (803) 750-3284, Fax (803) 750-3280**

## Patient's Care Team

**Insurance Adjuster (Worker's Comp):** MARGIE MILLER: Ph (803)896-5925, Fax (803) 612-2725

## ROS

**ROS as noted in the HPI**

## Physical Exam

Patient is a 59-year-old female.

Lumbar spine examination reveals:
Morbid obesity
Moderately limited range of motion.
Patient ambulates with no assistive devices.
Lower extremity strength reveals no deficits, 5/5
Sensation: Severe tenderness to palpation, posterior PSIS.
incision - n/a

CT myelogram lumbar spine which was performed at Image care on May 12, 2014 was reviewed with the patient. There is disc bulge at the level of L4-L5 with a possible posterior annular tear. There is mild-to-moderate posterior facet arthropathy. No stenosis. L5-S1 reveals right-sided paracentral and foraminal disc protrusion which results in moderate right-sided foraminal stenosis.

## Assessment / Plan

IMPRESSION:
Lumbosacral radicular syndrome, right side.
Foraminal disc herniation L5-S1, L5 radiculopathy.
Obesity.

DISPOSITION:
Surgery is not indicated for this patient. In my opinion, the pain is due to nerve irritation. I will refer her to Dr. Hutcheson for pain management. There are no contraindications for her to return to work with sedentary-duty lifting restrictions.

## Return to Office

None recorded.

## Encounter Sign-Off

Encounter signed-off by Ivan E. Lamotta, MD, 11/10/2016.

Encounter performed by Ivan E. Lamotta, MD
Encounter scribed for Ivan E. Lamotta, MD by Deanna Schmidt
Encounter signed by Deanna Schmidt as scribe at 11/10/2016 at 3:53pm
Encounter reviewed & signed by Ivan E. Lamotta, MD on 11/10/2016 at 4:02pm

Attachment for claim 584220V7388

**FOLSTON, SARAH A (id #2043894, dob: )**

## Patient

| | | | |
|---|---|---|---|
| **Name** | FOLSTON, SARAH (59yo, F) ID# 2043894 | **Appt. Date/Time** | 11/10/2016 08:00AM |
| **DOB** | | **Service Dept.** | MOPA_Irmo |
| **Provider** | IVAN E. LAMOTTA, MD | | |
| **Insurance** | Med Worker's Comp: SOUTH CAROLINA STATE ACCIDENT FUND<br>Employer Name : DEPT O DSN<br>Case # : 032011000936<br>Case Injury Date : 03/22/2011<br>Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please verify coverage and all member demographic information. | | |

## Chief Complaint

None recorded.

## HPI

Ms. Sarah Folston is a 59-year-old female who comes to the clinic for a workers' compensation follow up. Her previous assessment from 11/12/2015 is lumbosacral radicular syndrome, right side, foraminal disc herniation L5-S1, L5 radiculopathy, and obesity. VAS is 5/10. The patient has been previously rated and released. The patient states she has pain in her back that radiates down her legs bilaterally. The patient says when she was released she did not know what to do. She was prescribed Lyrica by me but then not authorized to get it. She reports she has gained weight since last year. The patient stands 5"3' and weighs 266 pounds.

## Vitals

| | | | | | |
|---|---|---|---|---|---|
| **Ht:** | 5 ft 3 in 11/10/2016 09:01 am | **Wt:** | 260 lbs 11/10/2016 09:01 am | **BMI:** | 46.1 11/10/2016 09:01 am |
| **BP:** | 121/72 sitting 11/10/2016 09:08 am | **Pulse:** | 83 bpm 11/10/2016 09:08 am | | |

## Medications

None recorded.

## Allergies

Reviewed Allergies
NKDA

## Problems

Reviewed Problems
- Sciatica

## Past Medical History

Reviewed Past Medical History
Acid Reflux: Y
Anxiety: Y

## Family History

Reviewed Family History

| | |
|---|---|
| Mother | - Arthritis<br>- Heart disease |
| Father | - Asthma<br>- Hypercholesterolemia |
| Brother | - Malignant neoplastic disease<br>- Diabetes mellitus |
| Unspecified Relation | - Cerebrovascular accident |

## Surgical History

Reviewed Surgical History
- Gynecological Surgery - hysterectomy
- Gynecological Surgery - tubal

## Social History

Reviewed Social History

113D

FOLSTON, SARAH A (id #2043894, dob: )

Smoking Status: Never smoker
Non-smoker
Cigar/Pipe Use: N
Chewing tobacco: none
Alcohol Intake: None
Number of children: 2
Marital status: Divorced
Diet: Regular
Work History: Disabled
Are you currently employed?: N
Hand Dominance: Right
Occupation: NONE

## Patient's Pharmacies

**WAL-MART PHARMACY 4379 (ERX): 1326 BUSH RIVER ROAD, COLUMBIA SC 29210, Ph (803) 750-3284, Fax (803) 750-3280**

## Patient's Care Team

**Insurance Adjuster (Worker's Comp):** MARGIE MILLER: Ph (803)896-5925, Fax (803) 612-2725

## ROS

**ROS as noted in the HPI**

## Physical Exam

Patient is a 59-year-old female.

Lumbar spine examination reveals:
Morbid obesity
Moderately limited range of motion
Patient ambulates with no assistive devices
Lower extremity strength reveals no deficits, 5/5
Sensation: Severe tenderness to palpation, posterior PSIS.
Incision - n/a

CT myelogram lumbar spine which was performed at image care on May 12, 2014 was reviewed with the patient. There is disc bulge at the level of L4-L5 with a possible posterior annular tear. There is mild-to-moderate posterior facet arthropathy. No stenosis. L5-S1 reveals right-sided paracentral and foraminal disc protrusion which results in moderate right-sided foraminal stenosis.

## Assessment / Plan

IMPRESSION:
Lumbosacral radicular syndrome, right side.
Foraminal disc herniation L5-S1, L5 radiculopathy.
Obesity.

DISPOSITION:
Surgery is not indicated for this patient. In my opinion, the pain is due to nerve irritation. I will refer her to Dr. Hutcheson for pain management. There are no contraindications for her to return to work with sedentary-duty lifting restrictions.

## Return to Office

None recorded.

## Encounter Sign-Off

Encounter signed-off by Ivan E. Lamotta, MD, 11/10/2016.

Encounter performed by Ivan E. Lamotta, MD
Encounter scribed for Ivan E. Lamotta, MD by Deanna Schmidt
Encounter signed by Deanna Schmidt as scribe at 11/10/2016 at 3:53pm
Encounter reviewed & signed by Ivan E. Lamotta, MD on 11/10/2016 at 4:02pm

1/3E

Midlands Orthopaedics and Neurosurgery • 1013 Lake Murray Blvd, Ste 100, Irmo, SC 29063

FOLSTON, SARAH A (id #2043894, dob: )

MIDLANDS orthopaedics & NEUROSURGERY

Phone: (803) 256-4107 * www.midorthoneuro.com * Fax: (803) 253-6676

## WORK STATUS INFORMATION

**NAME:** Sarah Folston
**DATE OF BIRTH:** (
**PROVIDER'S NAME:** IVAN E. LAMOTTA, MD
**CARRIER:** SOUTH CAROLINA STATE ACCIDENT FUND
**WC CLAIM#:** 032011000936
**DX CODE(S) & DESCRIPTION:** SCIATICA

**ACCOUNT:** 2043894
**EMPLOYER:**
**DOS:** 11/10/2016
**DOA:** 03/22/2011

**WORK STATUS:**

- ☐ Regular duty as of with no restrictions.
- ☑ Light duty as of * 11/10/2016 with restrictions.
  (availability of light duty is determined by the employer, not the physician)
- ☐ Remain out of work until *
- ☐ Part time (whether regular duty or light duty)
- ☐ Full time (whether regular duty or light duty)

**PHYSICAL LIMITATIONS**

- ☐ None
- ☐ No walking
- ☐ No climbing
- ☐ No standing
- ☐ No prolonged standing
- ☐ No twisting or stretching
- ☐ No kneeling, squatting, crawling
- ☐ Pushing or pulling limit ___ (lbs)
- ☐ Lifting and carrying limit ___ (lbs)
- ☑ Sedentary duties only
- ☐ No overhead work
- ☐ No work at heights

Other:
*These restrictions are recommended to promote healing of the body part which is injured or which has had surgery. Unrestricted use is recommended when it will not adversely affect the healing process. This is not a statement as to the capacity to undertake a given task or participate in a given sport, nor is it a warranty against subsequent injury. All restrictions or the lack of such restrictions may be subject to revision or modification if conditions change. It is your responsibility to contact us for any clarification, questions, or concerns.*

Follow-up appointment date: PRN



Electronically Signed by: IVAN E. LAMOTTA, MD
IVAN E. LAMOTTA, MD
11/09/2016

FOLSTON, SARAH A (id #2043894, dob: )

# Referral Order

11/10/2016

| To Provider | From Provider |
|---|---|
| Phone:<br>Fax: | IVAN E. LAMOTTA, MD<br>MOPA_Irmo<br>1013 Lake Murray Blvd<br>IRMO, SC 29063-2824<br>Phone: (803) 256-4107<br>Fax: (803) 933-6100 |

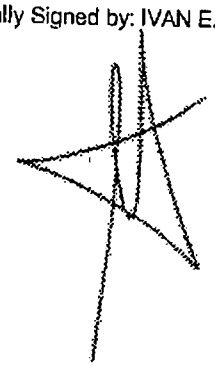
## Referral Order Information

| | |
|---|---|
| Diagnosis | Lumbosacral spondylosis with radiculopathy<br>ICD-10: M47.27: Other spondylosis with radiculopathy, lumbosacral region |
| Order Name | PAIN MANAGEMENT REFERRAL |
| Notes | pain management referrel |

## Patient Information

| | |
|---|---|
| Patient Name | FOLSTON, SARAH A |
| Sex - DOB - Age | F 59yo |
| Address | COLUMBIA, SC 29210-7920 |
| Phone | |
| Primary Insurance | None recorded. |
| Secondary Insurance | None recorded. |

Electronically Signed by: IVAN E. LAMOTTA, MD



IVAN E. LAMOTTA, MD

113 H

Devin Troyer MD EMG/NCS
Board Certified Electromyography

f. 257.5230

Patient: Folston, Sarah
Sex: Female
Age: 56
Ref. M.D.: Lamotta

Address:
Physician: Troyer
Test Date: 05/05/14

## History/Comments:

The patient describes pain in the low back. The pain has been present for a couple of years dating back to 2011. The pain radiates to the right lower extremity. There is numbness descibed in the right foot at times. There is weakness descibed in the right lower extremity. MRI done of the low back with some L5 findings as best patient can recall.

Patient describes no past history of diabetes, hypertension, and dyslipidemia.

The patients examination is significant for no focal weakness of the lower extremities

Reflexes were diminished at the right ankle compared to the left

## Motor Nerve Study

| Peroneal Nerve | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Rec Site: EDB | Lat (ms) | | Norm Lat | Dur (ms) | | Amp (mV) | | Dist (mm) | | C.V. (m/s) | |
| Stim Site | L | R | | L | R | L | R | L | R | L | R |
| Ankle | 3.4 | 3.0 | >6.0 | 4.6 | 4.5 | 2.7 | 2.8 | | | | |
| Fib.Head | 10.6 | 9.8 | | 4.6 | 4.4 | 1.9 | 2.6 | 350 | 320 | 48.8 | 46.8 |

| Right Tibial Nerve | | | | | | |
|---|---|---|---|---|---|---|
| Rec Site: AH | Lat (ms) | Norm Lat | Dur (ms) | Amp (mV) | Dist (mm) | C.V. (m/s) |
| Stim Site | | | | | | |
| Ankle | 4.0 | <6.0 | 4.8 | 6.4 | | |

## Sensory Nerve Study

| Peroneal Nerve | | | | | | | |
|---|---|---|---|---|---|---|---|
| Rec Site: dors.ft | Norm Lat | Pk Lat (ms) | | Amp (uV) | | Dist (mm) | |
| Stim Site | | L | R | L | R | L | R |
| Lower leg | <3.8 | 3.4 | 3.1 | 24.3 | 13.7 | 120 | 120 |

| Right Plantar Nerve | | | | |
|---|---|---|---|---|
| Rec Site: Ankle | Norm Lat | Pk Lat (ms) | Amp (uV) | Dist (mm) |
| Stim Site | | | | |
| plantar | | 2.9 | 9.3 | |
| plantar | | 3.1 | 4.7 | |

| Right Sural Nerve | | | | |
|---|---|---|---|---|
| Rec Site: Ankle | Norm Lat | Pk Lat (ms) | Amp (uV) | Dist (mm) |
| Stim Site | | | | |
| mid calf | >3.8 | 2.8 | 13.0 | 120 |

114

Corvel Scan Date: 6/5/2014



## EMG Study

| Name | | Ins Act | Fibs | PSW | Fascics | Polyph | MU Amp | MU Dur | Recruit |
|---|---|---|---|---|---|---|---|---|---|
| R. Tibialis Ant. | | norm | none | none | none | none | norm | norm | norm |
| R. Gastroc.Med.H. | | norm | none | none | none | none | norm | norm | norm |
| R. Peroneus Ln. | | norm | none | none | none | none | norm | norm | norm |
| R. Vastus Med. | | norm | none | none | none | none | norm | norm | norm |
| R. Dors.Int.1 | Abnml | inc | 1+ | 2+ | none | inc | norm | norm | dec |
| R. Ext.Dig.Br. | | norm | none | none | none | none | norm | norm | norm |

**Summary/Interpretation:**

1. This is a normal study.
2. There was no evidence of peripheral nerve impingement.
3. There was no evidence of peripheral polyneuropathy.
4. There was no evidence of radiculopathy on needle exam of the tested right lower extremity. The axonopathy seen in the foot FDI may be more due to local trauma with obesity and swelling. An S2 radiculopathy is unlikely especially with a normal EMG of the right foot EDB muscle
5. The results of today's study were discussed with the patient and they were instructed to follow up with their physician.

Cutaneous skin temperature was monitored with testing today in the areas tested and was maintained at 30 degrees celsius.

Devin Troyer M.D.

115

Carolinas Center for Advanced Mgmt of Pain - Spartanburg Office
1330 Boiling Springs Road Suite 2700 Spartanburg, SC 29303
(864) 583-0053 Fax: (864) 583-0390



**MS SARAH A FOLSTON**
Female DOB: 56053 Home:

**12/30/2014 - Office Visit: Initial Office Visit**
***Provider:* Justin K Hutcheson MD**
**Location of Care: Carolinas Center for Advanced Mgmt of Pain-Columbia office**

## New Patient Visit

**Chief Complaint:** This is a 57 Years Old patient referred by Dr. LAMOTTA for evaluation of back pain. Pain started after incident @ work where she was assisting a patient in a wheelchair- the patient pushed her down causing her to land on right elbow and right hip.
Pt notes back pain to right heel.
Diagnostically:
R elbow 3/11- neg
pelvis xrays 3/11- wnl
pelvis mri 10/11- wnl
emg rle 5/140 wnl
CT myelogram L spine 5/14- L4/5 bulge, possible R tear, facet, L5/s1 degenerative disk disease, vacuum disc, small R hnp sbuts R s1, mod R NFS, mod facet, mild L NFS
l mri 9/13- L3/4 biforaminal bulge, facet, L4/5 shallow ptrosuion, facet, contacts bilat L5, L5/s1 bulge, R formainal, mild delfection R s1, mod b nfs

Therapeutically:
Dr. LaMotta- consider sx if condition worsens

**Referring MD:** IVAN LAMOTTA, MD
**Age:** 57 Years Old
**Sex:** Female
**Race:** Black or African American

## History of Present Illness

**Location of Pain:** back rle
**Description of Pain:** Sharp, Pins & Needles, Numbness, Electrical/Shooting, Burning, Cramping
**Current Pain Rating (Good Day):** 5
**Current Pain Rating (Bad Day):** 9
**Is The Pain Always The Same:** No
**Duration of Pain:** Constant
**Aggravating Factors:** Activity
**Comments:** prolonged sit/stand
**Alleviating Factors:** Rest

**Additional History**
**Previous Treatments:** Nerve Blocks/Injections, Narcotic Pain Medication, Physical Therapy
**Previous Diagnostic Studies:** MRI, Myelogram, EMG
**Data Reviewed:** Old Charts, MRI, CT, Myelogram, EMG

Under my supervision this patient will be monitored by my nurse practitioner throughout the course of their treatment.

116

MS SARAH A FOLSTON
Female DOB: 56053 Home:

**Past Treatment**
**Has patient been treated in another pain management center?** No
**Has patient ever had previous psychiatric or psychological treatment?** No
**Has patient ever required treatment for substance abuse or alcohol abuse?** No

**Sleep Disturbances**
**Does the patient ever have difficulty falling asleep?** No
**Does the patient have difficulty maintaining sleep?** No
**Is the patient ever awakened by pain?** Yes
**Does the patient have difficulty staying awake during the day?** No

## Past, Family, and Social History
**Past History:** pmh:neg

sxhx:btl, hys
meds:
prior meds:

**Family History:** mi
**Social History:** no etoh, tob, ivdu, divorced 2 kids high school

**Allergies:**

## Review of Systems
**General:** denies fevers, chills, sweats, anorexia, fatigue, malaise, weight loss
**Eyes:** denies blurring, diplopia, irritation, discharge, vision loss, eye pain, photophobia
**Ear/Nose/Throat:** denies ear pain or discharge, tinnitus, decreased hearing, nasal obstruction or discharge, nosebleeds, sore throat, hoarseness, dysphagia
**Cardiovascular:** Denies chest pain, palpitations, syncope, dyspnea on exertion, orthopnea, PND, peripheral edema
**Respiratory:** Denies cough, dyspnea, excessive sputum, hemoptysis, wheezing
**Gastrointestinal:** Denies nausea, vomiting, diarrhea, constipation, change in bowel habits, abdominal pain, melena, hematochezia, jaundice
**Genitourinary:** bladder control
**Musculoskeletal:** back rle
**Skin:** denies rash, itching, dryness, suspicious lesions
**Neurologic:** denies transient paralysis, weakness, paresthesias, seizures, syncope, tremors, vertigo
**Psychiatric:** denies depression, anxiety, memory loss, mental disturbance, suicidal ideation, hallucinations, paranoia
**Endocrine:** denies cold intolerance, heat intolerance, polydipsia, polyphagia, polyuria, weight change
**Hematologic/Lymphatic:** denies abnormal bruising, bleeding, enlarged lymph nodes
**Allergic/Immunologic:** denies urticaria, hay fever, persistent infections, HIV exposure

## Physical Exam
### General
**General appearance:** well developed, well nourished, no acute distress
**Communication ability:** communicates by voice, normal quality

Carolinas Center for Advanced Mgmt of Pain - Spartanburg Office
1330 Boiling Springs Road Suite 2700 Spartanburg, SC 29303
(864) 583-0053 Fax: (864) 583-0390



**MS SARAH A FOLSTON**
Female DOB: 56053 Home:

**Gait and station:** Normal

### Psychiatric
**Mental Status:** AAO x3
**Judgement/Insight:** Intact
**Mood/Affect:** Appropriate

### Thoracolumbar
**ROM:** Decreased in all directions
**Patrick's Test:** Negative
**Straight Leg Raise:** Negative
**Palpation:** Tender
Facets
**Comments:** L4-s1
B SIR>L

### Manual Muscle Testing
**RLE:** 5/5
**LLE:** 5/5

### Muscle Stretch Reflex
**RLE:** 2+
**LLE:** 2+
**Sensory** Intact to light touch/pin prick, Negative allodynia/hyperpathia
**Neuro** No Atrophy or Clonus
**Sympathetic Function:** Normal

### Knees
**Comments:** Knees: FROM with no crepitus or pain. no instability
hips: FROM with no pain on int/ext rotation
ankles: FROM without pain

## Assessment
**New Problems:**
Lumbo-Sacral Spondylosis (ICD-721.3) (ICD10-M47.817)
Right Lower Extremity Pain (ICD-729.5) (ICD10-M79.609)
Low Back Pain (ICD-724.2) (ICD10-M54.5)
Degenerative Disc Disease - Lumbar Spine (ICD-722.52)

**Comments:** 57 yo female with right leg pain in L5 pattern to heel with right L5 protrusion with nfs and lrs. No relief from midline esi- consider right L5 selective nerve root block. If no relief- consider Spinal cord stimulator

## Plan
right L5 selective nerve root block

**Current Medication List:**

118

Carolinas Center for Advanced Mgmt of Pain - Spartanburg Office
1330 Boiling Springs Road Suite 2700 Spartanburg, SC 29303
(864) 583-0053 Fax: (864) 583-0390



**MS SARAH A FOLSTON**
Female DOB: [redacted] 56053 Home:

PROVIGIL 200 MG TABS (MODAFINIL) 1 Qam

**New Orders:**
NP - Comprehensive [99204]
Return for SNRB [xxxxx]

]

**Electronically signed by Justin K Hutcheson MD on 12/30/2014 at 2:59 PM**

119

Carolinas Center for Advanced Mgmt of Pain-Columbia office
109 Midlands Court Suite B, West Columbia, SC 29169
(803) 791-7175 Fax: (803) 791-7176



# Referral Form

| | | | |
|---|---|---|---|
| Authorizing Provider: | Juslin K Hutcheson | Service Provider: | |
| Signing Provider: | Justin K Hutcheson | | |
| Phone: | (864) 583-0053 | Phone: | |
| Fax: | (864) 583-0390 | Fax: | |
| Patient Name: | SARAH A FOLSTON | DOB: | Age: 57 Years |
| Home Phone: | | Sex: F | SSN: |
| Work Phone: | | | |
| Resp. Provider: | Justin K Hutcheson | | |

| Code | Description | Diagnoses |
|---|---|---|
| xxxxx | Return for SNRB | DEGENERATIVE DISC DISEASE - LUMBAR SPINE (ICD-722.52) |

Order Number: 374185-2
Auth#:
Maximum Visits: 0
Start Date: 12/30/2014 End Date: 01/27/2015
Duration: 4 Weeks
Electronically signed by: Justin K Hutcheson
Signed on: 12/30/2014 2:57:56PM
Reason: r l5 1-2 weeks

*Report run by Wanda Beam*

120

Carolinas Center for Advanced Mgmt of Pain-Columbia office
109 Midlands Court Suite B West Columbia, SC 29169
(803) 791-7175 Fax: (803) 791-7176



**MS SARAH A FOLSTON**
Female DOB: 56053 Home:

02/27/2015 - Office Procedure: Nerve Root Block
Provider: Justin K Hutcheson MD
Location of Care: Carolinas Center for Advanced Mgmt of Pain-Columbia office

## Fluoroscopically Guided Selective Nerve Root Block/Transforaminal Epidural Steroid Injection

### Indications:
degenerative disk disease
Risks and benefits of procedure discussed with patient including headache, soreness, lack of response, bleeding, infection, nerve irritation.
Review of Systems: negative for fever, chills, allergy to shellfish, idodine, dye, steroid, local anesthetic, incontinence, bleeding disorder, use of plavix/coumadin/ticlid/lovenox, uncontrolled diabetes.
plan right L5 selective nerve root block

### Procedure:
After informed consent was obtained, the patient was placed in the prone position and the back was prepped with Betadine and draped in the usual sterile fashion. The position of the right L5 vertebrae was localized using fluoroscopy. Local anesthesia was administered using a 27 gauge needle and 1% Lidocaine. Under fluoroscopic guidance, a 22 gauge Chiba spinal needle was advanced to the 6:00 position under the pedicle of the right L5 vertebra. Following negative aspiration, 0.2cc of Omnipaque was injected to delineate the nerve root and document flow into the epidural space. Following verification of needle position, a solution of 1 cc normal saline, cc of % , and 40mg Triamcinolone was injected. The needle was removed and the puncture wound was dressed.

### Observations
- The patient was monitored for an appropriate length of time after the procedure and then discharged home, in good condition, with a driver.
- The patient was instructed to refrain from driving for 12 hours and to contact the office immediately if any of the following were noted: new or different pain in the back,loss of bladder or bowel control, new pain, numbness or weakness of the legs, redness or drainage from the needle insertion site.
- No sedation was given.
- The patient tolerated the procedure well.

**The following complications were noted:**
None

### Pain Level
The patient noted a decrease in pain following the injection.
**Additional Comments:** rtc 2 weeks
if no relief- consider Spinal cord stimulator - dvd given
**Orders**
Return for follow-up 2 weeks [xxxxx]
Lumbar SNRB [64483]
Triamcinolene 10mg [J3301]

**Updated Medication List**

121

**Carolinas Center for Advanced Mgmt of Pain-Columbia office**
109 Midlands Court Suite B West Columbia, SC 29169
(803) 791-7175 Fax: (803) 791-7176



**MS SARAH A FOLSTON**
Female DOB: 56053

Home:

PROVIGIL 200 MG TABS (MODAFINIL) 1 Qam

**Electronically signed by Justin K Hutcheson MD on 02/27/2015 at 11:18 AM**

122

Carolinas Center for Advanced Mgmt of Pain-Columbia office
109 Midlands Court Suite B, West Columbia, SC 29169
(803) 791-7175 Fax: (803) 791-7176



# Referral Form

| | | | |
|---|---|---|---|
| **Authorizing Provider:** | Justin K Hutcheson | **Service Provider:** | |
| **Signing Provider:** | Justin K Hutcheson | | |
| **Phone:** | (864) 583-0053 | **Phone:** | |
| **Fax:** | (864) 583-0390 | **Fax:** | |

| | | | | | |
|---|---|---|---|---|---|
| **Patient Name:** | SARAH A FOLSTON | **DOB:** | | **Age:** | 57 Years |
| **Home Phone:** | | **Sex:** | F | **SSN:** | |
| **Work Phone:** | | | | | |
| **Resp. Provider:** | Justin K Hutcheson | | | | |

| Code | Description | Diagnoses |
|---|---|---|
| xxxxx | Return for follow-up 2 weeks | DEGENERATIVE DISC DISEASE - LUMBAR SPINE (ICD-722.52) |

**Order Number:** 381046-1
**Auth#:**
**Maximum Visits:** 0
**Start Date:** 02/27/2015 **End Date:** 03/13/2015
**Duration:** 2 Weeks
**Electronically signed by:** Justin K Hutcheson
**Signed on:** 2/27/2015 11:17:32AM
**Reason:**

*Report run by Wanda Beam*

123

**Carolinas Center for Advanced Management of Pain**
1330 Boiling Springs Rd Suite 2700 Spartanburg, SC 29303
(864) 583-0053 Fax: (864) 583-0390



**MS SARAH A FOLSTON** Home:
Female DOB: 56053

**03/11/2015 - Office Visit: Follow-Up Pain**
**Provider: Justin K Hutcheson MD**
**Location of Care: Carolinas Center for Advanced Mgmt of Pain-Columbia office**

## Follow-Up Visit

**Chief Complaint:** back rle
**History of Present Illness:** This is a 57 Years Old patient referred by Dr. LAMOTTA for evaluation of back pain.
Pain started after incident @ work where she was assisting a patient in a wheelchair- the patient pushed her down causing her to land on right elbow and right hip.
Pt notes back pain to right heel.
Diagnostically:
R elbow 3/11- neg
pelvis xrays 3/11- wnl
pelvis mri 10/11- wnl
emg rle 5/140 wnl
CT myelogram L spine 5/14- L4/5 bulge, possible R tear, facet, L5/s1 degenerative disk disease, vacuum disc, small R hnp sbuts R s1, mod R NFS, mod facet, mild L NFS
l mri 9/13- L3/4 biforaminal bulge, facet, L4/5 shallow ptrosuion, facet, contacts bilat L5, L5/s1 bulge, R formainal, mild delfection R s1, mod b nfs

Therapeutically:
Dr. LaMotta- consider sx if condition worsens
Right l5 selective nerve root block

**Location Of Pain:** back rle
**Description Of Pain:** Sharp, Aching
**Activity:** Stayed The Same
**Did Medications Help?** No
**Did Injection Help?** Yes
**Is the patient taking any new medications?** No
**Does the patient have any new medical or surgical problems?** No
**Is the patient experiencing increased sadness, anxiety, or family problems?** No

## Past, Family, and Social History

**Past History (Reviewed - No Changes Since Last Visit):** pmh:neg

sxhx:btl, hys
meds:
prior meds:

**Family History (Reviewed - No Changes Since Last Visit):** mi
**Social History (Reviewed - No Changes Since Last Visit):** no etoh, tob, ivdu, divorced 2 kids high school

## Review of Systems

**Musculoskeletal:** back rle

124

Carolinas Center for Advanced Management of Pain
1330 Boiling Springs Rd Suite 2700 Spartanburg, SC 29303
(864) 583-0053 Fax: (864) 583-0390



**MS SARAH A FOLSTON**
Female DOB: 56053 Home:

**Skin:** denies rash, itching, dryness, suspicious lesions
**Neurologic:** denies transient paralysis, weakness, paresthesias, seizures, syncope, tremors, vertigo
**Psychiatric:** denies depression, anxiety, memory loss, mental disturbance, suicidal ideation, hallucinations, paranoia
**Endocrine:** denies cold intolerance, heat intolerance, polydipsia, polyphagia, polyuria, weight change
**Hematologic/Lymphatic:** denies abnormal bruising, bleeding, enlarged lymph nodes
**Allergic/Immunologic:** denies urticaria, hay fever, persistent infections, HIV exposure

## Physical Exam

### General

**General appearance:** well developed, well nourished, no acute distress
**Communication ability:** communicates by voice, normal quality
**Gait and station:** Normal

### Psychiatric

**Mental Status:** AAO x3
**Judgement/Insight:** Intact
**Mood/Affect:** Appropriate

## Assessment

**Comments:** 57 yo female with back and rle pain with > 50% relief 1 week selective nerve root block #1- repeat selective nerve root block. Consider Spinal cord stimulator if no relief.

## Plan

right L5 selective nerve root block 1 week

**Current Medication List:**
PROVIGIL 200 MG TABS (MODAFINIL) 1 Qam

**New Orders:**
Expanded [99213]
Return for SNRB [xxxxx]

**Electronically signed by Justin K Hutcheson MD on 03/12/2015 at 8:32 AM**

125

Carolinas Center for Advanced Management of Pain
1330 Boiling Springs Rd Suite 2700 Spartanburg, SC 29303
(864) 583-0053 Fax: (864) 583-0390

Corvel Scan Date: 4/17/2015
*April 14, 2015*
Page 1
Office Procedure

**MS SARAH A FOLSTON**
Female DOB: 56053
Home:

**04/07/2015 - Office Procedure: Nerve Root Block**
**Provider: Justin K Hutcheson MD**
**Location of Care: Carolinas Center for Advanced Mgmt of Pain-Columbia office**

## Fluoroscopically Guided Selective Nerve Root Block/Transforaminal Epidural Steroid Injection

### Indications:
degenerative disk disease
Risks and benefits of procedure discussed with patient including headache, soreness, lack of response, bleeding, infection, nerve irritation.
Review of Systems: negative for fever, chills, allergy to shellfish, idodine, dye, steroid, local anesthetic, incontinence, bleeding disorder, use of plavix/coumadin/ticlid/lovenox, uncontrolled diabetes.
plan right L5 selective nerve root block
> 50% relief 1 week selective nerve root block #1

### Procedure:
After informed consent was obtained, the patient was placed in the prone position and the back was prepped with Betadine and draped in the usual sterile fashion. The position of the right L5 vertebrae was localized using fluoroscopy. Local anesthesia was administered using a 27 gauge needle and 1% Lidocaine. Under fluoroscopic guidance, a 22 gauge Chiba spinal needle was advanced to the 6:00 position under the pedicle of the right L5 vertebra. Following negative aspiration, 0.2cc of Omnipaque was injected to delineate the nerve root and document flow into the epidural space. Following verification of needle position, a solution of 1cc normal saline, cc of % , and 40mg Triamcinolone was injected. The needle was removed and the puncture wound was dressed.

### Observations
- The patient was monitored for an appropriate length of time after the procedure and then discharged home, in good condition, with a driver.
- The patient was instructed to refrain from driving for 12 hours and to contact the office immediately if any of the following were noted: new or different pain in the back,loss of bladder or bowel control, new pain, numbness or weakness of the legs, redness or drainage from the needle insertion site.
- No sedation was given.
- The patient tolerated the procedure well.

**The following complications were noted:**
None

### Pain Level
The patient noted a decrease in pain following the injection.
**Additional Comments:** rtc 1 mo
**Orders**
Return for follow-up 1 month [xxxxx]
Lumbar SNRB [64483]
Triamcinolene 10mg [J3301]

**Updated Medication List**

126

Carolinas Center for Advanced Management of Pain
1330 Boiling Springs Rd Suite 2700 Spartanburg, SC 29303
(864) 583-0053 Fax: (864) 583-0390



**MS SARAH A FOLSTON**
Female DOB: 56053

Home:

PROVIGIL 200 MG TABS (MODAFINIL) 1 Qam

**Electronically signed by Justin K Hutcheson MD on 04/07/2015 at 10:50 AM**

127

Carolinas Center for Advanced Mgmt of Pain-Columbia office
109 Midlands Court Suite B, West Columbia, SC 29169
(803) 791-7175 Fax: (803) 791-7176



# Referral Form

| | | | |
|---|---|---|---|
| Authorizing Provider: | Justin K Hutcheson | Service Provider: | |
| Signing Provider: | Justin K Hutcheson | | |
| Phone: | (864) 583-0053 | Phone: | |
| Fax: | (864) 583-0390 | Fax: | |
| Patient Name: | SARAH A FOLSTON | DOB: | Age: 57 Years |
| Home Phone: | | Sex: F | SSN: |
| Work Phone: | | | |
| Resp. Provider: | Justin K Hutcheson | | |

| Code | Description | Diagnoses |
|---|---|---|
| XXXXX | Return for follow-up 1 month | DEGENERATIVE DISC DISEASE - LUMBAR SPINE (ICD-722.52) |

Order Number: 385521-1
Auth#:
Maximum Visits: 0
Start Date: 04/07/2015 End Date: 05/05/2015
Duration: 4 Weeks
Electronically signed by: Justin K Hutcheson
Signed on: 4/7/2015 10:50:02AM
Reason:

*Report run by Wanda Beam*

128

**Carolinas Center for Advanced Mgmt of Pain-Columbia office**
109 Midlands Court Suite B West Columbia, SC 29169
(803) 791-7175 Fax: (803) 791-7176



**MS SARAH A FOLSTON**
Female DOB: 56053 Home:

**05/08/2015 - Office Visit: Follow-Up Pain**
**Provider: Justin K Hutcheson MD**
**Location of Care: Carolinas Center for Advanced Mgmt of Pain-Columbia office**

## Follow-Up Visit

**Chief Complaint:** back rle
**History of Present Illness:** This is a 57 Years Old patient referred by Dr. LAMOTTA for evaluation of back pain.
Pain started after incident @ work where she was assisting a patient in a wheelchair- the patient pushed her down causing her to land on right elbow and right hip.
Pt notes back pain to right heel.
Diagnostically:
R elbow 3/11- neg
pelvis xrays 3/11- wnl
pelvis mri 10/11- wnl
emg rle 5/140 wnl
CT myelogram L spine 5/14- L4/5 bulge, possible R tear, facet, L5/s1 degenerative disk disease, vacuum disc, small R hnp sbuts R s1, mod R NFS, mod facet, mild L NFS
l mri 9/13- L3/4 biforaminal bulge, facet, L4/5 shallow protrusion, facet, contacts bilat L5, L5/s1 bulge, R formainal, mild delfection R s1, mod b nfs

Therapeutically:
Dr. LaMotta- consider sx if condition worsens
Right l5 selective nerve root block x2- 1 week relief

Since last relief- 1 week relief selective nerve root block #2- still having back pain to right foot. Notes pain to anterior knee, posterior knee thru to r foot

**Location Of Pain:** back rle
**Description Of Pain:** Sharp, Aching
**Pain Rating:** 5
**Activity:** Stayed The Same
**Did Medications Help?** Yes
**Did Injection Help?** Yes
**Does the patient have any new medical or surgical problems?** No
**Is the patient experiencing increased sadness, anxiety, or family problems?** No

## Past, Family, and Social History

**Past History (Reviewed - No Changes Since Last Visit):** pmh:neg

sxhx:btl, hys
meds:
prior meds:

**Family History (Reviewed - No Changes Since Last Visit):** mi
**Social History (Reviewed - No Changes Since Last Visit):** no etoh, tob, ivdu, divorced 2 kids high school

129

Carolinas Center for Advanced Mgmt of Pain-Columbia office
109 Midlands Court Suite B West Columbia, SC 29169
(803) 791-7175 Fax: (803) 791-7176



MS SARAH A FOLSTON
Female DOB: 56053
Home:

## Review of Systems

**General:** denies fevers, chills, sweats, anorexia, fatigue, malaise, weight loss
**Eyes:** denies blurring, diplopia, irritation, discharge, vision loss, eye pain, photophobia
**Ear/Nose/Throat:** denies ear pain or discharge, tinnitus, decreased hearing, nasal obstruction or discharge, nosebleeds, sore throat, hoarseness, dysphagia
**Cardiovascular:** Denies chest pain, palpitations, syncope, dyspnea on exertion, orthopnea, PND, peripheral edema
**Respiratory:** Denies cough, dyspnea, excessive sputum, hemoptysis, wheezing
**Gastrointestinal:** Denies nausea, vomiting, diarrhea, constipation, change in bowel habits, abdominal pain, melena, hematochezia, jaundice
**Genitourinary:** bladder control
**Musculoskeletal:** back rle
**Skin:** denies rash, itching, dryness, suspicious lesions
**Neurologic:** denies transient paralysis, weakness, paresthesias, seizures, syncope, tremors, vertigo
**Psychiatric:** denies depression, anxiety, memory loss, mental disturbance, suicidal ideation, hallucinations, paranoia
**Endocrine:** denies cold intolerance, heat intolerance, polydipsia, polyphagia, polyuria, weight change
**Hematologic/Lymphatic:** denies abnormal bruising, bleeding, enlarged lymph nodes
**Allergic/Immunologic:** denies urticaria, hay fever, persistent infections, HIV exposure

## Vital Signs

## Physical Exam

### General

**General appearance:** well developed, well nourished, no acute distress
**Communication ability:** communicates by voice, normal quality
**Gait and station:** Normal

### Psychiatric

**Mental Status:** AAO x3
**Judgement/Insight:** Intact
**Mood/Affect:** Appropriate

### Thoracolumbar

**ROM:** Decreased in all directions
**Patrick's Test:** Negative
**Straight Leg Raise:** Positive
**Palpation:** Tender
Facets
**Comments:** R L3-s1

## Assessment

**Comments:** 57 yo female with back pain to right foot in L4 and L5 pattern. Short-term relief from selective nerve root block #2- add L4 level.

## Plan

130

**Carolinas Center for Advanced Mgmt of Pain-Columbia office**
109 Midlands Court Suite B West Columbia, SC 29169
(803) 791-7175 Fax: (803) 791-7176



**MS SARAH A FOLSTON**
Female DOB: [redacted]
56053

Home:

right l4 and l5 selective nerve root block

**Current Medication List:**
PROVIGIL 200 MG TABS (MODAFINIL) 1 Qam

**New Orders:**
Return for SNRB [xxxxx]
Expanded [99213]

**Electronically signed by Justin K Hutcheson MD on 05/08/2015 at 2:34 PM**

131

Carolinas Center for Advanced Mgmt of Pain-Columbia office
109 Midlands Court Suite B, West Columbia, SC 29169
(803) 791-7175 Fax: (803) 791-7176



# Referral Form

| | | | |
|---|---|---|---|
| **Authorizing Provider:** | Justin K Hutcheson | **Service Provider:** | |
| **Signing Provider:** | Justin K Hutcheson | | |
| **Phone:** | (864) 583-0053 | **Phone:** | |
| **Fax:** | (864) 583-0390 | **Fax:** | |

| | | | |
|---|---|---|---|
| **Patient Name:** | SARAH A FOLSTON | **DOB:** | **Age:** 57 Years |
| **Home Phone:** | | **Sex:** F | **SSN:** |
| **Work Phone:** | | | |
| **Resp. Provider:** | Justin K Hutcheson | | |

| Code | Description | Diagnoses |
|---|---|---|
| XXXXX | Return for SNRB | DEGENERATIVE DISC DISEASE - LUMBAR SPINE (ICD-722.52) |

| | | | |
|---|---|---|---|
| **Order Number:** | 389625-1 | | |
| **Auth#:** | | | |
| **Maximum Visits:** | 0 | | |
| **Start Date:** | 05/08/2015 | **End Date:** | 06/05/2015 |
| **Duration:** | 4 Weeks | | |
| **Electronically signed by:** | Justin K Hutcheson | | |
| **Signed on:** | 5/8/2015 2:34:53PM | | |
| **Reason:** | right L4 and l5 selective nerve root block 1-2 weeks | | |

*Report run by Wanda Beam*

132

Corvel Scan Date: 7/20/2015
**Carolinas Center for Advanced Mgmt of Pain - Spartanburg Office**
1330 Boiling Springs Road Suite 2700 Spartanburg, SC 29303
(864) 583-0053 Fax: (864) 583-0390



**MS SARAH A FOLSTON** Home:
Female DOB: 56053

**07/14/2015 - Office Visit: Follow-Up Pain**
**Provider: Justin K Hutcheson MD**
**Location of Care: Carolinas Center for Advanced Mgmt of Pain-Columbia office**

## Follow-Up Visit

**Chief Complaint:** back ble
**History of Present Illness:** Since last visit- only temp relief form selective nerve root block- does not want anymore injections
NExt step was seeing Dr. LaMotta for sx options- she is ready to pursue this

**Location Of Pain:** back ble
**Description Of Pain:** Sharp, Aching
**Pain Rating:** 7
**Activity:** Stayed The Same
**Did Injection Help?** No
**Is the patient taking any new medications?** No
**Does the patient have any new medical or surgical problems?** No
**Is the patient experiencing increased sadness, anxiety, or family problems?** No

## Past, Family, and Social History

**Past History (Reviewed - No Changes Since Last Visit):** pmh:neg

sxhx:btl, hys
meds:
prior meds:

**Family History (Reviewed - No Changes Since Last Visit):** mi
**Social History (Reviewed - No Changes Since Last Visit):** no etoh, tob, ivdu, divorced 2 kids high school

## Review of Systems

**General:** denies fevers, chills, sweats, anorexia, fatigue, malaise, weight loss
**Eyes:** denies blurring, diplopia, irritation, discharge, vision loss, eye pain, photophobia
**Ear/Nose/Throat:** denies ear pain or discharge, tinnitus, decreased hearing, nasal obstruction or discharge, nosebleeds, sore throat, hoarseness, dysphagia
**Cardiovascular:** Denies chest pain, palpitations, syncope, dyspnea on exertion, orthopnea, PND, peripheral edema
**Respiratory:** Denies cough, dyspnea, excessive sputum, hemoptysis, wheezing
**Gastrointestinal:** Denies nausea, vomiting, diarrhea, constipation, change in bowel habits, abdominal pain, melena, hematochezia, jaundice
**Genitourinary:** bladder control
**Musculoskeletal:** back rle
**Skin:** denies rash, itching, dryness, suspicious lesions
**Neurologic:** denies transient paralysis, weakness, paresthesias, seizures, syncope, tremors, vertigo
**Psychiatric:** denies depression, anxiety, memory loss, mental disturbance, suicidal ideation, hallucinations, paranoia
**Endocrine:** denies cold intolerance, heat intolerance, polydipsia, polyphagia, polyuria, weight change

133

Carolinas Center for Advanced Mgmt of Pain - Spartanburg Office
1330 Boiling Springs Road Suite 2700 Spartanburg, SC 29303
(864) 583-0053 Fax: (864) 583-0390

Corvel Scan Date: 7/20/2015



**MS SARAH A FOLSTON**
Female DOB: Home:
56053

**Hematologic/Lymphatic:** denies abnormal bruising, bleeding, enlarged lymph nodes
**Allergic/Immunologic:** denies urticaria, hay fever, persistent infections, HIV exposure

## Vital Signs
P: 77 BP: 124/82

## Physical Exam
### General
**General appearance:** well developed, well nourished, no acute distress
**Communication ability:** communicates by voice, normal quality
**Gait and station:** Normal

### Psychiatric
**Mental Status:** AAO x3
**Judgement/Insight:** Intact
**Mood/Affect:** Appropriate

## Assessment
**Comments:** 57 yo female with L4/5 5/s1 degenerative disc disease with stenosis with temp relief 2 esi x2- now with lle pain as well as rle pain. REfer back to Dr. LaMotta per pt request- she did not tolerate pain meds and muscl relaxants well.

## Plan
referral back to Dr LaMotta

**Current Medication List:**
PROVIGIL 200 MG TABS (MODAFINIL) 1 Qam

**New Orders:**
Referral to Spine Surgeon [XXXXX]
Expanded [99213]

**Electronically signed by Justin K Hutcheson MD on 07/14/2015 at 11:00 AM**

134

**Carolinas Center for Advanced Mgmt of Pain-Columbia office**
109 Midlands Court Suite B, West Columbia, SC 29169
(803) 791-7175 Fax: (803) 791-7176



# Referral Form

| | | | |
|---|---|---|---|
| **Authorizing Provider:** | Justin K Hutcheson MD | **Service Provider:** | |
| **Signing Provider:** | Justin K Hutcheson MD | | |
| **Phone:** | (864) 583-0053 | **Phone:** | |
| **Fax:** | (864) 583-0390 | **Fax:** | |

| | | | |
|---|---|---|---|
| **Patient Name:** | SARAH A FOLSTON | **DOB:** | **Age:** 57 Years |
| **Home Phone:** | | **Sex:** F | **SSN:** |
| **Work Phone:** | | | |
| **Resp. Provider:** | Justin K Hutcheson MD | | |

| Code | Description | Diagnoses |
|---|---|---|
| XXXXX | Referral to Spine Surgeon | DEGENERATIVE DISC DISEASE - LUMBAR SPINE (ICD-722.52) |

**Order Number:** 397093-1
**Auth#:**
**Maximum Visits:** 0
**Start Date:** 07/14/2015 **End Date:** 07/28/2015
**Duration:** 2 Weeks
**Electronically signed by:** Justin K Hutcheson MD
**Signed on:** 7/14/2015 11:00:30AM
**Reason:** dr LaMotta- eval for sx options since failed esi x2 and does not want meds or injections

*Report run by Wanda Beam*

135

Corvel Scan Date: 10/13/2015

SOUTH CAROLINA DIAGNOSTIC IMAGING

Palmetto Imaging Downtown
1331 Lady Street, Columbia, SC 29201
p: (803) 256-7646 f: (803) 256-8046

PATIENT: FOLSTON, SARAH
DOB:
MRN: 1097410
PHONE: (Home)
PHYSICIAN: IVAN E LAMOTTA, MD
EXAM DATE: 09/29/2015

EXAM: MR-Lumbar Spine without contrast

REASON FOR EXAM: Lumbosacral radicular syndrome, right side , sciatica

TECHNIQUE: The following sequences were obtained on a Siemens 1.5 Tesla magnet: Coronal T2, sagittal T1, T2, STIR, axial T1 and T2.

FINDINGS: At L5-S1 there is anterior and posterior bulging of the disc with facet arthropathy right greater than left with mild lateral recess stenosis right greater than left. At L4-5 there is facet arthropathy bilaterally with hypertrophy of ligamentum flavum with impression upon the lateral aspect of the thecal sac. At L3-4 there is facet arthropathy bilaterally. The disc is well maintained. L1-2 and L2-3 the discs are well maintained. The conus is seen at L1. No soft tissue paraspinal masses are seen. There is no pathologic or traumatic marrow.

IMPRESSION:
1. Disc bulge and facet arthropathy L5-S1.
2. Facet arthropathy L4-5.

Robin Daum Kowalski, MD

RD/cr
DD: 09/29/2015 02:40 P
DT: 09/29/2015 03:35 P
Accession#: 08-2165020 VS#: 120577516 CS#: 1601533
cc:

Electronically Signed and Reviewed by Robin Daum Kowalski, MD 09/29/2015 03:46 P

136

THE DIRECTIONS GROUP
Case Management & Litigation Consulting

# EMPLOYABILITY ANALYSIS AND LABOR MARKET SURVEY

DATE: June 29, 2016

RE: Sarah Folston
ADDRESS: Columbia, SC 29210

DOB:
DOI: 03/22/2011

REASON FOR REFERRAL: The file in the matter of Ms. Sarah Folston was referred to complete an employability/transferable skills analysis and labor market survey. This analysis and survey was conducted to determine her current access to employment and anticipated earnings with respect to her physical capabilities, education, work history, geographic location and age. The information documented in this report is based on medical documentation provided by the State Accident Fund in combination with a face-to-face vocational evaluation (interview and testing assessment) of Ms. Folston.

INJURY: The subsequent information was gathered from dialog with Ms. Folston during the interview portion of the vocational evaluation. She has been unemployed since September 2013 and is currently receiving Worker's Compensation insurance from the State of South Carolina.

Ms. Folston is a 58-year-old woman, who was injured while working at Midlands Center, a residential facility of the SC Department of Disabilities and Special Needs. She was employed as a patient/care attendant at the time of the injury. She explained that she was preparing to assist a patient with his bath. This patient was in a wheelchair and she had positioned him near the doorway between the bathroom and bedroom for easy access. The patient refused to take a bath, as he normally would. As she was trying to get him up, he pushed her. She stumbled and fell, twisting to the right and landing on her right side between the two beds. She was unable to rise immediately after the fall; therefore, she indicated that she sat on the floor and was assisted by a coworker to her feet. Ms. Folston was sent to the night nurse. She was unable to complete her shift and went home.

She recalled the next day being stiff and feeling pain in her right elbow and on her right side. She called her employer and was told to come in to see the physician at the on-site clinic. When she arrived, no one was available to see her initially. Later, after being seen, she was restricted to light duty, given Ibuprofen and asked to return in seven days. She stated that due to the constant and persistent pain she was experiencing, she saw her regular physician and x-rays were taken. After the successive office visit to the on-site clinic, she was referred to see an orthopedic physician for further treatment. Ms. Folston recollected being sent to engage in physical therapy for 6 weeks. Upon completion there was no change in her symptoms. She noticed that the pain appeared to be worse. She continued treatment with the Orthopedist as well as a Pain Management Specialist. She underwent conservative treatment, describing her involvement with regular treatment visits with physicians, diagnostic testing, physical therapy,



DEFENDANT'S EXHIBIT

injections and medication. Though she had been consistent with her regimen of care, Ms. Folston reported to have continuing, constant and persistent pain in her back, right hip and leg as well as her left heel on a daily basis. She expressed that the discomfort due to this pain has affected her way of life and hampers her physical ability to do much of what she was once capable of doing.

PRESENT MEDICAL STATUS/TREATMENT: Ms. Folston was evaluated by Dr. Lamotta in November 2015. She was given restrictions and care instructions at that time. No additional visits were set for her return. A Functional Capacity Evaluation was conducted in February 2016 that provided details in regards to her physical limitations. The following month she was seen by Dr. Poletti, who suggested various treatment options, including possible surgery for the back pain.

MEDICATIONS: Ms. Folston is not currently taking prescribed medication on a scheduled basis. She indicated that Dr. Lamotta prescribed Lyrica to treat nerve pain, but it is not covered by Worker's Compensation and she does not have access to insurance or funds to self-pay. She reports taking over the counter medication for pain, digestive health and sinus issues.

MEDICAL RECORDS REVIEWED:

- Carolinas Center for Advanced Management of Pain-Justin Hutcheson, MD
- Midlands Orthopedics, P.A.-Ivan Lamotta, MD
- South Carolina Diagnostic Imaging-Robin Kowalski, MD
- Palmetto Health
- Columbia Rehabilitation Clinic, Inc.
- Grace Medical Group, LLC
- Southeastern Spine Institute-Steven Poletti, MD

VOCATIONAL RECORD REVIEWED:

- Adams & Wilkinson Vocational, Ergonomics and Medical Consulting- Glen Adams, MRC, CRC, CEES

MEDICAL RECORDS SUMMARY:

- **Carolinas Center for Advanced Management of Pain:** 5/08/15-Assessment: Back pain/right foot. Short term relief from selective nerve root block. Right L4-L5 selective nerve root block. Referral for SNRB. 7/14/15-Assessment L4-L5 Degenerative disc disease with stenosis; temporary relief with 2 ESI's. Referred back to Dr. LaMotta per request. Did not tolerate pain and muscle relaxants meds well. Referral to Dr. LaMotta. Eval for diagnostic options since failed ESI twice. Does not want meds or injections.
- **Midlands Orthopedics, P.A.:** 8/27/15-Assessment/Plan: Lumbosacral radicular syndrome, right side, Foraminal disc herniation L5-S1, L5 radiculopathy and Obesity. Sciatica. Discussion: Has signs and symptoms consistent with nerve impingement. Recommend MRI for Lumbar spine. 10/01/15- Assessment/Plan: Lumbosacral radicular syndrome, right side, Foraminal disc herniation L5-S1, L5 radiculopathy, and Obesity. Sciatica. Discussion: Believe patient would benefit from non-operative treatment. Recommend course of physical therapy for Lumbar spine and Lyrica 75 mg. Therapy may include aquatic therapy and other modalities. See in 6 weeks. May consider for minimally invasive decompression and fusion of L5-S1. 11/12/15-Assessment/Plan: Lumbosacral radicular syndrome, right side, Foraminal disc herniation L5-S1, L5 radiculopathy, and Obesity. Discussion: Patient has reached maximum medical improvement. Future medical care of repeat

orthopedic visits, repeat therapy and repeat injections. No contradictions for the patient to participate in sedentary duties. Do not see surgical indications for the patient. Qualifies for 5% whole person impairment which translates to a regional impairment of the lumbar spine of 7%.

- **South Carolina Diagnostic Imaging:** 9/29/15-Impression: Disc bulge and facet arthropathy L5-S1 and Facet arthropathy L4-5.
- **Palmetto Health:** 10/04/10-MM Bone Densitometry Dexa Scan for joint pain. Impression: Normal in density and well above average for age matched normal controls. Lumbar readings are normal, slightly below average for age matched normal controls. MM Mammogram Digital Screen Bilateral w/CAD. Impression: No malignancy. 4/19/12- MM Mammogram Digital Screen Bilateral w/CAD. Impression: No malignancy.
- **Columbia Rehabilitation Clinic, Inc.:** 10/21/15-LS/Hip Evaluation. Plan: PT 2 times a week for 12 weeks. Treatment to include strengthening exercises for LE and cervical; stretching exercises, manual therapy, modalities as needed, aerobic conditioning, postural education, and balance/proprioceptive, establish progress HEP and PT/Family Education. PT/HEP Eval. 2/17/16-Funcational Capacity Evaluation: Met the demands of limited sedentary to limited light work. Tolerates occasional walking, stairclimbing, kneeling, bending, twisting, and reaching. Does not tolerate squatting. Can lift 7 pounds-15 pounds occasionally. Can carry 14 pounds with 2 hands, 10 pounds with the right and 10 pounds with the left. Can push/pull 14.2l pounds loaded on a sled. Self-reported sitting 90 minutes and stand/walk 120 minutes. Observed to sit for 55 minutes and stand/walk for 44 minutes. Lumbar range of motion is limited. Aerobic capacity is poor and qualifies her for light work.
- **Grace Medical Group, LLC:** Formal Health Record/Consolidated.
- **Southeastern Spine Institute-Steven Poletti, MD:** 3/07/16-Diagnosis: Radiculopathy, Lumbar region. Impression: Right lumbar radiculopathy secondary to disc protrusion at L5-S1 right. Treatment Plan: Progression of disc space collapse over the five years since her injury. Do believe she has a potential surgical option. Agree with minimally invasive decompression and fusion at L5-S1 on the right and that surgery could be unpredictable and that it is certainly not mandatory. She has significant signs of radiculopathy. Agree with Dr. Lamotta that this lady had the option to consider minimally invasive decompression and fusion as recommended in October 2015. Should she undergo that fusion, her impairment rating would be roughly twice that or 28% to the whole person. She has two options- follow up with Dr. Hutchenson for further injection therapy and ongoing treatment directed towards her back and legs. She has some neuropathy and dysesthesia into the leg. Has weakness specifically to her right leg. Impairment to right lower extremity and lower extremities as a consequence of nerve damage over the 5 year period. Would place 2% to the whole person. Her current whole person impairment rating is 15% based on radiculopathy and loss of use to lower extremity secondary to radiculopathy and neuropathy. In agreement with a sedentary status with no bending, twisting, pushing, pulling, heavy repetitive lifting or lifting greater than 5 to 10 pounds. Difficulty rising from a seated position. Opinion that she is potentially a candidate to pursue Social Security Disability as she is at a sedentary status and not capable of sitting for extended periods longer than 30 minutes.

<u>SECONDARY MEDICAL CONDITIONS:</u> Ms. Folston did not mention having any additional medical conditions that she is receiving treatment for. She indicated that stress will bring on headaches and neck pain that she takes over-the-counter medication for to alleviate the symptoms.

*<u>Previous and/or Injury-Related Hospitalizations/Surgeries</u>:* Ms. Folston has undergone a hysterectomy, tubal ligation and cystectomy involving her ovary that she explained all took place over 20 years ago.

*Other Medical History:* Ms. Folston is 5 feet 3 inches tall and weighs approximately 260 pounds. She is right-hand dominant.

*SUBJECTIVE PHYSICAL LIMITATIONS:*

| | |
|---|---|
| • Vision | Wears prescribed lenses |
| • Reading/Responding | No reported problems; no observed problems |
| • Hearing | Can hear with both but left side is better |
| • Writing | No reported problems |
| • Speaking | No reported problems; no observed problems |
| • Lifting/Carrying | Able to lift up to 10 pounds |
| • Standing | Only a few minutes (no time specified) |
| • Walking | About 30 feet; Observed to pace for 10 minutes in a small area |
| • Sitting | 15 minutes; Observed to sit 45 minutes during testing |
| • Climbing | Can walk up short steps with railing but no ladders, ropes, steep stairs, etc. |
| • Stooping/Squatting | Unable to perform this activity |
| • Bending/Twisting | Difficulty with bending/twisting - feel pinching to the right and pulling to the left |
| • Kneeling | May have a hard time standing up without something to hold on to |
| • Arms/Hands (reaching) | Problems if extending to reach |
| • Comprehending | No reported problems; no observed problems |
| • Breathing | No reported problems; no observed problems |
| • Balancing | Sometimes difficulty with steadiness upon standing |

*CURRENT COMPLAINTS-SUBJECTIVE:* Near the beginning of the evaluation, Ms. Folston was asked to rate her pain level, given the numeric pain scale of 0-10 that measures pain intensity. She rated the right hip and leg pain at a moderate level of 5. She indicated that this pain is "achy...constant hurt". She went on to explain that the lower right extremity extends discomfort to the front and back of her knee and sometimes tingling in the foot. The left heel pain was rated at a 7. She described this pain as a sharp pain. Ms. Folston stated that "It feels like someone punching me in the heel or like stepping on a rock". She did not provide a specific rating for the back pain, but she reported her back is constantly sore. Irritation is increased when touching her back and prolonged movement. Prior to completion of the evaluation, the hip and right leg pain had risen to an 8. The heel pain remained at a 7.

**MEANS OF TRANSPORTATION:** Ms. Folston drives a 2005 Ford Escape with an automatic transmission, power steering and power brakes. This vehicle is in good condition. She possesses a valid South Carolina driver's license.

**SOCIO-ENVIRONMENTAL:** Ms. Folston is divorced. She and her daughter reside together in a condominium in the Columbia area. Her daughter provides assistance with chores and errands regularly. She has an adult son that will help as needed.

*FINANCIAL:* Ms. Folston receives Worker's Compensation benefits of approximately 1,015.16 monthly and monthly retirement benefits from the State of South Carolina in the amount of $312.00. She is receiving a $194.00 six-month assistance of Supplemental Nutrition Assistance Program (SNAP). She will reapply for continuance next month. She communicated concern about her financial state. She is currently unemployed with limited income. The lack of income as well as her physical ability has impeded her ability to be financially secure as she once was. The difficulty she has experienced with paying for services, such as medical expenses, has affected her access to see physicians as well as obtaining medications. Her children provide some financial assistance when they can.

*ACTIVITIES OF DAILY LIVING:* Regarding activities of daily living, Ms. Folston awakens in the mornings between the hours of 8:00 a.m. - 10:00 a.m. She will shower and dress herself without assistance. She will read her bible for a while. She typically will eat a late breakfast, which requires short preparation, usually something that can be microwaved or quickly made using the stove or oven. She may perform light household chores such as washing a few dishes, dusting, sweeping, vacuuming, laundering her own clothes and making her bed. Sometimes she will clip coupons. If the day requires her to leave the home, she and her daughter will run errands or go shopping. She reported that her daughter usually drives her where they need to go. She will visit with family and talk to her neighbor occasionally. She watches television about an hour a day. She attends church on Wednesday for bible study and Sunday for worship service. There are times that she may take her granddaughters to their dance class and occasionally attend activities that her grandchildren participate in.

In the evening, Ms. Folston will prepare a quick, easy to prepare dinner and retire to bed. She stated that she has trouble lying in bed. This posture increases her pain. She prefers resting in her recliner. This positon gives her more support on her right side.

She has not and does not smoke, use any illegal drugs or substances or alcohol. She stays away from caffeinated beverages and frequently drinks water, juice and sprite. She tries to maintain good eating habits by cooking baked and broiled meals and healthy snacking. She and her daughter will sometimes go out to eat.

**MILITARY HISTORY:** None indicated.

**PREVIOUS CONVICTIONS AND/OR VIOLATIONS:** None indicated.

**EDUCATIONAL BACKGROUND:** Ms. Folston completed high school 1975. She graduated from Uporia High School in Mississippi with a high school diploma. She was a good student, participating in the general education curriculum. She attended Florida Technical College and attained a massage therapy certificate in 2001. This certificate is current.

**EMPLOYMENT HISTORY:** For over the last 15 years, Ms. Folston had been employed with:

| | |
|---|---|
| **Employer:** | SC Department of Disabilities and Special Needs (Midlands Center) |
| **Location:** | Columbia, SC |
| **Length:** | 4 years |
| **Job Title:** | Patient/Care Attendant |

| | |
|---|---|
| **Duties:** | Provide care for individuals with mental and physical disabilities (bathing, assisting to and from daily activities, meal assistance and cleaning). |
| **Reason for leaving:** | Injury |
| **Wages:** | $700.00 bi/weekly |

| | |
|---|---|
| **Employer:** | Popeye's |
| **Location:** | Columbia, SC |
| **Length:** | 2 years |
| **Job Title:** | Prep Cook |
| **Duties:** | Prepared food to be served, cleaned kitchen, washed dishes |
| **Reason for leaving:** | Job with SCDDSN |
| **Wages:** | $7.25 per hour |

| | |
|---|---|
| **Employer:** | Absolutely Beautiful |
| **Location:** | Altamonte Springs, FL |
| **Length:** | 2 years |
| **Job Title:** | Massage Therapist |
| **Duties:** | Evaluate client to locate pain or tense areas, massage muscles and soft tissues of the body, document treatment. |
| **Reason for leaving:** | Moved to Columbia, SC |
| **Wages:** | $1,000.00 biweekly |

| | |
|---|---|
| **Employer:** | Self- Employed Child Caretaker |
| **Location:** | Orlando, FL |
| **Length:** | 3 years |
| **Job Title:** | Child Monitor |
| **Duties:** | Cared for approximately 5 to 6 children in her home. |
| **Reason for leaving:** | New job |
| **Wages:** | $50.00 per child each week |

| | |
|---|---|
| **Employer:** | Orange County School District |
| **Location:** | Orlando, FL |
| **Length:** | 7 years |
| **Job Title:** | School Bus Driver |
| **Duties:** | Picked up and dropped off students (home and school) |
| **Reason for leaving:** | Work-related issue |
| **Wages:** | $8.90 per hour |

OTHER VOCATIONAL CONSIDERATIONS: During Ms. Folston's various employments, she acquired a massage therapy certificate in 2001 and a CDL earlier in her career as a school bus driver. She has not gained any additional specialized skills from past work performed. In regards to technical and computer skills, Ms. Folston indicated that she is familiar with basic operations, such as texting on her phone, performing internet searches and looking at Facebook. She often asks her daughter for assistance with computer related matters.

Ms. Folston indicated that she has not actively searched for other employment since leaving Midlands Center. We discussed state agency assistance with finding employment through avenues such as South

Carolina Vocational Rehabilitation and the South Carolina Department of Employment and Workforce. She has not sought out services through these agencies.

RESULTS OF VOCATIONAL TESTING: The following tests were administered with results indicated.

*Revised BETA Examination (BETA III):* Ms. Folston was administered the Revised BETA III Examination. The results for this test were as follows:

| | |
|---|---|
| Sum of scale scores | 42 |
| BETA IQ | 88 |
| Percentile | 21.0 |

**Norm used: Ages55-64 years*

Results from this test results indicate an IQ representing a low average intelligence. When the scores were calculated to include the Standard Error of Measurement (SEM) at a 95% confidence, the following confidence span of IQ ranges emerged:

- 79 through 97 (Borderline to Average)

There is a 95% chance that Ms. Folston nonverbal intelligence falls within this range.

*Self-Directed Search–Form R, 4th edition:* Ms. Folston completed the Self-Directed Search to determine her pattern of vocational interests and competencies.

Based on the results of this inventory, Ms. Folston's highest-rating was "Social". Social individuals are usually described as convincing, cooperative, friendly, generous, idealistic, and responsible. These individuals generally like occupations in the educational and social services fields.

Her second-ranking category of interest was "Enterprising". Enterprising individuals like to persuade or direct others. They are described as acquisitive, agreeable, energetic, optimistic, self-confident, and sociable. They usually have leadership and public speaking abilities.

Her third-ranking category of interest was "Conventional". These individuals are described as conforming, practical, careful, thrifty, efficient, orderly, persistent, and conscientious. These individuals generally like activities that involve explicit, ordered systematic manipulation of data to meet predictable organizational demands or specific standards.

Individuals scoring highest in the category of SEC tend to be successful in, but not limited to, positions such as Psychiatric Aide, Community Program Aide, and Traffic Dispatcher. Category combinations of CES, CSE, ECS, ESC and SCE indicate interest in positions such as Social Services Aide, Telephone Operator, Telephone Solicitor, Hospital Admitting Clerk, Cashier and Receptionist.

BEHAVIORAL OBSERVATIONS: Ms. Folston and this Consultant met for the vocational evaluation at the Samuels Law Firm in Columbia, SC. She drove independently to the office from her home in the Columbia, SC area. Upon my arrival, Ms. Folston was seated in the waiting area of the office. Mr. Samuels' senior paralegal greeted and introduced this Consultant to Ms. Folston. She assisted Ms. Folston

to rise from a couch and we walked across the hall to a conference room. At the onset of the evaluation, Ms. Folston appeared anxious. I explained to her that I was not a vocational counselor who would be assisting her with job searching and placement, but I was only asked to assess and evaluate her vocational potential based on information acquired from the evaluation as well as her residual limitations provided by medical documentation provided. She was encouraged to stand and move about as she needed to. It was explained that if at any time during the evaluation she needed to take a break, it would be fine to do so. Overall, she presented with a positive demeanor and confirmative attitude towards participating in the evaluation. She was dressed and groomed appropriately. She displayed good orientation, stream of thought, and concentration throughout the duration of the evaluation.

The setting was well lit, spacious and comfortable. Ms. Folston and I were seated at a large conference table in cushioned, high backed chairs. She stood and paced two times for about 10 to 15 minutes each time during the interview portion of the evaluation and stood once after completion of testing. We took a 5 minute break prior to vocational testing. Each time she stood, she rose slowly, using the conference table for balance. There was noticeable difficultly with her ability to stand upright from a seated position. As she would pace, she held her lower back and walked back and forth at a slow pace. The evaluation was 3 hours and 30 minutes in duration. After completion of the evaluation, Mr. Samuels' senior paralegal and I discussed additional documentation and records pertaining to Ms. Folston's case.

EMPLOYABILITY ANALYSIS/TRANSFERABLE SKILLS ANALYSIS (TSA): An OASYS Transferable Skills Analysis was completed to determine if Ms. Folston developed skills during her work history that could be transferred to other occupations. The pre-injury resulting profile identified the following previous work history: Psychiatric Aide, Kitchen Helper, Masseur/Masseuse, Child Monitor, and Bus Driver. Ms. Folston's work history indicates a specific vocational profile of 4. An SVP of 4 is indicative of semi- skilled work, suggesting that it took at least 3 to 6 months to learn the techniques, acquire the information, and develop the facility for average performance of these occupations. Her work history demonstrates work fields in the areas of health caring-medical, cleaning, accommodating, and transporting. The Material, Product, Subject Matter and Services category for the occupations in her past work are medical assistant, aide, and attendant services; meal services, except domestic: domestic, building, and person services, other; domestic services; local/suburban transit and interurban highway passenger transportation.

Ms. Folston's work history display general educational development (GED) levels of 2 in the area of reasoning, 3 in the area of mathematics, and 3 in the area of language. There was an average level of education within the reasoning and language areas. Typically, these levels encompass the need for formal education.

The physical demand level of occupations in Ms. Folston's work history required medium exertion. She would occasionally be required to finger. Frequently she would stoop, crouch, feel, talk, hear, use near acuity, visual accommodation and color vision. She would reaching, handling, use of far acuity, depth perception and field of vision constantly.

Ms. Folston's prior work required an average aptitude in areas of general learning ability, verbal, spatial aptitude, form perception, motor coordination, finger dexterity and eye-hand-foot coordination. Above average aptitude was needed for manual dexterity.

Her previous work history further required work situations or temperaments of performing routine repetitive work, performing a variety of duties, performing under stress, dealing with people, and making judgements and decisions. Work functions surrounding data required Ms. Folston to compile, compute and compare. These positions required speaking-signaling, serving, and taking instructions-helping people. With regards to things, she would drive-operate, manipulate and handle.

No relevant transferable occupations were identified as a result of the analysis but given Ms. Folston's age, demonstrated work ability, job skills, tested ability, education, and physical limitations, there are possible jobs in the current labor market that she would be successful in. The jobs mentioned below take into consideration all of the aforementioned characteristics. Some positions may require the completion of a brief period of orientation and/or on the job training.

PHYSICAL LIMITATIONS/RETURN TO WORK GUIDELINES: Ms. Folston was seen by Dr. Ivan Lamotta on 11/12/15, at which time he documented she had reached maximum medical improvement. He rated her at a 5% whole person impairment with translates to a regional impairment of the lumbar spine of 7%. He did not feel that there were contradictions for Ms. Folston's participation in sedentary duties. He provided additional information relating to her future medical care as well. Three months preceding her release from Dr. Lamotta's care, a Functional Capacity Evaluation was completed. It specified that her physical level met a limited sedentary to limited light work demand. Details surrounding her abilities included a toleration of only occasional walking, stairclimbing, kneeling, bending, twisting, and reaching; no squatting; ability to lift 7 pounds -15 pounds occasionally and carry 14 pounds with 2 hands, specifying 10 pounds with the right and 10 pounds with the left; and a push/pull ability of 14.2 pounds loaded on a sled. Ms. Folston's self-reported sitting capacity was 90 minutes and stand/walk capacity of 120 minutes. She was observed to sit for 55 minutes and stand/walk for 44 minutes. Her lumbar range of motion was limited and aerobic capacity is poor, which qualified her for light work. On 3/07/16, an evaluation was conducted by Dr. Steven Poletti. He diagnosed her with Radiculopathy, Lumbar region. He agreed with Dr. Lamotta's option, in October 2015, to consider minimally decompression and fusion at L5-S1 on the right. He stated that the surgery could be unpredictable and was not mandatory. If she underwent this surgery, it would increase her impairment to the whole person. Dr. Poletti made two suggestions regarding Ms. Folston's care, which were to follow up with Dr. Hutchenson for further injection therapy as well as receive ongoing treatment directed towards her back and legs. The impairment to the right lower extremity and lower extremities would place her at 2% to the whole person. Her current whole person impairment rating is 15% based on Radiculopathy and loss of use to lower extremity secondary to radiculopathy and neuropathy. Dr. Poletti agreed with a sedentary status including no bending, twisting, pushing, pulling, heavy repetitive lifting or lifting greater than 15 to 10 pounds. He mentioned that she is potentially a candidate to pursue Social Security Disability as she is at a sedentary status and not capable of sitting for extended periods longer than 30 minutes.

Given the subjective information provided by Ms. Folston and the objective medical documentation provided by the physicians and results of the Functional Capacity evaluation, it is perceived that she could perform employment in the strength capacity range of the sedentary. Utilizing objective documentation along with her subjective statements, occupations at the sedentary strength level were researched.

As a guideline, *The Dictionary of Occupational Titles, Revised Fourth Edition* describes sedentary as follows:

Sedentary Work–Exerting up to 10 pounds of force occasionally (1/3rd of time) and/or a negligible amount of force frequently (1/3rd to 2/3rd of time) to lift, carry, push or otherwise move objects. Involves sitting most of the time, but may involve walking or standing for brief periods.

LABOR MARKET SURVEY (LMS) AND REVIEW: In considering return to work options for Ms. Folston, a labor market survey and review was completed to establish whether jobs currently exist in the Columbia South Carolina area that reflect her demonstrated and tested abilities as well as meets her physical limitations. This information was determined given age, education, skills, worker traits, and the medically stated restriction guidelines. In addition to examining the current job market, occupational statistical data from 2015 were reviewed.

As a result of the labor market survey review, to gain access to occupations indicated, an extensive electronic search of employment was performed. This search yielded positions that fall within the guidelines of her limitations physically and vocationally. Utilizing the US Department of Labor's Bureau of Labor Statistics data for 2015, occupations consistent with occupations identified in the labor market search were listed, along with the number of jobs available and wages. This information has been categorized and arranged in a convenient table.

Positions identified were as follows: Cashier, Appointment Setter, Attendance Monitor, Switchboard Operator, PBX Operator, Mortgage Loan Processor and Telemarketer. The posted wages for the above occupations range from $7.25/hourly or $6,900.00 annually for part time employment and $12.00/hour or $21,600.00 annually for full time employment.

The information contained in the MSA is compiled by the Bureau of Labor Statistics and is made up of one or more counties and consists of a core area containing a substantial population nucleus, together with adjacent communities having a high degree of economic and social integration with that core. Each MSA must have at least one urbanized area of 50,000 or more inhabitants.

| POSITION | COMPANY | BRIEF DESCRIPTION | SALARY |
|---|---|---|---|
| Cashier (PT) | Republic Parking | Take payment for parking, count money and make change, monitor and assist customers. | $7.25/hour |
| Appointment Setter (PT) Flexible hours | Sears | Interact with store customers, discuss home needs and possible services of interest. Solicit scheduling of home improvement estimates; generate leads, may have the opportunity from time to time to attend trade shows. | $10.50/hour + Bonuses |
| Attendance Monitor (PT-schedule based on availability of the employee) | USC-Columbia | Monitor student-athletes' class attendance, completing daily attendance reports to be submitted to Attendance Monitor Program Coordinator. | $8.00/hour |

| | | | |
|---|---|---|---|
| Switchboard Operator | Palmetto Baptist | Answering and forwarding telephone calls. Initiate lifesaving communications in emergency situations. Maintain logs of daily activity, provide afterhours service and maintain on call schedules for multiple hospital departments. | Not Disclosed |
| PBX Operator | The Regional Medical Center | Receives and directs incoming and outgoing calls. Provide routine information to callers. Provide means of contact for physician and other staff outside normal office hours. Responds in a timely manner to alarms and codes and take appropriate action to notify all parties. Informs telephone repair service of any trouble lines. | Not Disclosed |
| Mortgage Loan Processor (Trainee position) | FGP International | Verifies, compiles and documents information for mortgage loans. Review loan application file, gathers information to make loan determination. | $12.00/Hour |
| Telemarketer (PT) | State Farm | Develop leads. Schedule appointments. Identify customer needs, and market appropriate products and services. Work with the agent to establish and meet marketing goals. | Not Disclosed |

General information pertaining to these occupations, including wage estimates and numbers of positions in the areas indicated are as follows:

**May 2015 Metropolitan and Nonmetropolitan Area Occupational Employment and Wage Estimates Columbia SC area, US Department of Labor, Bureau of Labor Statistics**

| | Wage Estimates | | |
|---|---|---|---|
| Occupation Title | Median Hourly | Mean Hourly | Mean Annually |
| Cashiers (10,250) | $8.63 | $8.70 | $18,100 |
| Interviewers, Except Eligibility and Loan (610) | $13.80 | $14.27 | $29,670 |
| Receptionists and Information Clerks (2,670) | $12.47 | $13.01 | $27,070 |

| | | | |
|---|---|---|---|
| Switchboard Operators, Including Answering Service (310) | $12.58 | $13.06 | $27,170 |
| Loan Interviewers and Clerks (430) | $17.47 | $17.60 | $36,600 |
| Telemarketers (**Estimates not released) | $12.96 | $12.77 | $26,570 |

**Note: Information inside parenthesis is indicative of number of jobs in the area.*

CONCLUSIONS: Ms. Sarah Folston is a 58-year-old woman who was employed with the Department of Disabilities and Special Needs. On 3/22/11, she sustained on the job injuries at her work location (Midlands Center) that have affected her back, right hip and leg and left heel. She has undergone conservative treatment, which involved regular physician treatment, diagnostic testing, physical therapy, injections and medication. She reported that she has not gained much pain relief from the methods of treatment. She is continuing to experience persistent pain and discomfort to the injured areas. Due to her inability to resume her position at Midlands Center, she was subsequently released from employment.

Ms. Folston was deemed to be at maximal medical improvement and given sedentary duty restrictions by Dr. Ivan Lamotta in November 2015. He rated her at a 5% whole person impairment which translates to a regional impairment of the lumbar spine of 7%. A recent Functional Capacity Evaluation performed in February 2016 indicated a physical level of limited sedentary to limited light work demand. Specific restrictions were mentioned. Dr. Steven Poletti evaluated Ms. Folston on 3/07/16 and indicated that the impairment to the right lower extremity and lower extremities would place her at a rating of 2% to the whole person. Her current whole person impairment rating is 15% based on Radiculopathy and loss of use to lower extremity secondary to radiculopathy and neuropathy. He issued a sedentary status with no bending, twisting, pushing, pulling, heavy repetitive lifting or lifting greater than 15 to 10 pounds. Dr. Poletti felt that Ms. Folston would be a potential candidate to pursue Social Security Disability.

After reviewing all medical documentation provided, conducting the face to face vocational evaluation, the employability analysis, the labor market review and published data, it is my professional vocational opinion that there are appropriate positions that exist within the local labor market that Ms. Folston can participate in. Jobs, which were listed, capitalize on her demonstrated work experiences, educational background, as well as vocational interest and the positions that are within the physical limitations provided. Some positions may require completion of a brief period of orientation and/or on the job training. After reviewing medical records and information pertaining to Ms. Folston residual functional capacity, the clinical vocational interview, employability analysis, labor market reviews and published data, it is my professional opinion that there are positions that exist within her local labor market. There should be two caveats mentioned in regards to Ms. Folston's return to the workforce. First, it should be noted that she is categorized as a "person of advanced age", based on Social Security standards. Her age may be a factor in regards to employability items such as learning new tasks, productivity, and longevity. But, it should be mentioned that she does exhibit a strong, stable past relevant work history with marketable skills that can assist her in obtaining and maintaining competitive employment. Secondly, Dr. Poletti did mention that surgery could be a consideration based on her current medical status relating to the significant signs of radiculopathy. If she chooses this route, it could cause her return to competitive employment to be delayed and re-evaluated after post-surgical treatment. This option should be further evaluated.

The labor market research identified occupations with at the sedentary strength level. With appropriate support mechanisms in place, it is anticipated that Ms. Folston would be successful returning to competitive employment. Statistical data from 2015 were researched and indicated.

The positions identified were Cashier, Appointment Setter, Attendance Monitor, Switchboard Operator, PBX Operator, Mortgage Loan Processor, and Telemarketer. These part-time and full-time positions are found reasonably available and open regularly in the open market. The earnings anticipated, based on the information provided, would range from $7.25/hourly or $6,900.00 annually for part time employment to $12.00/hour or $21,600.00 annually for full time employment.

Ms. Folston and this Consultant discussed the possibility of assistance with returning to the workforce utilizing services of the South Carolina Vocational Rehabilitation Department (SCVRD). Ms. Folston's complaints of pain could be evaluated and addressed through the 3-6 week Pain Management Program located at the SCVRD Columbia campus. Individuals participating in this program learn skills to successfully cope with orthopedic pain so they can pursue their vocational goal. Components of this program include psychological services, vocational evaluation, muscular development, aquatic therapy, PT, OT, therapeutic recreation, nutritional counseling, behavior modification and rehabilitation technology. Ms. Folston may benefit from career counseling and direct placement into an employment opportunity that has been deemed most suitable for her with close consideration given to her return-to-work guidelines. The Vocational Rehabilitation Counselor assigned to work with her would provide assistance.

The above opinions are rendered with a reasonable degree of professional vocational certainty and are based upon information obtained from my review of all documentation and information provided with regard to Ms. Folston. Other factors were taken into consideration such as age, education, demonstrated work abilities, the employability analysis, the labor market review, published data and residual functional capacity. It is assumed that the information obtained is factual and correct.

Should additional information regarding Ms. Folston become available, I would be pleased to review it and revise my findings and opinions if indicated. If there are any questions or I may be of any additional assistance, please do not hesitate to contact me.

Respectfully submitted,

*Jacqueline Kennedy-Merritt, M.Ed., CDMS*
*(Signed electronically)*
Vocational Rehabilitation Consultant

CORA Rehabilitation Clinics

# Functional Capacity Evaluation

Ms. Sarah Folston was referred to CORA Rehabilitation for an FCE to define her return to work ability. A job specific FCE was performed to determine if she can perform the required job demands of a Caretaker.

| | |
|---|---|
| Name | Sarah Folston |
| Occupation | Caretaker |
| Employer | Midlands Center |
| Job Req. PDC | Medium |
| Body Part/System | Lumbar/Thoracic, Elbow, Hip |
| Date of Injury | 03/22/2011 |
| Ref. Physician | N/A |
| Total FCE Time | 3 hours - testing/reporting |

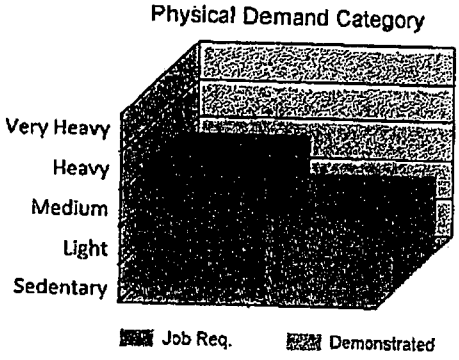
## Sincerity of Effort

The results of this evaluation show that Ms. Folston demonstrated submaximal effort. The test results and the referral diagnosis do not correlate. Therefore this FCE is not a reliable indication of her true functional abilities at this time.

## Lifting Ability Summary

Ms. Folston's occasional lifting capabilities are at a Light physical demand category (PDC). According to the US Department of Labor guidelines, Light work is defined as lifting 0-20 pounds 0-33% of the workday.

| Essential Job Demand | Status |
|---|---|
| Transfer Patients - Transfer bed to WC, WC to toilet-frequently | Met with Restrictions |
| Positioning patients in bed - Position patients in bed with and without pull sheet, rolling patients, | Met with Restrictions |




## Functional Restrictions & Limitations

Ms. Folston put forth good and consistent effort with non-material handling activities and static strength testing, however when FCE progressed to material handling, Ms. Folston demonstrated self-limiting behaviors, with subjective fear of increased pain (special note to 3/5 Waddell's); Appropriate physiological/biomechanical responses (sweating, pallor, redness, labored breathing, breakdown in mechanics, muscle fatigue/tremors/shaking), were not noted during lifting tasks; therefore, it is believed that Ms. Folston is capable of functioning at a higher level than indicated herein; All lifts were performed with good body mechanics, using slow and controlled movements.

- Floor to waist: Client limited to never
- 12inch to waist: 20lbs Occasionally
- Waist to shoulder: 10lbs Occasionally, 5lbs Frequently
- Carry: 10lbs Occasionally
- Push: 110lbs Occasionally
- Pull: 110lbs Occasionally

## Recommendations & Accommodations

Despite self-limiting behaviors, and fear of pain with material handling, client is able to function at the light PDC as outlined above. Ms. Folston demonstrated good effort with non material handling; with subjective complaints of increased back, hip, and buttocks pain throughout non-material testing. Ms. Folston demonstrated the ability to safely perform non-material handling tasks and essential job duties with the following accommodations/recommendations:

- Crouching on occasional basis requires bilateral upper extremity support to assume position and to return to standing
- Tall kneeling on occasional basis requires bilateral upper extremity support to assume position and to return to standing; client unable to short kneel

108 Palmetto Park Lexington, SC 29072 • Ph: 803-359-2323 • Fx: 803-359-2331 • fce@corahealth.com • www.corahealth.com

DEFENDANT'S EXHIBIT B

This fax was received by GFI FaxMaker fax server. For more information, visit: http://www.g

- Client limited to occasional transfers of patients that require min A, using stand pivot transfer
- Client limited to occasional repositioning of patients in bed; rolling, trunk repositioning, and draw sheet pull

| | | |
|---|---|---|
| Evaluator 1 | RScherer, PT<br>Randl Scherer, DPT | 09/29/2016 |
| Evaluator 2 | | 09/29/2016 |



108 Palmetto Park Lexington, SC 29072 • Ph: 803-359-2323 • Fx: 803-359-2331 • fce@corahealth.com • www.corahealth.com

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

**FCE**
**Sarah Folston**
September 29, 2016

## Patient Demographics

| | | | |
|---|---|---|---|
| **Name:** | Sarah Folston | **Gender:** | Female |
| **SS#:** | | **Age:** | 59 |
| **Referring Physician:** | N/A | **Height:** | 5 ft. 3 in. |
| **Date of Onset/Injury:** | March 22, 2011 | **Weight:** | 266 lbs. |
| **Surgery Date:** | N/A | **Hand Dominance:** | Right |

## Employment Information

| | | | |
|---|---|---|---|
| **Employer:** | Midlands Center | **Job Req. PDC:** | Medium |
| **Occupation:** | Caretaker | **DOT Code:** | 354.377-014 |
| **Claim #:** | 2011-000936 | **Work Status:** | Not Working |
| **Insurance/Payer:** | SC State Accident Fund | | |

## Diagnosis

| ICD-10 | Description | ICD-10 | Description |
|---|---|---|---|
| M545 | Low back pain | M25551 | Pain in right hip |
| M25521 | Pain in right elbow | | |

## History & Mechanism of Injury

Ms. Folston reports that she was injured on March 22, 2011 while working as a Caretaker for Midlands Center.

**Patient's Report of Injury:**

Ms. Folston reports on 3/22/11 she was assisting a patient to take a bath when the patient stood out of wheelchair and shoved Ms. Folston resulting in her falling to floor. Ms. Folston landed on her right side injuring her right elbow, hip, and low back. Ms. Folston reports that she had two episodes of physical therapy without relief. Ms. Folston reports MRI following the second episode of therapy showed bulging disc, and narrowed disc space between L5-S1.

**Past Medical History**

She did attend therapy for this diagnosis. She did not have surgery for this injury.

Acid Reflux

**Medication**

Ms. Folston is currently taking the following medications: Prilosec and Ferndine. Ms. Folston reports that she did not take pain medication prior to the evaluation.



108 Palmetto Park Lexington, SC 29072 • Ph: 803-359-2323 • Fx: 803-359-2331 • fce@corahealth.com • www.corahealth.com

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

## Sincerity of Effort

Hand grip, pinch grip and static testing were used to determine if Ms. Folston's performance is consistent and reliable.

| Test | Result | Expected | Measure | Reliable |
|---|---|---|---|---|
| Jamar Hand Test Bell Curve - MVE - Right | No Bell Curve | Bell Curve | MVE | No |
| Jamar Hand Test Bell Curve - MVE - Left | No Bell Curve | Bell Curve | MVE | No |

The results of the sincerity of efforts testing show that Ms. Folston demonstrated submaximal effort during the evaluation.

In addition to the sincerity of effort testing results, Ms. Folston was observed throughout the FCE using distraction based testing, a technique used to detect insincere effort. Distraction based testing is a clinical testing situation in which the client is unaware of all information being gathered by the tester making it difficult if not impossible to consciously control performance.

There were no inconsistencies noted during the test.

Please note that according to the AMA Guidelines-Fifth Edition, page 19, section 2.5c "the physician can use the entire range of clinical skill and judgment when assessing whether or not test results are plausible and consistent with the impairment being evaluated."



108 Palmetto Park Lexington, SC 29072 • Ph: 803-359-2323 • Fx: 803-359-2331 • fce@corahealth.com • www.corahealth.com

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

**FCE**
**Sarah Folston**
September 29, 2016

## JAMAR Hand Tests

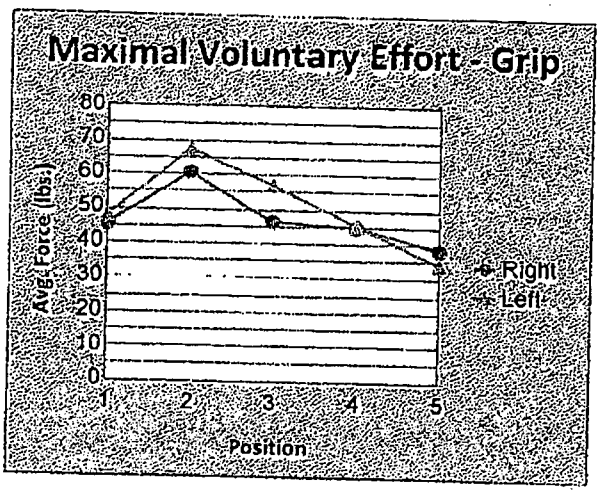
The JAMAR hand dynamometer was used to quantify grip strength and determine whether Ms. Folston exerted consistent effort during grip strength testing. Ms. Folston was tested using the maximum voluntary effort (MVE) and rapid exchange hand grip (REG) protocols.

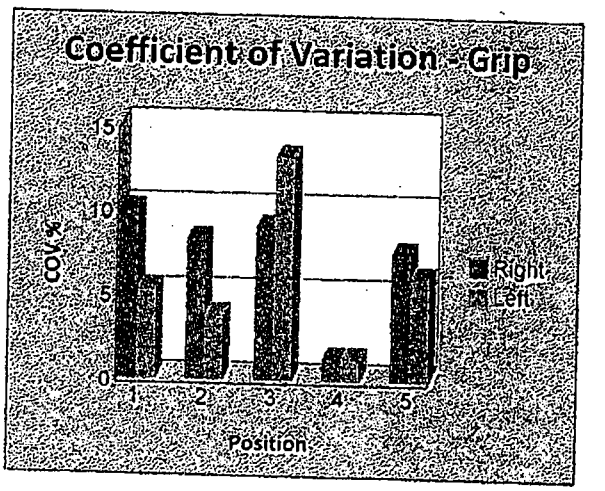
### Maximum Voluntary Effort

The MVE protocol tests strength over a range of five positions on the hand dynamometer. With maximal effort, the strength graphs obtained will result in a bell-shaped curve. Research has shown that both normal and injured hand strength should be strongest in positions 2, 3 and 4 and weaker in positions 1 and 5. The average and standard deviation is analyzed for coefficient of variation (COV) at each test position. Any COV > 20% indicates inconsistent effort. Any COV <11% indicates consistent effort. Anything between 11% and 20% does not indicate either consistent or inconsistent effort and is therefore not relevant for determining consistency of effort.

| | Right Hand | | | Avg. | SD | COV |
|---|---|---|---|---|---|---|
| 1 | 50.0 | 41.0 | 45.0 | 45.3 | 4.5 | 9.9% |
| 2 | 66.0 | 56.0 | 60.0 | 60.7 | 5.0 | 8.3% |
| 3 | 51.0 | 45.0 | 43.0 | 46.3 | 4.2 | 9.0% |
| 4 | 45.0 | 45.0 | 44.0 | 44.7 | 0.6 | 1.3% |
| 5 | 40.0 | 40.0 | 35.0 | 38.3 | 2.9 | 7.5% |

| | Left Hand | | | Avg. | SD | COV |
|---|---|---|---|---|---|---|
| 1 | 50.0 | 48.0 | 45.0 | 47.7 | 2.5 | 5.3% |
| 2 | 67.0 | 65.0 | 70.0 | 67.3 | 2.5 | 3.7% |
| 3 | 64.0 | 58.0 | 49.0 | 57.0 | 7.5 | 13.2% |
| 4 | 45.0 | 45.0 | 46.0 | 45.3 | 0.6 | 1.3% |
| 5 | 36.0 | 35.0 | 32.0 | 34.3 | 2.1 | 6.1% |






108 Palmetto Park Lexington, SC 29072 • Ph: 803-359-2323 • Fx: 803-359-2331 • fce@corahealth.com • www.corahealth.com

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

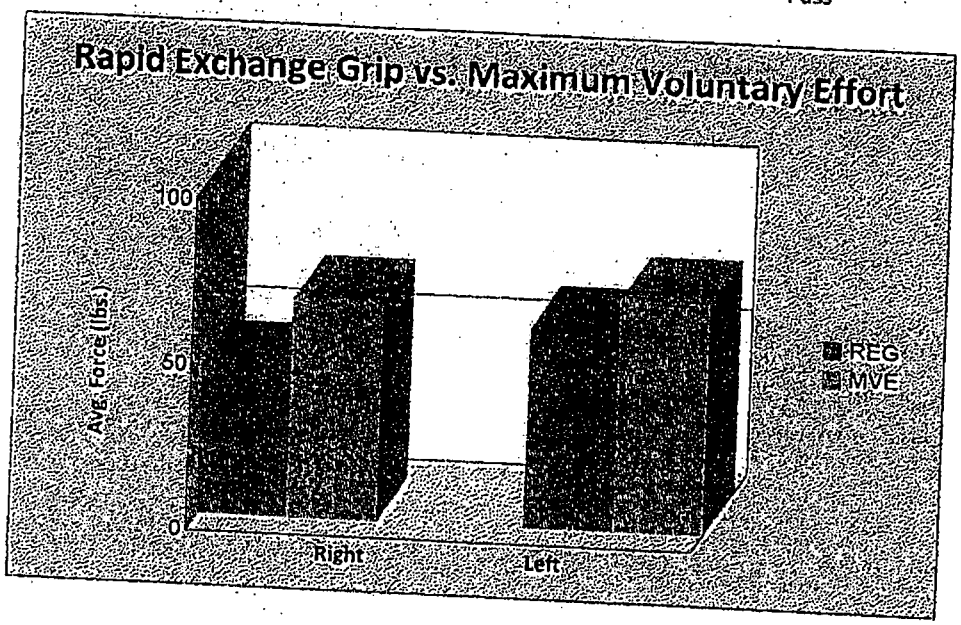
FCE
Sarah Folston
September 29, 2016

**Rapid Exchange Grip**

The REG test protocol is used as a means to assess the reliability of effort in the maximum voluntary effort test. Research shows that REG strength exceeding max grip strength is an indication of sub maximal or unreliable effort. REG testing is performed using the position in which the client produces the greatest force during the MVE test.

Ms. Folston demonstrated the highest MVE on position 2 on the right hand, therefore position 2 was used for REG testing. REG values were compared to MVE values for both right and left sides at position 2.

| Position 2 | REG | MVE | Results |
|---|---|---|---|
| Right | 45 lbs | 66 lbs | Pass |
| Left | 60 lbs | 70 lbs | Pass |




**Results**

The results of these tests show that Ms. Folston demonstrated submaximal effort.

The data obtained for Ms. Folston did not demonstrate a bell shaped curve which indicates sub maximal effort. The coefficients of variation measured during the MVE are between 11% and 20% which does not indicate either consistent or inconsistent effort. Ms. Folston's rapid exchange grip was not a significant factor in determining reliability of effort. Ms. Folston's grip strength is within the normal range when compared to published norms.



108 Palmetto Park Lexington, SC 29072 • Ph: 803-359-2323 • Fx: 803-359-2331 • fce@corahealth.com • www.corahealth.com

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

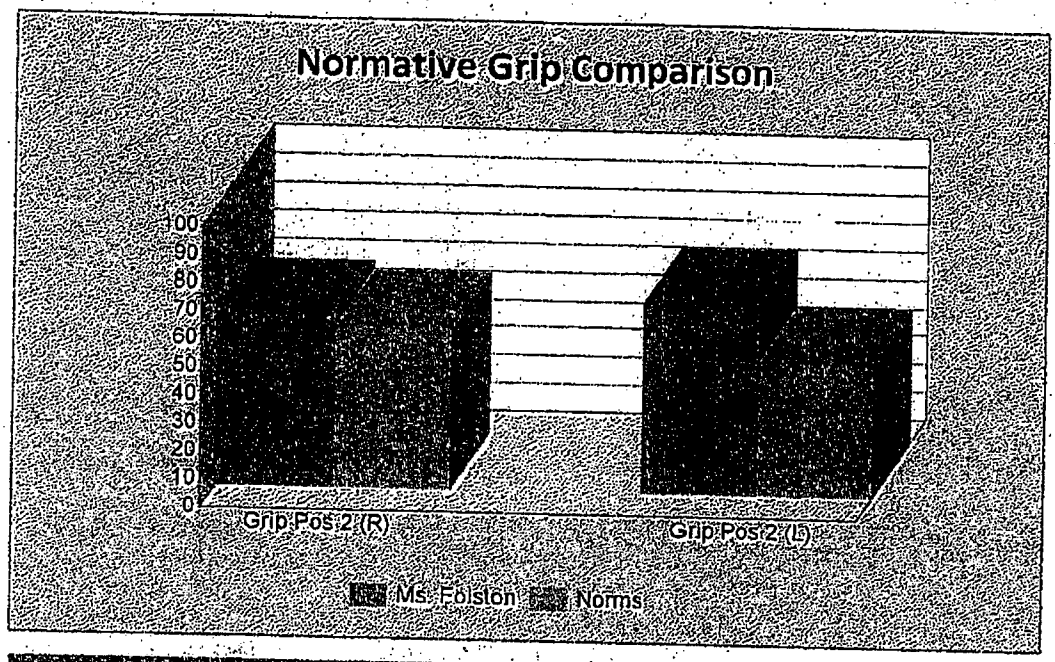
**FCE**
**Sarah Folston**
September 29, 2016

**Normative Data Comparison**

Normative data was compiled for grip strength to establish clinical norms for adults. In this test, normative data for grip strength at position 2 was used as a baseline to compare with evaluation data collected on Ms. Folston.

Ms. Folston's average hand grip on position 2 bilaterally was compared to normative data for women her age.

| Task Name | Actual | Normative Value | % Difference |
|---|---|---|---|
| Grip Pos 2 (R) | 60.7 | 57.3 | 5.9% |
| Grip Pos 2 (L) | 67.3 | 47.3 | 42.4% |




| Task Name | Right | Left | % Difference |
|---|---|---|---|
| Grip Pos 2 | 60.7 | 67.3 | 9.9% |

Ms. Folston's grip strength was compared to age and gender matched normative data. The published normal grip strength range for the left hand is between 31 and 76 pounds. Ms. Folston produced an average force of 67 pounds which is considered within the normal range. The published normal grip strength range for the right hand is between 33 and 86 pounds. Ms. Folston produced an average force of 60 pounds which is considered within the normal range. Ms. Folston is right hand dominant and her average strength on position 2 for her right hand was 9.9% weaker than her left side which demonstrates an abnormal relationship. Right hand dominant subjects are assumed to be approximately 10% stronger on the right side, while left hand dominant subjects are assumed to have approximately equal strength on both sides.



108 Palmetto Park Lexington, SC 29072 • Ph: 803-359-2323 • Fx: 803-359-2331 • fce@corahealth.com • www.corahealth.com

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

## Pain Assessment

| Pre-FCE | Post-FCE |
|---|---|
| 5/10 | 8/10 |

## Symptom Magnification

Symptom magnification or exaggerated pain response is noted when patients display more pain, difficulties, or incapacitation than would normally be expected for the same diagnosis. The implication of symptom magnification or exaggerated pain response is that the results of standard treatment are less predictable and the chance of delayed, temporary, or incomplete recovery is greater.

| Test | Result | Expected | Symptom Magnification |
|---|---|---|---|
| Oswestry | 44% | <80% | Negative |
| McGill | 27 | <31 | Negative |

The results of this evaluation show that Ms. Folston demonstrated negative symptom magnification.



108 Palmetto Park Lexington, SC 29072 • Ph: 803-359-2323 • Fx: 803-359-2331 • fce@corahealth.com • www.corahealth.com

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

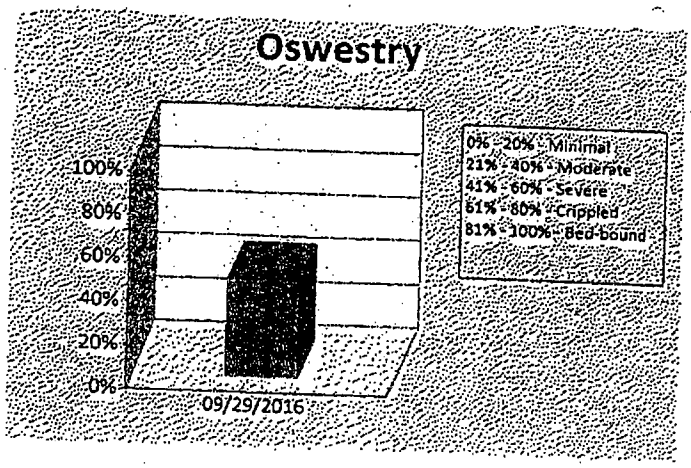
FCE
Sarah Folston
September 29, 2016

## Oswestry Disability Index

The Oswestry Disability Index (ODI) has become one of the principal condition-specific outcome measures used in the management of spinal disorders. This questionnaire asks the patient to rate their ability to perform 10 different daily activities and then places them into one of five different disability categories ranging from minimal disability to bed-bound.

## Results

Ms. Folston scored a 44% on the ODI which equates to severe disability. Severe Disability, as defined by the ODI: Pain remains the main problem in this group of patients, but travel, personal care, social life, sexual activity and sleep are also affected. These patients require detailed investigation.




| | Score | Possible | Result | Category |
|---|---|---|---|---|
| Oswestry | 20 | 45 | 44.4% | Severe Disability |



108 Palmetto Park Lexington, SC 29072 • Ph: 803-359-2323 • Fx: 803-359-2331 • fce@corahealth.com • www.corahealth.com

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

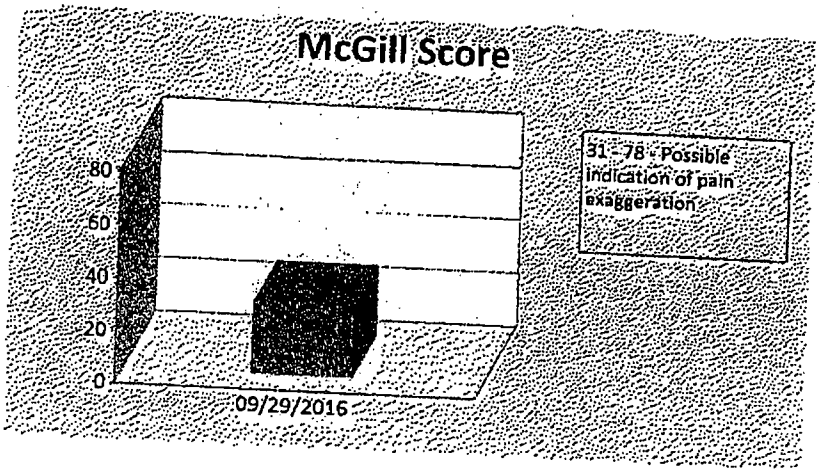
FCE
Sarah Folston
September 29, 2016

## McGill Pain Index

McGill Pain Index is a self-report questionnaire that allows an individual to give a description of the quality and intensity of pain on a scale of 0-78.

### Results

Ms. Folston scored 27 on the McGill Pain Index which shows a equivocal pain focus.




| | Score | Symptom Magnification |
|---|---|---|
| McGill | 27 | Negative |



108 Palmetto Park Lexington, SC 29072 • Ph: 803-359-2323 • Fx: 803-359-2331 • fce@corahealth.com • www.corahealth.com

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

**FCE**
**Sarah Folston**
September 29, 2016

## Waddell's

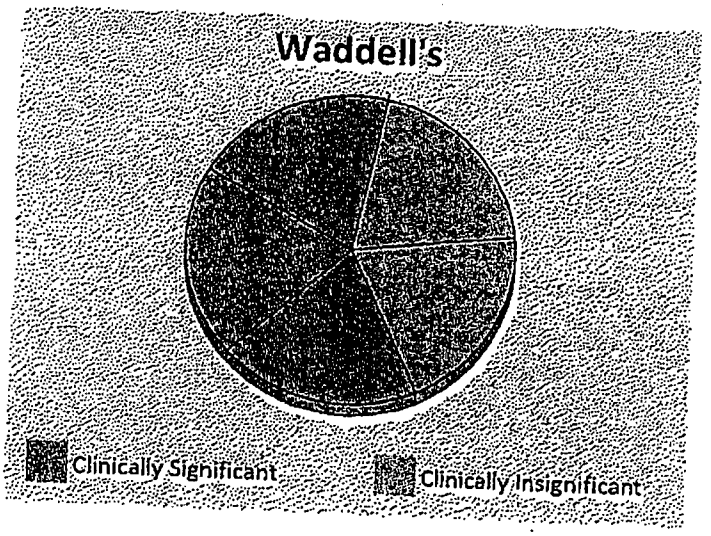
Waddell's signs are a group of physical signs that may indicate a non-organic or psychological component to chronic low back pain. Findings are considered clinically significant if three or more of the five Waddell's testing categories listed below are positive.

1. Tenderness tests are for superficial and diffuse tenderness and/or non-anatomic tenderness.
2. Simulation tests are based on complaints of pain during movements such as axial loading and simulated rotation which do not correlate physically with low back pain.
3. Distraction tests recheck positive straight leg raises while the patient's attention is distracted.
4. Regional Disturbance test looks for regional weakness or sensory changes that deviate from accepted neuroanatomy.
5. Overreaction test observes signs regarding the patient's demeanor and reaction to the testing.

When three or more categories are positive the findings are clinically significant.

**Results**

Ms. Folston's Waddell's testing results indicated clinically significant symptom magnification.




| Score | Possible | Result |
|---|---|---|
| 3 | 5 | Clinically Significant |



108 Palmetto Park Lexington, SC 29072 • Ph: 803-359-2323 • Fx: 803-359-2331 • fce@corahealth.com • www.corahealth.com

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

**FCE**
**Sarah Folston**
September 29, 2016

## Job Demand Analysis

A detailed job demand analysis compares Ms. Folston's abilities to her required demands for overall physical capacity, material handling, non-material handling and essential job demands. Ms. Folston's employer did not provide a job description outlining the functional demands needed to perform her job as a Caretaker for Midlands Center. According to the Dictionary of Occupational Titles HOME ATTENDANT (personal ser.) alternate titles: home health aide with code 354.377-014 is classified as a Medium PDC.

| Activity | Job Requirement | Demonstrated Ability | Meets Job Requirement |
|---|---|---|---|
| Physical Demand Category | Medium | Light | Not Met |
| Lifting Floor to Waist | 25 lbs/Occasional | 0 lbs/Occasional | Not Met |
| Lifting 12" to Knuckle | 25 lbs/Occasional | 20 lbs/Occasional | Not Met |
| Lifting Waist to Shoulder | 10 lbs/Occasional | 10 lbs/Occasional | Met |
| Lifting Waist to Shoulder | 5 lbs/Frequent | 5 lbs/Frequent | Met |
| Carrying | 25 lbs/Occasional | 10 lbs/Occasional | Not Met |
| Pushing | 110 lbs/Frequent | 110 lbs/Frequent | Not Met |
| Pushing | 200 lbs/Occasional | 110 lbs/Occasional | Not Met |
| Pulling | 110 lbs/Frequent | 110 lbs/Frequent | Not Met |
| Pulling | 200 lbs/Occasional | 110 lbs/Occasional | Not Met |
| Sitting | Occasional | Frequent | Met |
| Standing | Constant | Constant | Met |
| Walking | Frequent | Frequent | Met |
| Reaching | Frequent | Frequent | Met |
| Reaching Waist to Overhead | Frequent | Frequent | Met |
| Forward Reaching | Frequent | Frequent | Met |
| Kneeling | Occasional | Occasional | Met with Restrictions |
| Stooping | Frequent | Frequent | Met |
| Crouching | Occasional | Occasional | Met with Restrictions |
| Twisting | Frequent | Frequent | Met |

| Essential Job Demand | Meets Job Requirement |
|---|---|
| Transfer bed to WC, WC to toilet-frequently | Met with Restrictions |
| Position patients in bed with and without pull sheet, rolling patients, | Met with Restrictions |

| Physical Demand Category | Occasional | Frequent | Constant |
|---|---|---|---|
| | 0-33% or 1-100 Reps | 34-66% or 100-500 Reps | 67-100% or 500+ Reps |
| Sedentary | 0-10 lbs. | Negligible | N/A |
| Light | 0-20 lbs. | 0-10 lbs. | Negligible |
| Medium | 20-50 lbs. | 10-25 lbs. | 0-10 lbs. |
| Heavy | 50-100 lbs. | 25-50 lbs. | 10-20 lbs. |
| Very Heavy | > 100 lbs. | > 50 lbs. | > 20 lbs. |



108 Palmetto Park Lexington, SC 29072 • Ph: 803-359-2323 • Fx: 803-359-2331 • fce@corahealth.com • www.corahealth.com

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

## Material Handling

Material handling is performed to test Ms. Folston's maximal function with lifting, carrying, pushing and pulling. Progressive loading with incremental increases in weight is used until test is terminated by the client for any reason or by the evaluator when a notable breakdown in body mechanics is observed.

According to the DOT:

- Lifting is raising or lowering an object from one level to another.
- Carrying is transporting an object, usually holding it in the hands or arms, or on the shoulder.
- Pushing is exerting force upon an object so that it moves away from the force.
- Pulling is exerting force upon an object so that the object moves toward the force.

Lifting, pushing and pulling are evaluated in terms of both intensity and duration. Consideration is given to the weight handled and the position of the body. Carrying is most often evaluated in terms of duration, weight carried and distance carried.

NIOSH Lift Testing principles are used for maximal weight lifted when the client can perform beyond the weight load requirements for his/her job.

### Lifting Floor to Waist - Not Met

A box or crate is placed on the floor with the client lifting the weight from the floor and placing it at waist level.

| Job Req. | Demonstrated | Frequency & Duration | ROM/Position/Parameter | Comments |
|---|---|---|---|---|
| 25 lbs. | 0 lbs. | Occasional | Client unable to assume the full squatting postiion to safely lift from floor | Client attempted lift, however was unable to safely assume full squat to reach floor for lifting. |

### Lifting Waist to Shoulder - Met

A box or crate is placed at waist height with the client lifting the weight from waist height to shoulder height.

| Job Req. | Demonstrated | Frequency & Duration | ROM/Position/Parameter | Comments |
|---|---|---|---|---|
| 5 lbs. | 5 lbs. | Frequent | No Limitations | RPE's 5lbs 5/10; Client demonstrated the ability to lift waist to shoulder 5 lbs on frequent basis without subjective reports or complaints |



108 Palmetto Park Lexington, SC 29072 • Ph: 803-359-2323 • Fx: 803-359-2331 • fce@corahealth.com • www.corahealth.com

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

### Lifting Waist to Shoulder - Met

A box or crate is placed at waist height with the client lifting the weight from waist height to shoulder height.

| Job Req. | Demonstrated | Frequency & Duration | ROM/Position/Parameter | Comments |
|---|---|---|---|---|
| 10 lbs. | 10 lbs. | Occasional | No Limitations | RPE: 10lbs 6/10; Client demonstrated the ability to lift waist to shoudler 10 lbs on occasional basis without subjective reprots or complaints |

### Carrying - Not Met

A weighted box is placed at waist height and the client carries it over a distance of 50 ft.

| Job Req | Demonstrated | Frequency & Duration | ROM/Position/Parameter | Comments |
|---|---|---|---|---|
| 25 lbs. | 10 lbs. | Occasional | Client limited to 10 lb occasional | RPE's: 20lbs 10/10 -unable, 15lbs 10/10-unable, 10lbs 5/10; Client demonstrated ability to carry 10lbs on occasional basis; when handed 20lbs, client terminated test without attempting to walk with weight due to fear of pain, same for when weight was decreased to 15lbs |

### Lifting 12" to Knuckle - Not Met

A box or crate is placed on the floor with box handles at 12" above floor height with the client lifting the weight from 12" and standing upright until hand placement of the box is at knuckle height. (This test requires no flexion of the shoulder, elbow and wrist joints.)

| Job Req. | Demonstrated | Frequency & Duration | ROM/Position/Parameter | Comments |
|---|---|---|---|---|
| 25 lbs. | 20 lbs. | Occasional | Client terminated test at 20 lbs; limited to occasional 20lbs 12 inch to knuckle lift | RPE's: 14lbs 7/10, 20lbs 8/10; Client demonstrated the ability to lift 12 inch to knuckle 20 lbs on occasional basis with good body mechanics using slow and controlled movements; Client took 25 seconds from lifting box off ground to standing fully erect; client terminated test at 20lbs due to |



108 Palmetto Park Lexington, SC 29072 • Ph: 803-359-2323 • Fx: 803-359-2331 • fce@corahealth.com • www.corahealth.com

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

**Pushing - Not Met**

The client pushes a weighted sled to perform dynamic pushing for 50 ft.

| Job Req. | Demonstrated | Frequency & Duration | ROM/Position/Parameter | Comments |
|---|---|---|---|---|
| 200 lbs. | 110 lbs. | Occasional | Client limited to 110 lbs occasional pushing | RPE: 110lbs 8/10; Client demosntrated the ability to push 110lbs on occasional basis; client terminated test at 110lbs due to fear of pain and high RPE, appropriate physiological/biomechanical responses not noted |

**Pulling - Not Met**

The client pulls a weighted sled to perform dynamic pulling for 50 ft.

| Job Req. | Demonstrated | Frequency & Duration | ROM/Position/Parameter | Comments |
|---|---|---|---|---|
| 200 lbs. | 110 lbs. | Occasional | Client limited to 110 lbs occasional pulling | RPE: 110lbs 8/10; Client demosntrated the ability to pull 110lbs on occasional basis; client terminated test at 110lbs due to fear of pain and high RPE, stating "because it hurts" when asked why she could not continue; appropriate physiological/biomechanical responses not noted |



108 Palmetto Park Lexington, SC 29072 • Ph: 803-359-2323 • Fx: 803-359-2331 • fce@corahealth.com • www.corahealth.com

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

**Pushing - Not Met**

The client pushes a weighted sled to perform dynamic pushing for 50 ft.

| Job Req: | Demonstrated | Frequency & Duration | ROM/Position/Parameter | Comments |
|---|---|---|---|---|
| 110 lbs. | 110 lbs. | Frequent | Client able to push 110 lbs on occasional basis | RPE: 110lbs 8/10; Client demosntrated the ability to push 110lbs on occasional basis; client terminated test at 110lbs due to fear of pain and high RPE, stating "because it hurts" when asked why she could not continue; appropriate physiological/biomechanical responses not noted |

**Pulling - Not Met**

The client pulls a weighted sled to perform dynamic pulling for 50 ft.

| Job Req. | Demonstrated | Frequency & Duration | ROM/Position/Parameter | Comments |
|---|---|---|---|---|
| 110 lbs. | 110 lbs. | Frequent | Client limited to pulling 110lbs on occasional basis | RPE: 110lbs 8/10; Client demosntrated the ability to pull 110lbs on occasional basis; client terminated test at 110lbs due to fear of pain and high RPE, appropriate physiological/biomechanical responses not noted |



108 Palmetto Park Lexington, SC 29072 • Ph: 803-359-2323 • Fx: 803-359-2331 • fce@corahealth.com • www.corahealth.com

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

## Non-Material Handling

Ms. Folston is assessed for positional tolerance using static or repetitive testing while comparing test performance to the standards of time and repetitions according to the Physical Demand Categories of Work for the Department of Labor (Dictionary of Occupational Titles, Fourth Edition Supplement Appendix D pg 101-102, 1996). All below tests are stopped when job standard is met; if a significant breakdown or compensation in body mechanics is observed; or if the client self terminates the activity early for any reason.

### Standing - Met

Standing tolerance and frequency is observed throughout the duration of the FCE while the client performs testing in an upright position at a work station without moving about. The client's reported ability may also be referenced and compared to observed ability.

| Job Req. | Demonstrated | ROM/Position/Parameter | Comments |
|---|---|---|---|
| Constant | Constant | No Limitations | Client demonstrated the ability to stand on constant basis despite subjective reports of increasd pain in low back and right hip/buttock |

### Walking - Met

The client is asked to walk freely around the testing facility or on a treadmill using a normal pace for as long as possible.

| Job Req. | Demonstrated | ROM/Position/Parameter | Comments |
|---|---|---|---|
| Frequent | Frequent | No Limitations | Client demonstated ability to walk on frequent basis despite subjective complaints of increased pain in low back and down right lower extremity |

### Reaching - Met

Using a pegboard, the client was asked to extend hand(s) and arm(s) in any direction.

| Job Req. | Demonstrated | ROM/Position/Parameter | Comments |
|---|---|---|---|
| Frequent | Frequent | No Limitations | Client demonstrated the ability to reach on frequent basis without subjective reports or complaints |



108 Palmetto Park Lexington, SC 29072 • Ph: 803-359-2323 • Fx: 803-359-2331 • fce@corahealth.com • www.corahealth.com

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

### Reaching Waist to Overhead - Met

Using a pegboard, the client is asked to use both arms to alternately move the pegs from an overhead level to waist level. The client then moves all the pegs back to the starting overhead position on the pegboard. This cycle is repeated as long as the client is able, or until a frequency standard is attained.

| Job Req. | Demonstrated | ROM/Position/Parameter | Comments |
|---|---|---|---|
| Frequent | Frequent | No Limitations | Client demonstrated ability to reach waist to overhead on frequent basis with subjective complaints of increased right sided low back pain |

### Stooping - Met

Stooping tolerance may be measured either statically or dynamically. The client is asked to bend downward and forward by bending the spine at the waist. This motion requires the full use of the lower extremities and back muscles. For static tolerance the client maintains the stopping position as long as able, while moving pegs up and down a peg board from chest to floor height. For dynamic tolerance, the client is asked to go from stooping to standing and back to stooping as many times as can be safely demonstrated.

| Job Req. | Demonstrated | ROM/Position/Parameter | Comments |
|---|---|---|---|
| Frequent | Frequent | No Limitations | Client demonstrated the ability to stoop on frequent basis with subjective reports of increased low back and right hip pain |

### Twisting - Met

Twisting refers to the ability to rotate through the spine. Ability is observed throughout the FCE and with ROM testing during the musculoskeletal screen. If client is expected to have job required twisting ability then client will be asked to move an empty crate across a horizontal plane back and forth from the right side of the body to the left side until frequency is met.

| Job Req. | Demonstrated | ROM/Position/Parameter | Comments |
|---|---|---|---|
| Frequent | Frequent | No Limitations | Client demonstrated the ability to twist on frequent basis with subjective reports of increased low back pain to 7/10 (from 5/) |



108 Palmetto Park Lexington, SC 29072 • Ph: 803-359-2323 • Fx: 803-359-2331 • fce@corahealth.com • www.corahealth.com

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

### Sitting - Met

Sitting tolerance and frequency is observed throughout the duration of the FCE while the client performs testing in a seated position. The client's reported ability may also be referenced and compared to observed ability.

| Job Req. | Demonstrated | ROM/Position/Parameter | Comments |
|---|---|---|---|
| Occasional | Frequent | No Limitations | Client demosntrated the ability to sit on frequent basis without subjective reports or complaint |

### Forward Reaching - Met

Either sitting or standing, the client is asked to use both arms to alternately move the pegs on the pegboard which are placed both close and reaching distance. This cycle is repeated as long as the client is able, or until frequency standard is attained.

| Job Req. | Demonstrated | ROM/Position/Parameter | Comments |
|---|---|---|---|
| Frequent | Frequent | No Limitations | Client demonstrated the ability to reach forward on frequent basis without subjective reports or complaints |

### Crouching - Met with Restrictions

Crouching tolerance may be measured either statically or dynamically. The client is asked to bend downward and forward by bending the legs and spine. For static tolerance the client maintains the crouching position as long as able while moving pegs up and down a peg board from chest to floor height. For dynamic tolerance, the client is asked to go from crouching to standing and back to crouching as many times as can be safely demonstrated.

| Job Req. | Demonstrated | ROM/Position/Parameter | Comments |
|---|---|---|---|
| Occasional | Occasional | Client required bilateral upper extremity support to assume position and to return to standing | Client demonstrated the abiltiy to crouch on occasional basis, however for safety requires bilateral upper extremity support to assume position and to return to standing |



108 Palmetto Park Lexington, SC 29072 • Ph: 803-359-2323 • Fx: 803-359-2331 • fce@corahealth.com • www.corahealth.com

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

**Kneeling - Met with Restrictions**

Kneeling tolerance may be measured either statically or dynamically. The client is asked to kneel on one or both knees. For static tolerance the client maintains the kneeling position as long as able, while moving pegs up and down a peg board from chest to floor height. For dynamic tolerance, the client is asked to go from kneeling to standing and back to kneeling as many times as can be safely demonstrated.

| Job Req. | Demonstrated | ROM/Position/Parameter | Comments |
|---|---|---|---|
| Occasional | Occasional | Client limited to tall kneeling due to decreased knee ROM; client requires bilateral upper extremity support to assume position and to return to standing | Client demonstrated the ability to tall knee on occasional basis, however for safety requires bilateral upper extremity support to assume position and to return to standing |



108 Palmetto Park Lexington, SC 29072 • Ph: 803-359-2323 • Fx: 803-359-2331 • fce@corahealth.com • www.corahealth.com

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

FCE
Sarah Folston
September 29, 2016

## Essential Job Demand

Ms. Folston was asked to demonstrate the ability to perform the job specific activities which are required for her job as a Caretaker for Midlands Center.

### Transfer Patients - Met with Restrictions

| Job Req. | Comments |
|---|---|
| Transfer bed to WC, WC to toilet-frequently | Client demonstrated the ability to perform stand pivot transfer with a patien that requires min A on occasional basis, however unable to assist in transfers requiring increased assistance |

### Positioning patients in bed - Met with Restrictions

| Job Req. | Comments |
|---|---|
| Position patients in bed with and without pull sheet, rolling patients, | Client demonstrated the ability to reposition, roll, and pull 180lb max Assist patient in bed on occasional basis |



108 Palmetto Park Lexington, SC 29072 • Ph: 803-359-2323 • Fx: 803-359-2331 • fce@corahealth.com • www.corahealth.com

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

## Sit/Stand Tolerance

| | Reported | Demonstrated Duration | Demonstrated Interval |
|---|---|---|---|
| Sitting | 60 minutes | 60 minutes | 180 minutes |
| Standing | 30 minutes | 60 minutes | 180 minutes |

Ms. Folston's demonstrated tolerance to sitting did not match her reported ability. Ms. Folston's demonstrated tolerance to standing did not match her reported ability.

## Cardiovascular Status

According to the ACSM's Resource Manual for Guidelines for Exercise Testing and Prescription , exercise should not be initiated if blood pressure is uncontrolled (>160/100 mm Hg). Individuals with hypertension should avoid very strenuous aerobic activity, very heavy loads, sustained contractions, isometric handgrip, and Valsalva maneuver during lifting. Due to these guidelines the FCE would not be a safe test for anyone who's Pre-Testing BP is uncontrolled. The cut off for safe resting heart rate is <100 bpm. Individuals with high resting heart rates would require medical clearance prior to proceeding with the FCE.

| | Pre-Testing | Post-Testing |
|---|---|---|
| Blood Pressure (BP) | 132/72 | 128/78 |
| Heart Rate (HR) | 72 | 84 |



108 Palmetto Park Lexington, SC 29072 • Ph: 803-359-2323 • Fx: 803-359-2331 • fce@corahealth.com • www.corahealth.com

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

FCE
Sarah Folston
September 29, 2016

## Musculoskeletal Assessment

| Musculoskeletal | ROM Normal (degrees) | ROM Right (degrees) | ROM Left (degrees) | Strength Right | Strength Left | Non-Phys Response |
|---|---|---|---|---|---|---|
| Lumbar - Flexion | 40 to 60 | 45 | | 4/5 | | Cogwheeling |
| Lumbar - Extension | 20 to 35 | 20 | | 4/5 | | None |
| Lumbar - Lat. Flexion | 15 to 20 | 12 | 15 | 4/5 | 4/5 | Breakaway R |
| Elbow - Flexion | ≥140 | 145 | 145 | 5/5 | 5/5 | None |
| Elbow - Extension | ≥0 | 3 | 3 | 5/5 | 5/5 | None |
| Elbow - Supination | ≥80 | 75 | 75 | 5/5 | 5/5 | None |
| Elbow - Pronation | ≥80 | 90 | 88 | 5/5 | 5/5 | None |
| Hip - Flexion | >100 | 100 | 100 | 4/5 | 4+/5 | Breakaway R |
| Hip - Extension | <10 | 15 | 15 | 4+/5 | 4+/5 | None |

**Results**

AROM and MMT were performed to determine Ms. Folston's range of motion and strength respectively. AROM below 75% and strength below 4-/5 are considered below functional limits. During MMT, attention is paid to any non-physiologic responses such as cogwheeling or breakaway. Cogwheeling is a jerky movement pattern similar to a tremor and breakaway is a complete sudden release of manual resistance.

Ms. Folston demonstrated below functional AROM for bilateral hip extension.

Ms. Folston exhibited non-physiological responses to manual muscle testing.

During material handling, Ms. Folston performed lifting with good body mechanics.



108 Palmetto Park Lexington, SC 29072 • Ph: 803-359-2323 • Fx: 803-359-2331 • fce@corahealth.com • www.corahealth.com

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

## References

### Effort Analysis Testing

1. Mathiowetz V, Kashman N, Volland G, Weber K, Dowe M Rogers S. 1985. Grip and pinch strength: normative data for adults. Arch Phys Med Rehabil 66:69-74
2. Mathiowetz V, Wiemer D, Federman S. 1986. Grip and pinch strength: norms for 6 to 19 year olds. Am J Occup Ther 40 (10): 705-11
3. Stokes H 1983. The seriously uninjured hand-weakness of grip. J Occup Med 25(9):683-684.
4. Niebuhr B, Marion R 1990. Voluntary control of submaximal grip strength. Am. J Phys Med Rehabil 69(2):96-101
5. Matheson L, Carlton R, Niemeyer L 1988. Grip strength in a disable sample: reliability and normative standards. Ind rehabil Q 1(3):9, 17-23
6. Hildreth D, Breidenbach W, Lisiter G, Hodges A. 1989. Detection of submaximal effort by use of the rapid exchange grip. J Hand surgery 14A (4): 742-745
7. Kilmek E, Strait J 1997. Volition an impairment rating: the validity of effort assessment. J Occup Med 6(2) 9-18
8. Domangue, B., Stokes, H., Landrieu, K., & Kunen, S. (1995). Identification of low-effort patients through dynamometry. J Hand Surg, Vol 20, pp 1047-56
9. Cuoto S., Hupli M., Alaranta H., Hurri . Scandinavian Journal of Rehabilitation Medicine- 1996 Dec: 28(4): 207-10
10. Virgil Mathiowetz, MS, OTR, Nancy Kashman, OTR, Gloria Volland, OTR, Karen Weber, OTR, Mary Dowe, OTS, Sandra Rogers, OTS, "Grip and Pinch Strength: Normative Data for Adults", Occupational Therapy Program, University of Wisconsin-Milwaukee, Milwaukee, WI, Arch Phys Med Rehabil 66:69-72, Feb, 1985
11. Waddell G: Non-organic Physical Signs in Low Back pain. Spine 5: 117-125, Mar/Apr 1980
12. Main CJ, Waddell G. Behavioral Responses to Examination: A Reappraisal of the Interpretation of "Non-Organic Signs". Spine, 1998; 23(21): 2367-2371
13. Oesch, PR, Hilfiker, R, Kool, JP, Bachmann, S, Hagen, KB. (2010). Perceived functional ability assessed with the spinal function sort: is it valid for European rehabilitation settings in patients with non-specific non-acute low back pain? Eur Spine J, 19:1527–1533
14. Matheson, L, Kaskutas V, Mada, D. (2001). Development and construct validation of the Hand Function Sort. Journal of Occupational Rehabilitation, 11(2): 75–86

### Pain Assessment

1. Fairbank JC, Pynsent PB, "The Oswestry Disability Index." Spine 2000; 25(22):2940-2952
2. Fairbank JCT, Couper J, Davies JB. "The Oswestry low Back Pain Questionnaire." Physiotherapy 1980; 66: 271-273.
3. Melzack R. The McGill Pain Questionnaire: Major properties and scoring methods. Pain 1975; 1:277-299
4. Vernon H, Mior S. "The Neck Disability Index: a study of reliability and validity." J Manipulative Physiol Ther. 1991 Sep;14(7):409-15.
5. Lawlis GF, Cuencas R, Selby D, McCoy CE. The development of Dallas pain questionnaire. Spine 1989; 14:515-16



108 Palmetto Park Lexington, SC 29072 • Ph: 803-359-2323 • Fx: 803-359-2331 • fce@corahealth.com • www.corahealth.com

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

**Range of Motion/Cardiovascual Assessment**

1. American Medical Association. Guides to the Evaluation of Permanent Impairment, Fourth Edition, Revised 1999
2. American Medical Association. Guides to the Evaluation of Permanent Impairment, Sixth Edition,
3. Guidelines of American Heart Association and Prescription for Programs of Prevention and Rehabilitation
4. Ebbeling CB1, Ward A, Puleo EM, Widrick J, Rippe JM., Development of a single-stage treadmill walking test, Med Sci Sports Exercise, 1991, Aug; 23(8) 966-73

**Physical Capacity Assessment**

1. U.S. Dept of Labor Dictionary of Occupational Titles, Fourth Edition Supplement, Appendix D, 101-102, 1986
2. Waters, Thomas R., et.al., Revised NIOSH Equation for the Design and Evaluation of Manual Lifting Tasks. Ergonomics, Volume 36, No. 7: 749-776, 1993
3. Tanaka, H,., Monahan, K.D. & Seals, D.R. Age Predicted Macimal Heart Rate Revisited; Journal of the American College of Cardiology, Jan 2001, Volume 37(1), 153-156
4. Khalil, T.M., Goldberg M.L., Asfour, S.S., et.al., Acceptable Maximum Effort (AME): A Psychological Measure of Strength in Back Pain Patients. Spine, 12:372-376, 1987
5. Hart, Dennis L., et.al., Effect of Lumbar Posture on Lifting, Spine, Volume 12, Number 2, 1987 pp138-145
6. Work Practices Guide for Manual Lifting, U.S. Dept of Health and Human Services, P.B. 82-178948, 1981, pp 18-19
7. Florida Worker's Compensation Uniform Medical Treatment/Status Reporting Form DFS-F5-DWC-25 (revised 2/14/2006)



108 Palmetto Park Lexington, SC 29072 • Ph: 803-359-2323 • Fx: 803-359-2331 • fce@corahealth.com • www.corahealth.com

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

BEFORE THE SOUTH CAROLINA

WORKERS' COMPENSATION COMMISSION

WCC NO. 1108515

SARAH FOLSTON,

Employee,

vs.

S.C. DEPARTMENT of DISABILITIES & SPECIAL NEEDS,

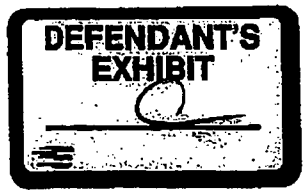
Employer,

and

STATE ACCIDENT FUND,

Insurer.

| | |
|---|---|
| DEPOSITION OF: | SARAH FOLSTON |
| DATE: | September 11, 2013 |
| TIME: | 11:00 a.m. |
| LOCATION: | Samuels Law Firm<br>1320 Richland Street<br>Columbia, SC 29201 |
| TAKEN BY: | Counsel for the Employer/Insurer |
| REPORTED BY: | Marie A. Boyce, C.C.R. |



APPEARANCES OF COUNSEL:

ATTORNEYS FOR SARAH FOLSTON:

SAMUELS LAW FIRM
BY: STEPHEN B. SAMUELS, ESQ.
P.O. Box 50349
1320 Richland Street
Columbia, SC 29201
(803) 779-4000

ATTORNEYS FOR S.C. DEPARTMENT of DISABILITIES & SPECIAL NEEDS:

STATE ACCIDENT FUND
BY: ERIN FARTHING, ESQ.
and
ELLEN GOODWIN, ESQ.
800 Dutch Square Boulevard, Ste. 160
Columbia, SC 29210
(803) 896-5896

# I N D E X

## WITNESSES


| All Witnesses: | Page |
|---|---|
| SARAH FOLSTON | |
| EXAMINATION BY MS. FARTHING | 4 |
| EXAMINATION BY MR. SAMUELS | 62 |

(The witness, after having been advised of her right to read and sign this transcript, waives that right.)

SARAH FOLSTON,

being first duly sworn, testified as follows:

EXAMINATION

BY MS. FARTHING:

Q. Good morning, Ms. Folston. As we just met a second ago, my name is Erin Farthing. I'm an attorney with the State Accident Fund, who I'm sure you're aware of is the carrier -- I don't know if it's your current or former employer, but the Department of Disabilities & Special Needs.

Now, before we start today, I just wanted to ask have you ever had your deposition taken before?

A. No.

Q. Okay. There's a couple of rules before we start. The first is that just make sure that all your answers are out loud. We're trying to create a record here, and it's just a lot easier if there's audible responses to the questions. And, also, if you could respond in yes or no rather than uh-huh or uh-uh. It's just a little easier to make sure that she's getting down the proper answer to the question.

I don't anticipate that we'll be here for very long today, but if at any point you need a break, if you need a glass of water, if you need to use the restroom, feel free

to ask if we can go off the record for a couple of minutes for you to take care of what you need to.

And, finally, if I ask a question that you don't understand, if you need me to repeat a question, please just ask me and I'll try to reword it or slow down how I asked it; otherwise, I'm going to assume that if you answer the question, that you understand the question as asked and that your answer to that question is truthful.

And, last question, are you on any sort of medication or anything else today that might affect your ability to answer truthfully?

A. No.

Q. Okay. What is your full name?

A. Sarah Ann Folston.

Q. Have you ever gone by any other name?

A. My maiden name.

Q. What is your maiden name?

A. Marshall.

Q. Marshall?

A. Yes.

Q. When did you get married?

A. 19 -- God. I'm sorry. 1976.

Q. 1976?

A. Yes.

Q. So you've gone by Sarah Ann Folston since that

time?

A. Right.

Q. Do you know if you ever received any sort of medical treatment under the name Sarah Ann Marshall?

A. No.

Q. And what is your date of birth?

A.

Q. So you just had a birthday.

A. Yes.

Q. And are you currently married?

A. No.

Q. You're divorced?

A. Divorced.

Q. Okay. When did you -- when was the divorce finalized?

A. May 26 -- let me think. What was four years ago?

Q. 2009?

A. Probably so.

Q. Okay.

A. Four years ago.

Q. What was your husband's -- ex-husband's name?

A. Calvin Folston.

Q. Do you, by chance, know where he works?

A. Yes.

Q. Where is that?
A. Seally Mattress in Florida.
Q. Seally Mattress where?
A. In Florida.
Q. Oh. Do you have any children?
A. Yes.
Q. How many?
A. Two.
Q. What are their names?
A. Freddy.
Q. Okay. How old is Freddy?
A. 32.
Q. Okay. And what is your other child?
A. Misty.
Q. Misty? How old is Misty?
A. She's 27.
Q. Do either of your children still live with you?
A. The 27.
Q. Misty still lives with you?
A. Yes.
Q. Is she in school?
A. No.
Q. Does she work?
A. No.
Q. Are either of your children dependent on you for

support?

A. The 27-year-old because she -- the 27-year-old.

Q. Okay. Misty?

A. Yes.

Q. Does Freddy work?

A. Yes.

Q. What does he do?

A. I think he called it marketing.

Q. Marketing?

A. Yes.

Q. And where does he do that?

A. Sumter.

Q. Is there anybody else that is dependent on you for support?

A. No.

Q. Are you from Columbia?

A. No.

Q. Where are you from?

A. Originally from Mississippi.

Q. Okay. How long have you been in South Carolina?

A. A little over seven years.

Q. Seven years?

A. Uh-huh. Yes.

Q. Where do you currently live?

A. Now?

Q. Yes, ma'am.
A. I live here. I live here on
Q. What's your address?
A. I'm sorry,
Q.
A. I meant
Q.
And how long have you lived at that address?
A. Three years.
Q. Okay. Where did you live before?
A. I lived on Broad River.
Q. That's the reason for the confusion.
Is that where you lived for the four years prior that lived in South Carolina?
A. No, when I first came here --
Q. Okay.
A. -- I lived on Garners Ferry.
Q. Okay. All right. So you lived on Garners Ferry, then moved over to Broad River, and you've been on Bush River for three years?
A. Yes.
Q. And your current address, is it an apartment, a house?
A. It's a condo.
Q. Is it one story, two stories?

A: Three, three stories.

Q. Three stories, and which -- is your condo actually three stories or is the building three stories?

A. The building. The building is three stories.

Q. And what floor is your building on?

A. I'm on the first floor.

Q. Okay. And I know that you said your daughter, Misty, lives at the house with you. Does anybody else live there with you?

A. A young lady and her two daughters just came from Florida.

Q. Misty's two daughters?

A. No, there's a young lady I know. She came -- she didn't have anywhere to go. I know her.

Q. Is she related to you or just --

A. No, she's not related.

Q. Okay. Does she pay you rent or anything?

A. If she got it.

Q. And did you say that she has her daughters with her?

A. Two daughters.

Q. Two daughters. How old are her daughters?

A. 16 and 13.

Q. Okay. Do you offer any sort of support to them financially?

A. No.
Q. Can I get your Social Security number?
A. XXX-XX-5645.
Q. Can I get your height?
A. I think I'm five two.
Q. And your current weight?
A. I don't know.
Q. Do you have a ballpark idea?
A. Last time I weighed it was two -- 259, I think.
Q. Okay. Is that -- is your current weight pretty average for you? Is that kind of -- is that what you weighed at the time of the incident in question in this claim?
A. No. I have gained.
Q. You gained weight?
A. (Witness moved her head up and down.)
Q. Do you know how much weight you've gained?
A. I don't know for sure.
Q. Do you know --
A. I'm saying maybe ten pounds.
Q. Okay. And what do you attribute that gain to?
A. Like -- like -- in my work, I can't do as much as I could before.
Q. Okay. So kind of a lack of exercise?
A. Right.
Q. Lack of activity?

A. Right.
Q. Okay. Are you a lefty or are you a righty?
A. Right.
Q. Do you have a driver's license?
A. Yes.
Q. Do you know your driver's license number?
A. I don't know it.
Q. Do you have any restrictions on your driver's license?
A. No.
Q. Do you have --
A. I don't think so.
Q. I think generally it's stuff for, like, eyesight, things like that.
Do you have a commercial driver's license?
A. No more I don't.
Q. Oh, you used to have one?
A. Yes.
Q. When did you have a CDL?
A. That was when I came here, I changed it to the regular driving license.
Q. Did you used to drive a truck or something?
A. Bus.
Q. Okay. For, like, a municipality or a school district?

A. School.

Q. Where did you do that?

A. That was in Florida.

Q. Have you ever been in the military?

A. No.

Q. And the next couple of questions I don't want you to be offended by, we ask everybody, it's not a personal attack on you, but have you ever been arrested or convicted of a crime?

A. No.

Q. Have you ever received treatment for or had any kind of problems with any drugs or alcohol?

A. Nope.

Q. Have you ever filed for bankruptcy?

A. No.

Q. Okay. And who is your current health insurance carrier?

A. I don't have one now.

Q. You don't have one right now?

A. No.

Q. How long have you been without health insurance?

A. Let me see. End of February.

Q. Was it Blue Cross/Blue Shield before then? Do you remember who the carrier was?

A. Yeah, I think that's who it was.

Q. And where did you go to high school?
A. Eupora, Mississippi.
Q. The city was?
A. Eupora.
Q. Eupora?
A. E-U-P-O-R-A.
Q. What was the name of the high school?
A. Eupora High.
Q. Eupora High?
A. Yeah.
Q. Did you graduate?
A. Yes.
Q. What year?
A. '75.
Q. Did you go to college?
A. Not right then.
Q. Have you ever -- did you ever go to college?
A. Well, I went to tech.
Q. What tech school?
A. What's the name of that school? West Side Tech.
Q. West Side Tech? Where is that?
A. That's in Winter Garden, Florida.
Q. Did you get any sort of degree?
A. Massage.
Q. And when did you get that degree?

A. 2004.

Q. Did you take any other college courses or anything like that?

A. No.

Q. Receive any other additional training?

A. (Witness moves her head from side to side.)

Q. Have you ever participated in any vocational rehabilitation?

A. No.

Q. What I'd like to do now is kind of go through your employment history, and we'll start with -- was the Department of Special Needs -- Department of Disabilities & Special Needs your most recent employer?

A. Yes.

Q. When did you start working for them?

A. 2008.

Q. And when did you -- when did you -- are you still currently working for them?

A. No.

Q. When did you end your employment there?

A. That ended in June.

Q. June of this year?

A. Yes.

Q. And what did you do at department -- well, actually, we'll get to that a little later.

Where did you work before Disabilities & Special Needs?

A. Popeye's Chicken.

Q. Was that in Columbia?

A. Yes.

Q. And what did you do there?

A. I was a food prep.

Q. And when did -- how -- do you remember the dates of your employment?

A. I think the job was to -- December of 2006.

Q. Until? You started there in December of 2006?

A. Yeah, and I worked there 'til -- let me see, 2000 -- yeah, 2008.

Q. Okay.

A. May of 2008 when I stopped working there.

Q. And did you leave there to go to Department of Disabilities & Special Needs?

A. I was doing that part time, you know, with both jobs.

Q. There was some overlap?

A. Yes.

Q. Where did you work before Popeye's?

A. I worked at -- what's the name of that place? I worked at a Loretta Boutique for about six months.

Q. Was that here in Columbia?

A. Yes.

Q. You said for about six months. Do you know the dates or do you know around the time?

A. After I started working there, it was May of 2006.

Q. And were you just a sales associate?

A. No, I was doing massage.

Q. Oh, okay. And where did you work before then?

A. Before I did -- before I came here, I was working in -- Absolutely Beautiful Spa.

Q. Okay.

A. That was in Florida.

Q. How long were you there?

A. I was there for two years.

Q. Okay. Do you remember the dates? And if you don't remember the exact dates, I don't expect you to remember that, but just kind of general.

A. Let's see. Date, I'm not sure.

Q. I'm sorry? You're not sure?

A. You said what date? What were the date?

Q. Yeah, the dates of your employment, even if it's just the month and the year.

A. Okay. It was -- okay. I started Absolutely Beautiful -- it was in August of 2004 to April of 2006.

Q. Okay. And I'm guessing between then and the

place you started in May of 2006, you moved to South Carolina?

A. I moved to South Carolina April the -- April the 26th.

Q. Okay. Where did you live -- I'm sorry, where did you work before Absolutely Beautiful Spa?

A. I didn't at that time.

Q. You didn't work before that?

A. No. I was at home, you know, housewife.

Q. Okay.

A. In between, you know, drive a school bus. After I left driving a school bus, I was a housewife.

Q. Okay. What were the dates you drove -- you said you drove a school bus?

A. Yes.

Q. Was it for a particular --

A. It was for Orange County.

Q. Orange County.

And how long did you do that?

A. Six and a half years.

Q. Okay. Do you remember the general -- the ballpark, the dates?

A. It was '88 -- I remember I started in '88, and I drove 'til '95.

Q. Okay. Did you work prior to driving the bus?

A. What did I do? Yeah, I worked some, but what else? I'm not for sure what I did between driving the bus and the -- but I know I worked at an electronic place. That was in '84.

Q. Okay.

A. That was in '84, the electronics.

Q. Okay. Were you a salesperson?

A. We were putting little parts together.

Q. Oh, was it like a plant of some sort?

A. Yes.

Q. Okay. Any other employers or any other places that you worked that you can recall?

A. And before that I worked at a nursery, a plant nursery.

Q. Okay. To the best of your recollection, is that a complete list of your prior employers?

A. Yeah.

Q. Okay. Did you ever receive any sort of on-the-job-training at any of these -- at any of these places?

A. Well, in a sense, yes, you can say I did because I had to learn how to do what they wanted me to do.

Q. But you don't recall having any kind of formal training or anything like that?

A. No. No. No.

Q. Okay. And when did you begin working for the department? I know you said it a minute ago. Was it 2008 you began working in Department of Disabilities & Special Needs?

A. Right.

Q. Do you recall who hired you?

A. Eric Jacobs. That was the supervisor I was under.

Q. Eric Jacobs?

A. Yes.

Q. Did you fill out a job application and go on an interview for the job?

A. I filled out an application.

Q. Okay.

A. But he -- he the one that interviewed me.

Q. Eric Jacobs interviewed you?

A. Yes.

Q. And you said you do not work for DSN any longer?

A. No.

Q. Why did your employment end? Were you terminated? Did you quit?

A. Because I wasn't able to come back and do full duty what I was doing before, she said they had to take me off payroll.

Q. Okay. Were you offered light duty or offered,

like, a transition to a different position or anything like that?

A. She -- I was offered to be put in another building, but I wasn't able to do it. That's why.

Q. What position were you initially hired to fill?

A. Cleaning, you know, bathing guys, feeding them, putting them in bed, whatever they couldn't -- you know, couldn't do. Change their Pampers and all that.

Q. Do you remember what your official title was?

A. Yeah, they called us HSA.

Q. HSA?

A. Uh-huh.

Q. And I think you just touched on it a little bit, but what were your job duties in that position?

A. Feed, bathing, change their diapers, dressing them.

Q. Now, were you assigned to certain individuals or was it just kind of on an as-needed basis whoever needed help that you --

A. It was a group.

Q. It was a group?

A. Uh-huh.

Q. Was it a particular facility or a home or something that you worked in?

A. It was building -- I worked in a specific

building.

Q. Okay. Where was that?

A. Willow. That was the building name, Willow.

Q. Willow?

A. (Witness moves her head up and down.)

Q. Okay. And then did you remain in that position as an HSA for your entire time at Disabilities & Special Needs?

A. Right.

Q. Were you a supervisor of any employees?

A. No.

Q. What hours did you work?

A. From 3:30 to 11:30.

Q. Monday through Friday?

A. It was -- I had certain days off, but it was, like, every other weekend maybe.

Q. Was it always five days a week or --

A. It was five days a week, but I had different days off.

Q. Okay. Do you know the total hours per week that you worked?

A. If I'm not mistaken, they had it down, like, eight -- like -- well, we had to work eight and a half, but, you know, they take off for the time for lunch.

Q. Okay. Do you know was it the 37 1/2 hour

workweek that I think most --

A. No, it was 40.

Q. It was a 40-hour workweek, okay.

And I know that you said that you were -- when you were hired, Eric Jacobs was your immediate supervisor. Was he your immediate supervisor your entire time of employment there?

A. Right. Right.

Q. And what kind of relationship did you have with Mr. Jacobs?

A. It was a normal, you know, supervisor and worker.

Q. Okay. Did you get along with him?

A. Yeah.

Q. Okay. Were you ever reprimanded or disciplined by either Eric Jacobs or anyone else at Disabilities & Special Needs?

A. What you mean by reprimanded?

Q. Were you ever -- more like a formal reprimand. Did they ever call you in and tell you you did something wrong or write you up or discipline you in any way?

A. It -- write me up? Well, I don't know if you say reprimanded or not. No, I don't think -- I didn't -- I didn't think it was, you know.

Q. Were you given some sort of critique or

something?

A. Well, yeah, you could say that where it needs to be done like this or if I don't do something just right, you know. It need to be done, you know.

Q. So they would, I guess, critique you in your work as you went, but as far as you know, there wasn't any sort of formal reprimand or discipline or anything?

A. Not as far as I know.

Q. Okay. Were you paid hourly or were you a salaried employee?

A. Hourly.

Q. How much were you paid per hour?

A. I think -- well, I was told it was, like, nine -- let me see. It was 9.26 or 9.32, somewhere around there.

Q. Okay. Was that your -- was that your sal -- what were you paid throughout the entire time of your employment or did you ever get any kind of raise or anything?

A. I think they gave, like, a one percent raise.

Q. Okay.

A. I'm thinking. I'm not for sure about that.

Q. Okay. Now, were you employed anywhere else at the time of the injury that we're here talking about today?

A. No.

Q. I meant to ask, do you ever -- do you still do, like, massages on the side or anything like that or do you

still do any massages for any sort of group or anything?

A. No.

Q. And you said that you left Department of Special Needs -- Disabilities & Special Needs in June of this year?

A. Right.

Q. Have you worked anywhere since leaving?

A. No.

Q. Okay. Now kind of changing gears, we're going to go a little bit into your health history. Do you now or have you ever had diabetes?

A. No.

Q. Do you now or have you ever had high blood pressure?

A. No.

Q. Do you have any history of seizures?

A. No.

Q. Migraine headaches?

A. No.

Q. Any heart trouble?

A. (Witness moves her head from side to side.)

I had a problem one time. I had a heart murmur.

Q. You had a hear murmur? Did you receive any sort of treatment for that?

A. No, I was told it wasn't quite bad enough.

Q. Do they continue to monitor it?

A. Yeah. They did one time, but they said it was....

Q. They don't -- they don't any longer?

A. No.

Q. When was that?

A. That was -- that had been, I'm guessing, about ten years ago.

Q. Two years or ten years?

A. Ten.

Q. Ten years, okay.

Any other major illnesses or ailments?

A. No.

Q. Who is your family doctor?

A. Michelle Rojas.

Q. How do you spell her last name?

A. R-O-J-A-S.

Q. Who is she with? What's the practice's name?

A. Grace. Grace Medical. Yeah, Grace Medical.

Q. Is that here in Columbia?

A. Yes.

Q. How long has she been your family doctor?

A. I'm thinking about -- around about three years.

Q. Okay. Who was your family practitioner before that time?

A. I really didn't have one.

Q. You didn't have one?
A. No.
Q. Who would you see if you had, like, a sinus infection or something like that or just needed a checkup?
A. I don't -- I don't remember going anywhere before I went to her.
Q. Okay. Was your last family doctor, then, in Florida?
A. Yes.
Q. Who was that?
A. Well, gynecologist I went to, his name was -- oh, God, what's his name? I don't remember his name right now.
Q. Okay. When was the last time that you were seen by Dr. Rojas?
A. That was in February.
Q. February. And what did you see her for?
A. Sinus.
Q. Sinus?
A. Yes.
Q. Are there any other doctors that you see regularly?
A. No.
Q. And what is the date of the accident that we are here about? Do you recall the date?

A. It's -- it was March the 22nd --
Q. Okay.
A. -- '11.
Q. Had you ever had any sort of work-related accident or injury before that date?
A. No.
Q. And what body parts were injured during -- sorry.

Had you ever been in any car accidents prior to that date?
A. Years ago.
Q. Did you sustain any sort of injury in that car accident?
A. No -- well, whiplash.
Q. Did you get any sort of treatment for that?
A. No, I just went to the hospital, and that was it.
Q. Were you the at-fault driver in that accident?
A. Yeah.
Q. Okay. Do you remember if there was any sort of lawsuit arising out of it?
A. No.
Q. Any other car accidents?
A. No.
Q. Have you ever been injured in any sort of

slip-and-fall accident or any other sort of accident outside of work?

A. No.

Q. Okay. Have you ever filed a lawsuit?

A. Well, I don't know if it was a lawsuit or not. It was years ago.

Q. Okay.

A. I don't know whether it was a lawsuit or not. I had talked to an attorney but --

Q. You don't know that anything was ever filed?

A. No.

Q. Okay. Did you file some sort of an insurance claim or anything like that?

A. Like I said, I talked to an attorney and nothing came of it.

Q. What was it -- what did that arise out of?

A. I pulled a ligament in my knee.

Q. How did you do that?

A. I made a misstep coming off the bus.

Q. Was that when you were a bus driver?

A. Yes.

Q. Did you receive any sort of treatment for that pulled ligament?

A. I went to the doctor for it, and that's how I knew what it was, and they said that was nothing -- nothing

really came out of that.

Q. Do you recall did your employer pay for the treatment for your leg?

A. Yes, he did.

Q. Did you have to miss any work?

A. Couple days. Couple days.

Q. Were you paid for those days that you missed?

A. It's been so long ago, I'm not for sure.

Q. But you can't remember if you ever actually filed a formal comp claim -- workers' comp claim?

A. Like I said -- like I said, I'm not sure because didn't anything come out of it.

Q. Have you ever been hospitalized?

A. Yes.

Q. When was that?

A. That was -- outside of having a baby?

Q. Yes, outside of having a baby.

A. That was the -- that was in '94.

Q. What was that for?

A. I had to have surgery.

Q. What was the surgery? That was actually going to be my next question.

A. Hysterectomy.

Q. Okay. Was that while you were in Florida?

A. Yes.

Q. Any complications from that or anything?
A. No.
Q. Have you ever been treated in the emergency room?
A. Yes.
Q. When was that?
A. That been -- when it was? That been I think a year ago.
Q. A year ago?
A. Yeah.
Q. What was that for?
A. Muscle spasm.
Q. Where? What kind of muscle spasms?
A. It was under my arm. My arm, it started spasming, and I was taken to the hospital because I didn't know what was happening.
Q. Okay. Now, when you did that, you kind of indicated your right shoulder. Was it up towards your shoulder area?
A. It was more toward under -- right in the breast area.
Q. Okay. Which hospital did you go to?
A. Providence.
Q. Did they diagnose you with anything?
A. They did several tests on me. They said it was

a muscle spasm.

Q. Did they give you any medication?

A. Gave me some pain medicine, made me sleep.

Q. Any other times -- have you ever been treated in an emergency room any other time other than that?

A. No.

Q. Prior to the incident that we're here for today, have you ever seen an orthopaedic doctor or an orthopaedic surgeon?

A. Yeah.

Q. When was that?

A. Oops, that's been -- I'm thinking it was three years ago.

Q. Okay. What did you see -- first of all, who did you see?

A. I don't remember the name of the doctor, but it was -- it was Midlands Orthopaedics.

Q. Midlands Orthopaedics.

And what did you see him for or her?

A. He told me it was for -- it was in my foot.

Q. Okay.

A. My foot, my arch was dropping.

Q. Okay. Did they give you any sort of treatment or medication or anything for that or --

A. I had a boot. I had to wear a boot.

Q: How long did you have to wear that for?

A. I wore that boot for about -- I think about two months.

Q. Have you ever seen any other orthopaedic doctors or surgeons or anything?

A. No.

Q. Okay. Have you ever been treated with -- have you ever treated with a chiropractor?

A. I went to one, but I -- it was on my own.

Q. You went to a chiropractor? When did you do that?

A. That was way back in Florida, too.

Q. Do you recall the name of the chiropractor?

A. No.

Q. Do you remember -- I know you said it was way back in Florida. Do you remember about the year?

A. No. I really don't remember the year.

Q. Do you recall what you went for?

A. It was -- it was one of those things where it was in the mall, and they were checking you out. Then that was an appointment set that way.

Q. Okay. And did you go for a specific body part or a specific complaint or --

A. It was just when he checked me, he was saying that it was kind of, like, off.

Q. You indicated your neck?
A. Yeah.
Q. Your neck was off?
A. It was kind of off.
Q. Okay. Did he actually treat it?
A. I went to him, I think, once, until he told me how much it was going to cost.
Q. I can understand that.
Now, in the past, since 2008, have you had any sort of health problems that are not related to this accident at your work, any pains, health problems, or anything like that?
A. Not that I can think of.
Q. Now, this March 22nd, 2011, incident, can you tell me in your own words what happened?
A. The young guy that -- he jumped up out of the wheelchair and pushed me.
Q. Do you recall the man's name who pushed you?
A. Tremell. I forgot what his last name, but his first name is Tremell.
Q. Do you know how old he was?
A. He was 37 or 38 years old.
Q. Okay. And he was confined to a wheelchair?
A. Yeah. He's one of the wheelchair guys in the building.

Q. Do you know why he's in a wheelchair?

A. He could walk some, but he'd rather, you know, use the chair.

Q. Okay. At the time that he jumped out of his wheelchair, what were you doing?

A. I had just got his shoes off getting him ready to take a bath.

Q. Is he one of the individuals that you regularly assisted with baths and with feeding and things like that?

A. Not -- no, not regularly. They had shift -- you know, that day they had put me in a different group.

Q. Okay. So you were put in a different group the day that this incident occurred?

A. (Witness moves her head up and down.)

Q. So had you ever worked with this -- with Tremell before?

A. I had when I first started. You know, I had worked with him some, then they put me -- I'm kind of what you call a floater --

Q. Okay.

A. -- at that particular time.

Q. And where were you when Mr. -- when Tremell pushed you?

A. I was in the doorway of the bathroom and the bedroom.

Q. Was there anyone else working in that area when this incident occurred?

A. Yeah, there's a coworker. She was standing in the bathroom.

Q. Do you remember her name?

A. Yes, Deborah Harrison.

Q. Deborah Harrison.

Were there any other witnesses?

A. No.

Q. And when he pushed you, did you fall backwards, forwards? What happened when he pushed you?

A. I fell to the side.

Q. Okay. Where did you hit?

A. What do you mean where did I hit?

Q. Well, what body parts did you hit when you fell?

A. I came down on this side and hit my elbow.

Q. You came down on your right side?

A. (Witness moves her head up and down.)

Q. And you said you hit your hip and your elbow?

A. (Witness moves her head up and down.)

Q. Did you just hit it on the floor or did you hit anything going down?

A. I just hit the floor.

Q. Okay. Do you recall was the floor carpeted, was it tiled?

A. Hard floor.

Q. Hard floor?

A. No carpeting.

Q. Okay. Did you feel immediate pain when the accident occurred?

A. At the time, only the elbow I felt immediately pain.

Q. Only in the elbow?

A. Right at that time.

Q. Did you hit your head?

A. No.

Q. Did you leave work to get medical assistance or did you continue to work?

A. I was sent to the nurse -- well, whatever she is. They sent me to the nurse. Anytime something happen, they have a nurse on staff.

Q. Okay. Do you recall her name?

A. No.

Q. Who sent you -- you said you were sent to the nurse. Who sent you?

A. My supervisor.

Q. Was he there or did you go to see him?

A. No, he was in his office.

Q. Was his office in the same building that --

A. Right.

Q. Okay.
A. The lady went and got him.
Q. Was it Mrs. Harrison that went and got him?
A. Yes.
Q. Was this immediately after you fell?
A. While I was still on the floor.
Q. So he came to the room?
A. Yes.
Q. What happened after you saw -- did the nurse give you any sort of medication or give you any sort of treatment or anything?
A. No. She just told me to see the doctor the next morning.
Q. Okay. Did you finish out your shift or did you go home?
A. I went back to the building, but I didn't do anything.
Q. I'm sorry?
A. I went back to the building, but I didn't do anything.
Q. Okay. Did you continue to -- did you ever get Tremell into the bath or anything like that?
A. No, I didn't do it.
Q. Somebody finished working with him?
A. Right. Right.

Q. And, I apologize, I should have asked this earlier, what time did that happen?

A. It was about, I'm -- I think it was around about 7:30.

Q. So -- I don't recall what you said your shift generally worked -- began. Was it early in the shift? This was about midway through the shift it looks like.

A. Like I say, this happened around 7:30 that evening.

Q. Okay.

A. 'Cause he was still -- he was the last one to get his bath.

Q. Okay. And you stayed on 'til the end of the shift, 11:30 that night?

A. Yeah, I went back, but, like I said, I didn't do anything after that.

Q. And you said that you reported -- I guess the injury was reported to your supervisor, Mr. Jacobs?

A. Yes.

Q. Okay. After you went to see the nurse on staff, when did you first go for medical treatment?

A. Well, they -- she told me to see the doctor the next day, but he wasn't in.

Q. Which doctor was this?

A. The doctor they had there on campus.

Q. So it was an on staff doctor?
A. Yeah.
Q. And he was not there the following day?
A. No, he was in a meeting. I was told he was in a meeting.
Q. Was he -- was he supposed to be there at the time that you had your accident or does he have earlier hours?
A. His hours are earlier.
Q. So when -- did you ever see that doctor?
A. I saw him -- like I said, the next day was Wednesday, and I was told he was in a meeting, so I went to see him Thursday.
Q. So not the day after the accident, but that next day after that?
A. (Witness moves her head up and down.)
Q. Okay. Did you have to go -- were you scheduled to work the following day?
A. Yeah.
Q. Okay. So did you go prior to your shift going to see the doctor?
A. I didn't go because I was hurting.
Q. You didn't go to work?
A. I didn't go to work that day because I was hurting.

Q. Okay. But you did go to the facility to see the doctor earlier that morning?

A. Well, I called first and I was told that he wasn't there, that he was in a meeting.

Q. Okay. And you did not go to work that evening?

A. Right. And I called in.

Q. Okay. So you went to see him on Thursday. Do you remember what time you went to see him?

A. I don't know exactly what time, but it was that morning.

Q. Okay. Do you recall the doctor's name?

A. It's one of them funny names.

Q. Okay. What sort of treatment did that doctor provide for you?

A. He prescribed some 800 milligram ibuprofen.

Q. Did he take any -- did he do any kind of diagnostic tests, any sort of X-rays or MRI, anything along those lines?

A. Well, I don't want to be rude, but, no.

Q. Okay. Did he take you out of work or advise you to stay out of work or anything like that?

A. No. No. I'm sorry.

Q. So he released you to full duty immediately?

A. Yeah.

Q. Now, when you went to see him on that Thursday,

I know you said immediately after the accident, your fall, the only thing that hurt was your elbow. At that time were you only seeing him for your elbow?

A. No, well, he was checking me for the whole thing.

Q. Okay.

A. But, like I said, at that time my mind just clicked on the elbow 'cause that was -- it was -- it was, like.... Well, that's at the time when that happened, my mind was just thinking about my elbow.

Q. When the doctor treated you?

A. He was treating me for my elbow and this side (indicating).

Q. Your right side?

A. (Witness moves her head up and down.)

Q. But when you went to see him, the only thing you recall hurting at that time was your elbow?

A. Well --

MR. SAMUELS: Objection.

THE WITNESS: By the time I seen him, both was hurting.

BY MS. FARTHING:

Q. Okay. Your elbow and your hurt?

A. I'm sorry. I misunderstood you. When it first happened, my mind was just on my elbow.

Q. Okay.

A. But by the time I seen him, both were hurting.

Q. Okay. Do you recall if you had any kind of bruise or anything on either -- anywhere on your body or anything along those lines, any marks of any sort?

A. I don't think so. Well, none that I could see.

Q. Okay. After you saw the doctor that was at Disabilities & Special Needs, who did you go to see next?

A. I was sent out to Doctors Care.

Q. Doctors Care?

A. Yes, Dr. Izard -- Izard. I don't know how you pronounce his name.

Q. You said that you were sent out to that. Who sent you out to Doctors Care?

A. Ms. Paterson, Judy Paterson.

Q. Okay.

A. She works there.

Q. Who works there?

A. She the one that works, you know, if something happens, she sends you out.

Q. She works for Disabilities & Special Needs?

A. Right. She's the one on campus.

Q. Okay. When was that that she sent you to Doctors Care?

A. A week after.

Q. A week after the fall or a week after you first saw the doctor at Disabilities & Special Needs?

A. Yeah, the week after I saw the doctor on campus, she sent me out to Dr. Izard.

Q. Okay. Now, were you working during that week in between?

A. My supervisor put me on light duty.

Q. Do you know if that was recommended by a doctor or was that based on how you felt?

A. That was based on just what my supervisor did himself.

Q. Okay. And when you went to Doctors Care, what sort of treatment did you receive from them?

A. He had an MRI done, and he sent me to physical therapy.

Q. What was the MRI of, do you know?

A. Of my hip.

Q. Do you recall if it showed anything?

A. That I don't know.

Q. Okay. Did he give you any -- did he put you on any kind of medications or anything along those lines?

A. He just told me to keep taking the ibuprofen 800 milligrams.

Q. And he sent you to physical therapy?

A. Yes.

Q. Who did you do your physical therapy with?
A. I think Progressive. Progressive. They're usually connected with Doctors Care clinics or something.
Q. And how long were you in physical therapy?
A. I'm guessing about two months.
Q. Okay. Did you attend all of the sessions?
A. Yes.
Q. And why did you stop physical therapy? The doctor took you out of it or --
A. Yes, 'cause it's like it wasn't doing any good, so he stopped it.
Q. It wasn't doing any good?
A. 'Cause I was continuing hurting.
Q. Were you in physical therapy for both your elbow and your hip or just your hip?
A. Just my hip.
Q. Were you still having problems with your elbow?
A. It had -- it was feeling pretty good.
Q. Okay. Were you still having problems with your elbow when you went to see Dr. Izard or Doctors Care?
A. That's during the same time.
Q. Okay. How often did you see -- did you just go to Doctors Care that one visit or how many times did you go to see them?
A. I saw -- well, the first doctor I went to see

there was Dr. Stewart, and then after that I went to see Dr. Izard when I went back.

Q. Do you recall how many times you went to Doctors Care?

A. Let's see. I went -- let's see. They sent me to him I think around about the first of April, and I saw him up 'til, I think, October.

Q. So you went to see him from April 'til October?

A. Uh-huh.

Q. Of 2011?

A. Yes.

Q. Did you see any other doctors for your hip and elbow?

A. No.

Q. Now, did doctor -- did any of the doctors at Doctors Care take you out of work?

A. No.

Q. Did they -- did they put you on light duty or anything like that?

A. No.

Q. Okay. How long -- I know that you said your supervisor put you on light duty. How long did he put you on light duty for?

A. He only did it for about two -- I guess two weeks.

Q. Okay. So by the time that you went to see the doctors at Doctors Care, you were on full duty again?

A. Yes.

Q. Okay. And how long -- how long did you remain on full duty?

A. Up to last year.

Q. Okay. What happened last year that you went off of full duty?

A. The pain got where I couldn't stand it any more.

Q. Okay. And where was that pain?

A. The top of my hip all the way down my leg.

Q. So the top of your right hip down your leg?

A. Yes.

Q. And when did you start having problems with -- with back pain again?

A. It's always been there, but it just -- when I say anything about it, it would be ignored.

Q. Who were you telling?

A. I would tell my supervisor.

Q. How often were you relaying your problems to him?

A. I would say something to him every other month.

Q. Did you ever tell anybody else about it?

A. Eventually, I talked to Ms. Bass.

Q. Is she in HR?

A. She's -- she work up front.
Q. She works up front?
A. Right.
Q. Do you know what her position is?
A. Something to do with the insurance.
Q. Okay. And what did Ms. Bass tell you?
A. She told me that she was going to send me out to another doctor.
Q. And did she send you out to another doctor?
A. Yes.
Q. Who did she send you out to?
A. Doctors Express.
Q. Doctors Express? When was that?
A. That was in -- I am going to see them -- I don't know exactly the date, but I remember it was in September.
Q. September of 2012?
A. Yeah.
Q. So you saw Doctors Care from April of 2011 until about October of 2011; is that right?
A. Right.
Q. Between October of 2011 and September of 2012, did you see any doctors for any of your hip problems or your hip pain?
A. No, because I didn't -- I didn't have the money to go see no other doctors on my own.

Q. Were you taking any sort of medication between those times?

A. Only ibuprofens.

Q. During that time you said you were back full duty?

A. Yeah, doing -- still had me doing the same thing I was doing before.

Q. Okay. So the same --

A. Bathing.

Q. You were bathing and feeding and changing the individuals housed at that facility?

A. (Witness moves her head up and down.)

Q. Did anything happen to make the pain any worse or any better or anything along those lines?

A. No.

Q. Okay. So in September 2012 you went to see a doctor, Doctors Express?

A. That's where I was sent to Doctors Express.

Q. What kind of treatment did you receive from Doctors Express?

A. She seen me and -- well, she put me on -- gave me some -- prescribed some pain medicine.

Q. Okay. Do you remember what kind?

A. Well, I don't remember the pain, but -- plus she gave me something like -- she said it was a muscle relaxer.

Q. Are you still on those medications?
A. No.
Q. Do they give you any kind of relief?
A. Make me sleepy.
Q. But it didn't help your pain or did it help the pain at all?
A. Not really.
Q. How often did you see the doctors at Doctors Express?
A. I was seen -- she would have me to come see her it was two to three weeks, every two to three weeks.
Q. Every two to three weeks?
A. Uh-huh.
Q. For how long?
A. I had seen her up to -- the last time I saw her was February. February the 11th was the last time I saw her.
Q. Of this year?
A. Yes.
Q. Did the doctor at Doctors Express take you out of work?
A. Light duty. Well, you know, continuing on light duty.
Q. Okay. So she put you on light duty September 2012?
A. Yeah, they had me on light duty from then up to

-- yeah, I was on light duty during that time.

Q. From September 2012 until February 2013?

A. Yeah, then it -- well, from two thousand and two six (sic) --

Q. Okay.

A. -- they had me -- I was at home.

Q. I'm sorry, when?

A. From November the 26th --

Q. Okay.

A. -- 2012. I was home because the only -- they only allowed me on the job two months light duty on the job.

Q. Okay. Were you cleared for light duty? They just didn't have -- you weren't able to go to light duty?

A. Yeah, the policy was that you were only allowed 60 days on the job light duty.

Q. Okay. So you went out of work in November of 2012?

A. Uh-huh. Yes.

Q. Did you ever return?

A. She gave me to return with restriction.

Q. Okay. When was that?

A. That was in February, the day that I saw her.

Q. And were you able to return at that time?

A. I was -- a nicer way, I was told I was allowed -- I couldn't come back doing that.

Q. You couldn't come back with those restrictions?
A. Right, because they didn't have anywhere to put me.
Q. Okay. And you said you worked for Disabilities & Special Needs until June?
A. That's when she -- they took me off payroll.
Q. Okay. But you have not worked -- you have not actually worked for them -- I guess, you have not been an active worker there since November 2012?
A. Right.
Q. Okay. Other than Doctors Care and Doctors Express and the physical therapy, have you seen any other doctors relating to your injuries from the 2011 accident -- the March 2011 fall?
A. No, I haven't seen no other doctor.
Q. Have you gone to see any other doctors for --
A. Oh. I'm sorry. I did see one.
Q. Okay.
A. Dr. Poletti.
Q. Dr. Poletti.
What did you see Dr. Poletti for?
A. I was sent there.
Q. Who were you sent there by?
A. My attorney.
Q. Okay. And for what?

A. For the same problem.
Q. The pain in your upper hip going down your leg?
A. Yes.
Q. What sort of treatment did he give you?
A. He -- he -- well, he just told me to come back and see my attorney.
Q. He just told you to go back and see your attorney?
A. Go back and see my attorney.
Q. Did he put you on any kind of medications or anything like that?
A. No. No.
Q. Okay. Have you received any sort of treatment for depression or anxiety related to your March 2011 accident?
A. No.
Q. Have you seen your family doctor, Dr. Rojas? Have you seen her at all for this, for any injuries relating to that March 2011 accident?
A. No. She knows about it, but, no.
Q. Are you currently receiving any sort of treatment for your -- for any -- any injuries relating to that 2011 accident?
A. No.
Q. Are you currently on any kind of medication for

it?

A. No.

Q. Do you know any of the ultimate diagnoses with regard to your injuries from the 2011 accident? Do you know what you were ever diagnosed with?

A. That's a big word. I don't know how to pronounce it.

Q. Okay. Who diagnosed you with that?

A. That's -- well, it was related to me through my attorney.

Q. Okay. Was that by Dr. Poletti?

A. Yes.

Q. Okay.

THE WITNESS: Can we stop for a few minutes?

(A recess transpired.)

BY MS. FARTHING:

Q. I know you said you're not on any current medications with regard to the injuries from your 2011 accident. What medications -- other than the painkiller and the muscle relaxer that you received from Doctors Express, did you ever receive any other prescription medications for those injuries?

A. Other than that, no.

Q. And what pharmacy did you use or do you use?

A. That was -- that was Longs. I got the

prescription through Longs.

Q. The one out there on Garners Ferry?

A. No, on Farrow -- no, Farrow Road.

Q. Farrow Road.

Were you on any sort of prescription medicines prior to the incident in question, the accident?

A. No.

Q. No. What current problems are you having that you relate to that March 2011 accident?

A. Pain from the top of my hip all the way down my leg, occasionally in my heel.

Q. You're no longer having any elbow pain?

A. No.

Q. Had you ever had any sort of pain in either of your hips prior to this accident?

A. No.

Q. Had you ever had any kind of back pain or anything like that prior to this accident?

A. No.

Q. Had you ever gone to see any doctors with regard to either of those -- any of those -- any part of your lower body or your back?

A. Before?

Q. Before, yes, ma'am.

A. No.

Q. And I know that you said that you're not currently working, but what restrictions were you put on -- were you put under by your doctors with regard to this accident?

A. I was told no lifting, nothing over 20 pounds, no pushing, no pulling, and no bending nor -- I don't know for sure about squatting, but that's what I remember.

Q. Was there any sort of time limitation to those restrictions or was it just, I guess, an across-the-board you can't do this?

A. Across the board.

Q. Has anything happened since that March 2011 accident to make your pain worse than it was at the time of the accident?

A. No.

Q. Did you receive your salary or any other benefits while you were out of work?

A. Say that again.

Q. Did you receive your salary? Did you continue getting paid once you went out of work?

A. Only when I worked, that was my regular pay was -- was in December.

Q. The last time you received your regular pay was in December?

A. In December. Then after that, well, they had it

kind of mixed up. Part of my sick time supposed to be in workmen's comp.

Q. I'm sorry?

A. The way it was, they had set it up from my job was while I was out was part of my sick time and part of my -- and workmen's comp.

Q. Okay. So once you went out of work in November, was it November of 2012?

A. Yeah.

Q. You initially collected some of your sick leave?

A. (Witness moves her head up and down.)

Q. And then you began collecting under workmen's comp?

A. Yeah, they was -- those two, my sick time and the workmen's comp supposed to be in together, done together.

Q. Okay.

A. Workmen's comp would come direct to my house, and the other supposed to have went to my -- went direct deposit.

Q. Okay. And did that happen?

A. Yeah, up to two months.

Q. I guess up until you ran out of sick leave?

A. You could say that.

Q. I'm sorry?

A. I said you could say that.

Q. Is there time you have missed from work for which you feel you have not been compensated?

A. Can you --

Q. Are you still continuing to receive compensation through workers' comp?

A. Yes, workmen's comp does send me a check.

Q. And has there been any time you've been out of work where you feel like you have not been compensated, that you have not been paid?

A. Since this happened?

Q. Yes, ma'am.

A. No, I've been paid.

Q. Do you believe that you're capable of returning to work at this time? I'm not necessarily talking about the job that you left, but any work.

A. With restrictions.

Q. With those restrictions from your doctor, the no lifting, no pushing, no pulling, no bending, no squatting?

A. Yeah, if -- or whoever, wherever I go, will have to give me some -- no standing too long. I forgot to put that on there, too.

Q. Okay. You can't stand for too long?

A. Right.

Q. If a job were to adhere to all those restrictions, you feel like you would be able to go back to

work?

A. I'll put an effort in it.

Q. Is there any particular employment that you feel like you're capable of doing?

A. I'll tell you what I love.

Q. What's that?

A. Massage.

Q. So you'd like to go back to doing massage therapy?

A. I would like to do that.

Q. Have you looked into any sort of employment opportunities in that field or any other field, for that matter?

A. No, not recently. Not since, you know, I was working, actually working.

Q. Have you applied for Social Security or state disability benefits?

A. I had checked into it, but I was told it wasn't -- I had to be out of work a year.

Q. Okay. So you -- okay.

A. I went online.

Q. Did you ever file an application for any sort of disability benefits or disability retirement or anything like that?

A. Disability retirement, yes, I did.

Q. Okay. So you did apply for disability retirement?

A. Yes.

Q. Is that through the state?

A. Yeah, through my job, whatever -- however that went.

Q. Do you know what the status of that application is?

A. I was approved for that.

Q. Okay. When were you approved?

A. I was approved July.

Q. Have you started receiving --

A. That's -- I received something from them in July.

Q. You received a check from them or received something saying you were approved?

A. I received a check from them.

Q. Do you remember how much the check was?

A. The check at that time in July was $88.

Q. $88?

A. Yes.

Q. Okay. How often do you receive --

A. Then they told me because of the way it was given to them, my first check was $88. Then after that, like, 292.

Q. 292?
A. Yes.
Q. And how often do you receive those checks?
A. Once a month.
Q. Once a month.
Do you receive any sort of unemployment benefits?
A. No.
Q. Do you receive any other retirement benefits?
A. No.
Q. Were there any hobbies that you used to do prior to -- that you participated in prior to the March 2011 accident that you're no longer able to do anymore?
A. I didn't do any hobbies.
Q. Are there any household chores that you used to do that you're not able to do anymore?
A. Not really.
Q. How about yard work?
A. Oh, no.
Q. You can still do it? I guess at your condo you probably won't have any yard work.
A. No. If I had a house, I wouldn't do it.
Q. I don't blame you, especially in these summers.
Have you sustained any sort of subsequent -- any injury, any further injuries to either your hip or your elbow

or any other body parts that you injured that you claimed to have injured in this March 2011 accident since that accident? Have you received any sort of additional injuries to them?

A. No.

Q. Bumped them anywhere? Fell again?

A. No.

MS. FARTHING: Okay. I don't think I have anything else. I don't know if Ellen's got anything to add.

MRS. GOODWIN: No.

MS. FARTHING: That's it.

EXAMINATION

BY MR. SAMUELS:

Q. I have a few questions.

Sarah, you are aware that Dr. Poletti recommended an MRI of your low back? You understand that?

A. Yes, you told me that.

Q. And is he the only orthopaedic surgeon that you have seen?

A. Right.

Q. You had an MRI before, but that was only of your hip; isn't that true?

A. Right.

Q. You remember seeing Dr. Izard?

A. Yes.

Q. I think you were asked if that was Doctors Care,

but that was, in fact, with First Care?

A. First Care, okay.

Q. I'm going to show you a medical record from March 31st, 2011. Is March 31st, 2011, nine days after your accident?

A. That was a Saturday, I'm guessing.

Q. If you got hurt on March 22nd, would March 31st be nine days later?

A. Probably because he was -- he was -- showed up after they sent me to the guy on premises.

Q. Would you agree that record shows you complained of pain in your right elbow and pain in your right hip that travels down your leg?

A. Yeah.

Q. I'm going to show you another record from the same doctor, APA Page Number 9. Would you agree it says your elbow problems resolved, but she continues to hurt in her right lower back radiating to her leg?

A. Yeah.

Q. Would you agree you were complaining of back pain radiating down your leg to Dr. Izard?

A. Yes.

Q. But he only -- he was only authorized to treat your hip; isn't that true?

A. Right.

Q. Doctors Express, did you also tell them about your back pain radiating down your leg?

A. Yes.

Q. Did they tell you you had a condition called sciatica?

A. Yes.

Q. And did Dr. Poletti also tell you you had sciatica?

A. I don't remember him telling me that. I remember him telling me to see you.

Q. Do you believe you still need additional medical treatment for your back pain radiating down into your right leg?

A. If they can treat me, I'll accept it because....

Q. Do you want to have the MRI that's been recommended by Dr. Poletti?

A. If it can tell me what's going on, I'll take it.

Q. The decision for you not to be working at SCDSN, that was made by the department, not you; isn't that true?

A. Right.

Q. Did you try to work as long as you could?

A. Yes.

MR. SAMUELS: I have no further questions.

THE WITNESS: Can I say something off the record?

MR. SAMUELS: No.

I have no further questions.

MS. FARTHING: I think we're good.

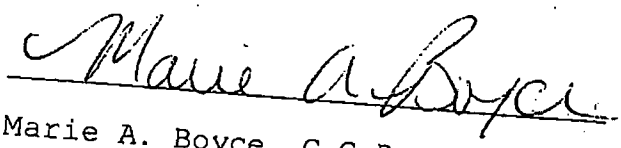
(The deposition was concluded at 12:21 p.m.)

CERTIFICATE OF REPORTER

I, MARIE A. BOYCE, Certified Court Reporter, and Notary Public for the State of South Carolina at Large, do hereby certify that the foregoing transcript is a true, accurate, and complete record.

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

Witness my hand, I have hereunto affixed my official seal this 15th day of September, 2013, in Lexington, Lexington County, South Carolina.



Marie A. Boyce, C.C.R.

License #30XI00145200

My Commission Expires October 24, 2013

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

# PRE-HEARING BRIEF
**WCC File No:** 1108515

Claimant's Name: Sarah Folston
Address:
City: Columbia State: SC Zip: 29210
Home Phone: Work Phone:
Preparer's Name: Stephen B. Samuels

Employer's Name: SC Department of Disabilities and Special Needs
Address: 8301 Farrow Road
City: Columbia State: SC Zip: 29203
Carrier: State Accident Fund
Preparer's Phone #: 803 779 4000

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

1. Compensation Rate: $253.79 2. AWW: $ 380.66 **Date of Injury:** 3/22/2011
3. Type of injury and body part(s): right hip, right leg, right arm and back with radiculopathy into right leg
4. Facts in controversy:
   Please see "Attachment to Pre-Hearing Brief (WCC Form #58)"
5. Legal issues involved:
   Please see "Attachment to Pre-Hearing Brief (WCC Form #58)"
6. Unusual aspects:
7. Witnesses (designate if expert):*
   Sarah Folston and any witness(es) presented by Defendants.
8. Exhibits:
   Subpoena Response from The Directions Group dated 07/29/2016; Deposition Transcript of Jacqueline Kennedy Merritt dated 08/11/2016
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance):
   Please see attached Notice of Witnesses and Written Expert Reports to be Submitted on Behalf of Claimant.
10. Name, address, and specialty, if any, of the treating physician:
    Ivan Lamotta, MD, Columbia SC, orthopaedic surgeon; Justin Hutcheson, MD, pain management.
11. Impairment rating(s); body part(s); physician and date of opinion: 5% WP/back, Dr. Lamotta 11/12/15. 13% WP/back/2% right leg, Dr. Poletti 3/7/16
12. I am amending my Form 50/51 in the following manner:

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

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

**I verify the contents of this form are accurate and true to the best of my knowledge.**
**I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to** Erin Farthing, State Accident Fund, P.O. Box 102100, **address** Columbia, SC 29221-6000 **on the** 6th **day of** February **20** 17,
**by first class postage certified mail personal service.**

Signature: Email: Stephen@Samuelslawfirm.net

Date of hearing: February 15, 2017 Time needed for hearing: 45 minutes

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

## ATTACHMENT TO PRE-HEARING BRIEF (WCC FORM #58)

**Claimant:** **Sarah Folston**
**WCC File No.:** **1108515**

**Procedural History and Statement of the Case:**

This hearing is set on Forms 21 and 22 following an unsuccessful mediation. The case involves admitted injuries to the right hip, right elbow, and back ("Upon further discovery and medical evaluation including a lumbar MRI, it was determined that Claimant had injured her back causing sciatic pain into her right leg.").

The issues to be decided are:

1. Extent of Permanent Disability. Claimant contends she is permanently and totally disabled.
2. Post-MMI medical treatment. Claimant requires ongoing medication and pain management.
3. Lump sum award with James allocation.
4. Payment of assault leave (180 days per S.C. Code Ann. § 8-11-40 (2007).

Factual Background:

This is an admitted injury by accident. Sarah Folston was employed with South Carolina Department of Disabilities and Special Needs (SCDSN). On March 22, 2011, Folston was attacked by a patient and knocked to the floor. She injured her right arm, right hip, and back.

DSN accepted her case and provided treatment through First Care until October 18, 2011. At that time, she underwent an MRI of the hip (not the back). Apparently based on the MRI, the doctor released her to regular duty on October 18, 2011 – despite ongoing complaints of continued pain radiating down her leg from her back and hip.

Folston continued to work. As her symptoms worsened, DSN began authorizing treatment through Doctors Express. She consistently complained of radiating back pain – and was diagnosed and treated for sciatica. She was treated from September 25, 2012 through February 11, 2013. DSN had refused to provide treatment since that date without explanation.

During this time, DSN provided light duty work within her restrictions. On November 26, 2012, DSN laid her off based on her being under restrictions for180 days.

On November 27, 2012, DSN began paying temporary total disability. Folston has remained disabled and out of work since that date.

On May 7, 2013, Folston was evaluated by Dr. Steven Poletti. Dr. Poletti diagnosed her with lumbar radiculopathy clinically. He opined she is not at MMI, and cannot be placed at MMI or definitively diagnosed until she has a lumbar MRI.

Claimant filed a Form 50 seeking additional medical treatment. The parties entered into a Consent Order on January 3, 2014, providing for Dr. Ivan Lamotta to be the authorized treating physician.

Dr. Lamotta treated Folston from October 24, 2013 until November 12, 2015 when Dr. Lamotta placed her at MMI. Dr. Lamotta assigned a 5% whole person impairment with permanent sedentary restrictions. He opined she would require "repeat orthopedic visits, repeat therapy, and repeat injections." [APA page 113]. Notably, Dr. Lamotta stated in his October 16, 2015 report: "She may be considered for a minimally invasive decompression and fusion of L5-S1." [APA page 110].

At Dr. Lamotta's referral, Folston also treated with Dr. Justin Hutcheson at the Center for Advanced Management of Pain from December 30, 2014 through July 15, 2015. Dr. Hutcheson considered a spinal cord stimulator as Folston received little relief from injections. He ultimately referred her back to Dr. Lamotta for potential surgery.

Folston underwent an FCE on February 17, 2016. She gave a consistent effort. The FCE showed she was restricted to "limited sedentary to limited light work." Her impairment rating was 13% whole person.

Folston was reevaluated by Dr. Poletti on March 7, 2016. Dr. Poletti opined:

> Currently with regards to her radiculopathy, she has significant signs of radiculopathy such as dermatomal distribution sensory loss and loss of relevant reflexes with a herniated disc at the level and on the side that would be expected from the objective clinical findings.

Dr. Poletti assigned a 13% whole person impairment rating for her back along with an additional 2% to the right lower extremity. He also noted should she undergo surgery (which he considered an option), her rating would be 28%. He recommended she continue in pain management with Dr. Hutcheson.

Regarding restrictions, Dr. Poletti agree with Dr. Lamotta that Folston "has a sedentary status. She should not be doing any kind of bending, twisting, pushing, pulling, heavy repetitive lifting, or lifting greater than 15-20 pounds." He noted "she has difficult

rising from a sitting position." His opinion was "that she is potentially a candidate to pursue Social Security disability as she has a sedentary status and at this point is not capable of sitting for extended period of time longer than 30 minutes."

Folston received a vocational evaluation from Glen Adams on February 26, 2106. Mr. Adams opined:

> A transferable skills analysis was conducted using OASYS to identify potential transferable occupations compatible with a "sedentary" work status. No relevant occupations were identified through this analysis. Ms. Folston's residual labor market is defined by any remaining jobs within the "Office & Administrative Support" Industry designation. Based on a review of several thousand jobs within the previous 6 months, no suitable occupational goals remain for Ms. Folston given her age, education, work history and other factors outlined in this report. Jobs within this industry require a combination of work experience, education, and computer skills that Ms. Folston does not possess. Many of these jobs require knowledge and experience in the use of Microsoft Word, Excel and other Office programs, as well as other task specific programs such as QuickBooks. Therefore, no stable labor market remains for Ms. Folston working in a "sedentary" work capacity. She has incurred a total loss of access to the competitive labor market. Ms. Folston is classified as **totally vocationally disabled** as a result of injuries sustained on March 3, 2011 while working for the S.C. Department of Disabilities and Special Needs. [APA page (emphasis in original)].

Defendants had Folston evaluated by their own vocational expert, Jacqueline Kennedy-Merritt, on June 13, 2016. Ms. Kennedy-Merrit opined there were jobs available to Folston in the local market. However, in her deposition, she conceded that (1) of the 60-90 vocational reports she has written in workers' compensation cases in her career, there is only "one report that I've written in regards to the individual not being able to maintain or sustain competitive employment;" (2) 100% of her workers' comp vocational evaluations in the past year were for the employer; and (3) she only found seven potential jobs that Folston could perform. She also testified that based on the totality of the medical records, Folston could work at a sedentary level. She further acknowledged that Folston had never done a sedentary job before and could not return to any of her previous employment. She observed Folston had difficulty sitting and rising from a sitting position. [Dep. Pages 39-40].

Kennedy-Merritt did not speak to any actual employers regarding whether they would hire Folston nor did she provide actual job descriptions. On further questioning about the seven specific jobs, Kennedy-Merritt admitted: (1) two of the jobs were not in the local area (Easley and Orangeburg); (2) one listing was with a job assistance agency (not an

actual employer); (3) the job at Republic Parking was part-time (and per the DOT classification, outside of Folston's restrictions); (4) the appointment setter job was part-time (and required HVAC knowledge and extensive walking outside Folston's ability); (5) the job monitoring student athletes' class attendance was part-time and required extensive walking; and (6) the mortgage processor job was a trainee position – for which Kennedy-Merritt failed to list the job requirements or qualifications. In short, none of these jobs were viable options for Folston, who is an older individual with no transferable skills whose reading skills are in the bottom 3% of the population.

**Facts in controversy:**

A. Permanent Disability.

**The evidence confirms that Folston is permanently and totally disabled.** Both orthopaedic surgeons limit her to sedentary duty. A valid FCE shows she can perform at a limited sedentary to limited light duty level (meaning she cannot perform the full range of sedentary duty). Claimant's vocational expert, Glen Adams, confirms she "has incurred a total loss of access to the competitive labor market" given her age, education, work history, transferable skills and physical restrictions.

Defendants' vocational expert failed to rebut Adams' report. In her deposition, she testified there were "*possible* jobs that she can do . . . But on the other hand, she would need help going to these types of jobs. That's why I'm saying she can't just walk out the door and go get them. **I believe, based on my vocational knowledge, education, experience, that with some help these jobs, she could *possibly* do these jobs."** [Dep. Page 78, line 16-page 79, line 5]. This testimony is insufficient to meet the "most probable" standard for expert testimony. As such, it is not competent evidence and cannot rebut the opinion of Glen Adams.

B. Post-MMI medical treatment.

Dr. Lamotta and Dr. Poletti both recommend ongoing medical treatment, including injections, physical therapy, medication and potentially surgery. As recently as November 21, 2016, Dr. LaMotta referred Folston back to Dr. Hutcheson for pain management. **The referral has not been authorized by Defendants.**

C. Lump sum with *James* allocation.

Folston is a candidate for social security disability. As such, a lump sum award with *James* allocation would be in her best interest.

D. Assault leave.

Folston was a full-time state employee who was injured when attacked in the performance of her duties. The law requires her employer to pay annual leave for 180 days: "State employees in FTE positions who are physically attacked while in the performance of official duties and suffer bodily harm as a result of the attack must be placed on administrative leave with pay by their employers rather than sick leave. The period of administrative leave for each incident may not exceed one hundred eighty calendar days." S.C. Code Ann. § 8-11-40 (2007).

# CLAIMANT'S APA #10

## Doctors Express

**Doctors Express Columbia**
3304 FOREST DRIVE
COLUMBIA, SC 29204
803-787-3901

Doctors Express
Urgent Care When You Need It

FOLSTON, SARAH (11/20/2012)

# Work Status Note

Date of Visit: November 20, 2012
Employer: MIDLANDS CENTER
Full Name: FOLSTON, SARAH
Date of initial onset/injury: 4/21/2011
Reason: Pain

**This employee was seen today in our clinic for an injury that may be compensable under workers' compensation statutes. The following is a short summary of the visit:**

**Diagnosis:**

- SCIATICA(724.3) - Stable/Improved

**Work Restrictions:**

- Fit for duty with the following restrictions: Avoid kneeling entirely. Avoid squatting entirely. Avoid bending over entirely. Avoid jumping entirely. Avoid climbing ladders entirely. No lifting over shoulder greater than 20 lbs No lifting from waist to shoulder greater than 20 lbs No pulling or pushing greater than 20 lbs. Use proper lifting techniques as instructed. Restrictions in effect until 12/4/2012.

**Scheduled Recheck:**

- Please follow up with consultant as requested.

Patient was discharged by STEVEN TAYLOR on 11/20/2012 12:45:00 PM
Signed off electronically by Karen Richardson on 11/20/2012 12:52:54 PM

**Doctors Express Columbia**
3304 FOREST DRIVE
COLUMBIA, SC 29204
803-787-3901

Doctors Express
Urgent Care When You Need It

FOLSTON, SARAH (12/4/2012)

# Work Status Note

Date of Visit: December 4, 2012
Employer: MIDLANDS CENTER
Full Name: FOLSTON, SARAH
Date of initial onset/injury: 4/21/2011
Reason: Pain

**This employee was seen today in our clinic for an injury that may be compensable under workers' compensation statutes. The following is a short summary of the visit:**

**Diagnosis:**

- SCIATICA(724.3) - Stable/Improved

**Disposition:**

- PT ENCOURAGED TO CONTINUE WITH PHYSICAL THERAPY; WILL BENEFIT FROM CHANGE IN POSITION AT WORK, WITH REDUCED ACTIVITIES THAT TORQUE/TWIST HER TORSO/BACK AREA, AS THIS MAY CAUSE RE-INJURY.

  PATIENT WOULD LIKE TO INCORPORATE HER MASSAGE THERAPY BACKGROUND INTO ANY NEW JOB DUTIES SHE CAN DO FOR THE CLIENTS WHERE SHE WORKS.

**Work Restrictions:**

- Fit for duty with the following restrictions: Starting 12/4/2012. Avoid kneeling entirely. Avoid squatting entirely. Avoid bending over entirely. Avoid jumping entirely. Avoid climbing ladders entirely. No lifting over shoulder greater than 20 lbs No lifting from waist to shoulder greater than 20 lbs No pulling or pushing greater than 20 lbs. Use proper lifting techniques as instructed. Restrictions in effect until 12/20/2012. OTHER RESTRICTIONS, IF ANY, AS OUTLINED BY PHYSICAL THERAPIST

**Scheduled Recheck:**

- Please follow up with consultant as requested.

Patient was discharged by Cynthia Jones on 12/4/2012 10:43:36 AM
Signed off electronically by Cynthia Jones on 12/4/2012 10:43:36 AM

**Doctors Express Columbia**
3304 FOREST DRIVE
COLUMBIA, SC 29204
803-787-3901

Doctors Express
Urgent Care When You Need It

FOLSTON, SARAH (12/20/2012)

# Work Status Note

Date of Visit: December 20, 2012
Employer: MIDLANDS CENTER
Full Name: FOLSTON, SARAH
Date of initial onset/injury: 4/21/2011
Reason: Pain

**This employee was seen today in our clinic for an injury that may be compensable under workers' compensation statutes. The following is a short summary of the visit:**

**Diagnoses:**

- Back Pain, lower (Lumbago)(724.2) - Workup
- Joint Pain, Knee(719.46) - Workup

**Disposition:**

- started Neurontin 100 mg TID X 7 days then increase to 300 mg TID-- for pain relief

**Work Restrictions:**

- Fit for duty with the following restrictions: Starting 12/21/2012. Avoid kneeling entirely. Avoid squatting entirely. Avoid bending over entirely. Avoid twisting entirely. Avoid jumping entirely. Avoid running entirely. Avoid climbing ladders entirely. Avoid prolonged sitting. Avoid prolonged standing. Avoid prolonged kneeling. Avoid prolonged bending over. Avoid prolonged jumping. Avoid prolonged running. Avoid prolonged ladder-climbing. Limit repetitive motion with right leg/foot. Limit repetitive motion with left leg/foot. No lifting over shoulder greater than 10 lbs using either arm. No lifting from waist to shoulder greater than 10 lbs using either arm. No lifting below waist greater than 10 lbs using either arm. No pulling or pushing greater than 5 lbs. Use proper lifting techniques as instructed. No exercise of right leg. No exercise of right foot/ ankle. Restrictions in effect until 1/14/2013. Off work until re-evaluation. Re-evaluation is on 1/14/2013

Patient was discharged by Janice Morrow, DNP on 12/20/2012 12:12:09 PM
Signed off electronically by Janice Morrow, DNP on 12/20/2012 12:12:09 PM

# CLAIMANT'S APA #11

## Progressive Physical Therapy

**Progressive Physical Therapy**
*The Leader in Innovative Therapies*

# LOWER EXTREMITY EVALUATION

3240 Sunset Blvd.
West Columbia SC 29169
Phone: (803) 796-8177
Fax: (803) 796-8378

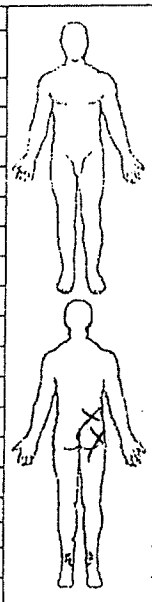
To M.D.:
- ☐ Faxed
- ☐ Mailed
- ☐ Given to Patient
- ☐ Filed in DC chart

Patient Name: Sarah Folston Dx/ ICD-9: 8439, E849.3 Date: 8/4/11
DOB: _____ Date of Onset: 3/22/11 Physician: Dr. Izard
Claim #: 032011 0009360 Date of Surgery: _____ Therapist: Mike Lacey, PT
History: Pt reports pain in (R) hip/buttock area, (R) post thigh since falling 3/22/11 (pt was pushed down). Pt reports pain also radiates into (R) thigh (anterior) occasionally.
Diagnostic findings: _____ Meds: Ibuprofen
Past Medical History: (-)

| | |
|---|---|
| Occupation: Human Services- special needs | When Worse: sitting, standing, laying, walking |
| Physical Demands: Lift, push/pull, etc | When Better: N/A |
| Work Status: ☑ full duty ☐ light duty ☐ off duty | Pain: 5/10 @ present, /10 @ best, 8/10 @ worst |
| Vitals: HR = ——; BP = —— | Quality: sharp dull aching throbbing shooting sore other: |

Summary of Objective Findings: * → denotes pain below with movements

| ACTION | | LEFT | | RIGHT | |
|---|---|---|---|---|---|
| HIP | normal avg. values | ROM | STRENGTH | ROM | STRENGTH |
| Flexion | 0-125 | WFL | 4+/5 | WFL | 4/5 |
| Extension | 0-10 | | — | | — |
| Abduction | 0-45 | | 4+/5 | | 4/5 |
| Adduction | 0-10 | | 4+/5 | | 4/5 |
| ER | 0-45 | | 4+/5 | | 4/5 |
| IR | 0-45 | | 4+/5 | | 4/5 |
| KNEE | | | | | |
| Flexion | 0-140 | | | | |
| Extension | 0 | | | | |
| ANKLE | | | | | |
| Dorsiflex | 0-20 | | | | |
| Plantarflex | 0-45 | | | | |
| Inversion | 0-35 | | | | |
| Eversion | 0-20 | | | | |
| DIGITS | | | | | |
| 1st MTP Flex | 0-45 | | | | |
| 1st MTP Ext | 0-70 | | | | |
| Digits 2-5 | — | | | | |



| | |
|---|---|
| POSTURE | ↑ lumbar lordosis, ant. pelvic tilt |
| GAIT STATUS | ☐ requires assistive device: _____ |
| ☐ independent | ☐ requires brace / support: _____ |
| ☐ antalgic ☑ non-antalgic | ☐ distance _____ |
| ☐ WB status FWB | ☐ abnormalities noted: _____ |
| SPECIAL TESTS | (+)(R) FABER → (L) SIJ, (-) SLR- ↓ ankle PJM |
| LEFI SCORE = 39 | WOMAC SCORE (OA pts. only) = —— |
| LS SPINE CLEARING ✓ (-) hip tightness | Flex = 8" (-)SLR = 20° (-)SLR = 18° Ext = 15° |
| SENSATION | ☑ Intact ☐ Impaired |
| BALANCE | ☑ Intact ☐ Impaired |
| OTHER FINDINGS | ↑ tone, (+) tenderness lumb PVMs |

Assessment: Pt presents c ↓ overall function 2° (R) hip/buttock pain c LE symptoms. Will benefit from PT to improve posture, ↑ LE strength, and ↑ core stability in order to progress to previous pain-free level of function

■ Rehab Potential: ☑ good ☐ fair ☐ poor ■ Vocational readjustment services required? ☐ yes ☐ no

Goals: to be met in 4 weeks
1. Patient will report decreased pain to 0/10 at present and 1/10 at worst to allow greater functional mobility.
2. Patient will increase LE ROM to WNL to improve stooping, squatting, and ambulatory abilities.
3. Patient will be independent with a home exercise program to allow return to previous functional status.
4. Patient will demonstrate proper body mechanics with the following activities to allow return to work at full duty: (1) Lift 30 # knee → waist x 10 reps (2) Push sled x 10 ft c 30#
5. (3) Pull sled 1 ft c 30# x 5 reps

Plan of Care: Physical Therapy 3 x per week for 4 weeks with treatment including the following:
- ☑ Therapeutic exercise- LE Rehab- ROM/ strengthening/ endurance
- ☑ Manual therapy- myofascial release, dry needling joint mobilization, soft tissue mobilization
- ☑ Patient education- postural awareness/ body mechanics/HEP
- ☑ Functional activities-stand, walk, stoop, climb, lift, carry
- ☑ Modalities- MENS/IFC/TENS, moist heat, ice, ultrasound, laser therapy, shockwave therapy, ionto
- ☐ _____

Please sign and date the PT plan of care. Return to the therapist as soon as possible. Thank you for this referral!

X _____ X _____ Mike Lacey PT 8/4/11
Physician / Nurse Practitioner / Physician's Asst. Date Physical Therapist Date

FAXED 8-5-11



P305

Progressive Physical Therapy
3240 Sunset Boulevard
West Columbia, SC 29169
803-796-8377 (T) / 803-796-8378 (F)

☐ Faxed
☐ Mailed
☐ Given to Patient

# PHYSICAL THERAPY SUMMARY - SPINE

Patient: Sarah Folsom
Diagnosis: LBP/® Hip
DOB: SS# _____

Date: 8/16/11
Therapist: Julie Lacy PT
Physician: Stephen Ward

**Treatment(s):**

| | | |
|---|---|---|
| ☐ Functional – Activities Training | ☑ Postural Education | ☐ Back School |
| ☑ Lumbosacral Stabilization | ☑ Stretching Program | ☑ Home Exercise Program |
| ☐ Cervicothoracic Stabilization | ☐ Extension Progression | ☑ Modalities/Physical Agents |
| ☐ Scapulothoracic Stabilization | ☐ Flexion Progression | ☐ Other: _____ |

Date of initial evaluation: 8/4/11 of last Rx: 8/16/11 No. of treatments attended: 5 No. of treatments missed: Ø
Impression of patient attitude towards regaining function: Good X Fair___ Poor___
Impression of patient compliance with Home Exercise Program: Good X Fair___ Poor___

**Current Status:** Pt. reports cont. achiness/pain in ® hip and LB. Pain at best 3/10 at worst 7/10. She says her LB/® hip is worse after prolonged sitting/standing.

**Function:** Pt. has demonstrated the ability to lift a 5# crate knee → waist.

**Objective Findings:** Lumbar ✓ 8" / 15° RSB 20" LSB 21"
® Hip Strength - ✓ 5/5 Abd 5/5 Add 5/5 ER 4+/5 IR 4+/5
* Hip strength ↑

**Established Goals Include:**

| | | |
|---|---|---|
| ☐ Education | ☐ Increase/Decrease joint mobility | ☐ Weight bearing and gait |
| ☑ Improve postural awareness | ☑ Ambulate without gait deviation | ☑ ADL's |
| ☑ Increase general fitness/endurance | ☑ Independent with Clinical Ex. Prescription | ☐ Work Activities |
| ☑ Increase strength/ROM | ☐ Other: | ☐ Sport Activities |
| | | ☑ Leisure Activities |

**Increase functional capacity in:**

**Recommendations:** Cont. Pt. 2-3 x wk for 2 wks to max. rehab potential/cont. progressing c FA.

**Comments:** _____

**I have read the above progress report and would request that:**
_____ **Patient be discharged at this time**
_____ **Present treatment is continued for _____times/week for _____weeks**
_____ **Therapist calls me concerning this patient**
******Please sign below and return to therapist as soon as possible. ******

_____ ******Physician/NP/PAC** **Date**

Julie Lacy PTA **Therapist** 8/16/11 **Date**

*Thank you for allowing us to assist in the care of this patient.*

# CLAIMANT'S APA #12

## Ellis Physical Therapy

ELLIS "Setting the standards for personal care"
PHYSICAL THERAPY ASSOCIATES



**Patient Information:**

Name: Sarah Ann Folston Date of Birth: ___ ___ ___ Sex: M / (F)
First Middle Last MM DD YYYY (circle one)

Social Security Number: ___-___-____ Drivers License #: ___ (for identification purposes only)

Address: Columbia SC 29210
Street P.O. Box City State Zip Code

Phone: Home: (___)___-____ Emergency Contact: Misty Folston
Work: (___)___-____ Emergency Phone:
Cell: (___)___-____
Email: ___

Employment Status: (circle) Full time Part time Retired Unemployed Employer Name: Midland Center
Occupation: HSA Is this a work related injury? (Y) N ___
Do you have an attorney representing you in this matter? Y / (N)
If so, please provide: Attorney Name: ___ Attorney Phone: (___) ___-____

*Insurance benefits quoted by staff are not a guarantee of coverage. Questions about your benefits should be directed to your insurance company. You must provide your insurance card to ensure accurate filing.

Primary Insurance Name: See WC Info Relationship to insured: (circle) Self Spouse Parent

Secondary Insurance Name: ___

What are we treating you for today? Hip leg Pain Date of onset or injury: 4/22/11

How did this occur? attack by client Referring Physician: Dr Jones

List all medications you are taking: Tramadol 50mg, Skelaxin 800mg

Do you have metal implants ? Y (N) (I.U.D., wires, pins, screws, or artificial joints)
Do you have other health problems? Y / (N) (heart problem, high blood pressure, etc)

**Privacy Authorization:**
I have received a Notice of Privacy Policies and know that I may review or obtain a copy at any time at the offices of Ellis Physical Therapy Associates, Inc.
Please Sign X: Sarah Folston Date: 11-2-12

**Release of information:**
Medical records are confidential and will only be used and disclosed as described in the Notice of Privacy Practices. Please list the individuals authorized to obtain information about you and circle what information they may obtain.
Name of individual: ___ Type of info: Medical Y / N Billing Y / N Insurance Y / N
Name of individual: ___ Type of info: Medical Y / N Billing Y / N Insurance Y / N
Please Sign X: ___ Date: ___

**Informed Consent:**
I hereby consent to and authorize Ellis Physical Therapy Associates, Inc. and the therapist in charge of my treatment to perform examinations and treatments which may in his/her opinion be necessary.
Please Sign X: Sarah Folston Date: 11-2-12

Internal Use Only:
Chart # 1-15145 Diagnosis: (R) Hip Pain

Doctors Express
Urgent Care When You Need It
3304 B... Drive
Columbia, SC 29204
p 803-787-3901
f 803-787-3902

Name Sarah Folston Date 11-2-12

Address / D.O.B.

Rx

Physical Therapy
Heat & Evaluate
Hip

M.D./D.O. Cynthia Jones M.D./D.O.

Dispense as written Substitution permitted

REFILL 0 - 1 - 2 - 3 - 4 PRN DEA # for Controlled Substances

NPI #:

Unless change is understood unless the prescriber writes the words "No Substitution"

Prescriptions include VOID screen on front, heat sensitive RX symbols on back, artificial [illegible] and UV verifiable fibers.

DOCTORS EXPRESS 8037873902 20:07

ELLIS "Setting the standards for personal"

Cynthia A. Ellis, PT
President

PHYSICAL THERAPY ASSOCIATES, INC.
☐ 1549 TAYLOR STREET
☑ 3937-A SUNSET BLVD.
☐ 5310 GARNERS FERRY ROAD (MAPS & PHONE NUMBERS ON BACK)

PHYSICAL THERAPY PLAN - Physician Referral / Certification

NAME Sarah Folston
DIAGNOSIS (R) Hip Pain ICD-9
AREA TO BE TREATED DATE OF ONSET
CONTRAINDICATIONS
DATE OF SURGERY
PROVIDER: ☐ PT or ATC ☐ OT
FREQUENCY / DURATION 2 times per week for 4 weeks
☐ EVALUATE & TREAT
☐ Home Program Instructions ☐ Therapeutic Exercise ☐ Electric Contact ☐ US / Phono
☐ E-Stim / TENS / MENS ☐ Massage
☐ Paraffin
☐ Splinting: Static / Dynamic
☐ Other
GOALS OF TREATMENT

I [illegible] medical documentation therapy services for above named patient.
Cynthia M Jones DO 11/27/2012
(MD SIGNATURE) Date
☐ Substitution Permitted ☑ Dispense as Written

www.ellispt.com

Doctors Express
Urgent Care When You Need It

Janice Morrow APRN-BC

3304 Forest Drive
Columbia, SC 29204
p. 803-787-3901
f. 803-787-3902

Name Sarah Zeltner Date 1/7/13

Address / D.O.B.

Rx

May continue O.T. for one more week (three weeks) will be Re-Evaluated

1/14/13

Dispense as written M.D./D.O. Substitution permitted M.D./D.O.

REFILL 0 - 1 - 2 - 3 - 4 PRN DEA # for Controlled Substances

NPI #:

Security features include VOID screen on front, heat sensitive 'Rx' symbols on back, artificial watermark on back, toner lock, chemically reactive paper, and UV variable fibers.

1/14/13 Approved per Ben @ WC
total 24 visits

Doctors Express
Urgent Care When You Need It

Janice Morrow APRN-BC

3304 Forest Drive
Columbia, SC 29204
p. 803-787-3901
f. 803-787-3902

Name Sarah Zeltner Date 1/14/13

Address / D.O.B.

Rx

PT 2 x week for 6 weeks

Dispense as written M.D./D.O. Substitution permitted M.D./D.O.

REFILL 0 - 1 - 2 - 3 - 4 PRN DEA # for Controlled Substances

NPI #:

Security features include VOID screen on front, heat sensitive 'Rx' symbols on back, artificial watermark on back, toner lock, chemically reactive paper, and UV variable fibers.

**ELLIS PHYSICAL THERAPY ASSOCIATES, INC.**
CYNTHIA A. ELLIS, P.T.
PRESIDENT
1519 Taylor Street, Columbia, SC 29201, 803-779-8327
6041 B Garners Ferry Road, Columbia, SC 29209, 803-783-0684
3937A Sunset Blvd., W. Columbia, SC 29169, 803-794-2213

November 2, 2012

Cynthia Jones, M.D.

Re: Sarah Folston/1-15143
DOB:

**Subjective:** Patient is a 55 year old female referred to P.T. with a chief complaint of R hip pain 2° to being pushed backwards by client and landing on R side at work. She went to clinic on campus, then ~1week later saw WC doctor who order PT (attended ~2 weeks). Patient continued to work as a HSA- human service assistant (similar to CNA)-with special needs patients; she has not seen client since injury. Patient followed up with HR (case manager?) in July and saw MD in September 2012; patient reports she f/u with MD every 1-2 weeks and finally referred to PT. Patient reports scheduling "mix-ups" last month delayed PT. Patient is limited with LE dressing, sit→ stand transfers, occasionally without UE support; needs minimal assistance with IADLs , lifting/carrying>30#, bending/squatting- uses golfers lift; reports pain with sneezing; limited with prolonged sitting >15-20 minutes, standing>15 minutes, walking > 1 block, unable to perform reciprocal pattern on stairs and difficulty with car transfers. Patient has sleep disturbances- pain wakes patient up at night and pain in the morning. Patient occasionally c/o numbness/tingling in R thigh and pain in R heel. Patient is currently on "light duty" @ work with lifting/ bending restrictions. **DOI:** ~4/22/11. **PMHx:** N/A. **Pain Rating:** At Best: 1/10. At Worst: 8/10. On Average: 5/10. Pain is constant. **Symptoms ↑:** activity. **Symptoms ↓:** Pain medicines (muscle relaxants). **Medications:** Tramadol 50 mg and Skelaxin 800 mg. **Allergies:** Seasonal, sinus. **Diagnostic Studies:** x-rays on R hip–4/11/12 and MRI on R hip ~4/11 (negative findings). **Patient's Goals:** Decrease pain and return to previous level of function. **Next MD Appt:** ~11/20/12.

**Objective: Posture/Alignment:** Patient stands with decreased WB/weight shifting R LE with R LE external rotation.

**Gait:** Mild antalgic gait with decreased WB/weight shifting R LE.

(*denotes pain during)

| **AROM:** L-S | | |
|---|---|---|
| Forward Flexion: | WFL* | |
| Extension: | 25%* | |
| Side Bending: | Right= 75%* | Left= 75% |
| Rotation: | Right=25%* | Left=25%* |

| **Hip:** | **Right** | **Left** |
|---|---|---|
| Hip Flexion: | 90°* | 100° |
| Hip Extension: | 10° | 10° |
| Hip IR/ER: | WFL* | WFL |
| Hip Abd./Add.: | WFL | WFL |

| **MMT/Strength:** | **Right** | **Left** |
|---|---|---|
| Knee Extension: | 4+/5 | 4+/5 |
| Knee Flexion: | 4+/5 | 4+/5 |
| Hip Flexion: | 4/5* | 4-/5 |
| Hip Extension: | 2-/5 | 3-/5 |
| Hip Abduction: | 4/5* | 4/5 |

| | **Right** | **Left** |
|---|---|---|
| Hip IR: | 4/5* | 4+/5 |
| Hip ER: | 4+/5 | 4+/5 |
| Ankle Dorsiflexion: | 4+/5 | 4+/5 |
| Ankle Plantarflexion: | 4+/5 | 4+/5 |

**Special Tests:** FABER: Positive bilaterally

**Neuro: Sensation:** Intact to light touch.

**Palpation:** Tenderness diffuse throughout R hip.

1

**Body Mechanics:** Poor supine→ sit, log rolling.

**Functional Limitations:** Patient is limited with work duties: transferring patient in/out tub, bending/squatting, bed mobility- supine→ sit transfers.

**Complicating Factors:** Chronic h/o R hip pain.

**Assessment:** Patient's signs and symptoms consistent with R hip pain 2° s/p fall ~4/22/11. Patient would benefit from skilled P.T. to increase ROM, flexibility, strength and functional mobility.

**Plan:** Patient to attend physical therapy 2 times a week 4 weeks for treatment to include ROM/stretching, strengthening with emphasis on trunk stabilization, manual therapy procedures, modalities (ES, US, phono, Ionto, heat, ice) as indicated, and patient education in a home exercise/home care program.

**Functional Goals of Treatment:** Return patient to previous level of function.

**Today's Treatment:** Evaluation, Dx/prognosis; patient poor historian, only able to complete evaluation at this time.

Thank you for choosing Ellis Physical Therapy as your patient's rehabilitation team. If you have any questions, please call (803)794-2213 or fax (803)791-5284.

Professionally,

Aileen Cuenca, PT, MS

# Ellis Physical Therapy Associates, Inc. — Hip/Low Back Evaluation

Name: Sarah Folston DOB: Date: 11/2/12
Chart 1-15143 Insurance: UC Care ER Physician: Cynthia Jones Dx: (R) Hip Pain

**Subjective:** Patient is a ___ year old M / F referred to physical therapy with a chief complaint of: (R) hip pain 9/2 was pushed backwards and landed on (R) side. Pt @ work; pt went to clinic on campus, then ~1 week later saw worker's comp MD; was sent to PT then (~2 weeks); continued to work as HSA - Human Service Asst. similar to CNA - & special needs patients; has not seen PT since; was recently f/u by HR (case manager?) in Oct & saw MD in Sept '12 & got every 1-2 weeks & finally referred to PT; pt reports scheduling mixups "in last month" PT: initial & 1st direction, sit → stand transfers, occasional cane & UE support; needs min (A) & HOB, lifting/carrying >20#, bending/squatting, use golfers lift; pain & sneezing; limited & prolonged sitting >15'-20', standing >15', walking >1 block, unable to perform reciprocal pattern on stairs; MR transient; DOI: ~4/28/11 DOS: —
PMHX: N/A — pt occasionally c/o numbness/tingling in (R) thigh & pain in (R) heel; currently on "light duty" @ work - lifting restrictions / bending restrictions

Pain Rating: At Best: 1 /10 At Worst: 8 /10 On Avg: 5 /10 Pain is: Constant Intermittent
Sx ↑: activity Sx ↓: pain meds (non pharmacologic)
Medications: see intake Allergies: seasonal sinus
Diagnostic Studies: X-rays on (R) hip ~4/11 & MRI on (R) hip ~4/11 (negative findings) Worker: N/A
Patient's Goals: ↓ pain & return to previous level of function Next MD appt: ~11/20/12

**Objective:**

Posture/Alignment: Pt stands c ↓ a WB/wt shifting (R) LE & (R) LE ER

Gait: mild antalgic Gt c ↓ d WB/wt shifting (R) LE

**AROM:** Lumbosacral
Forward Flexion: WFL*
Extension: 25%*
Side Bending: Right: 75 %* Left: 75 %
Rotation: Right: 25 %* Left: 25 %

| Hip | Right | Left |
|---|---|---|
| Hip Flexion: | 90 °* | 100 ° |
| Hip Extension: | 10 ° | 10 ° |
| Hip IR/ER: | WFL* | WFL° |
| Hip Abd/Add | WFL° | WFL° |

**MMT/Strength:**

| | Right | Left |
|---|---|---|
| Knee Extension: | 4+/5 | 4+/5 |
| Knee Flexion: | 4+/5 | 4+/5 |
| Hip Flexion: | 4 /5* | 4-/5 |
| Hip Extension: | 3-/5 | 3-/5 |
| Hip Abduction: | 4 /5* | 4 /5 |
| Hip Adduction: | /5 | /5 |
| Hip IR: | 4 /5* | 4+/5 |
| Hip ER: | 4+/5 | 4+/5 |
| Ankle Dorsiflexion: | 4+/5 | 4+/5 |
| Ankle Plantarflexion: | 4+/5 | 4+/5 |

Neuro: Sensation: intact to LT Reflexes:

**Special Tests:**

| | Right | Left |
|---|---|---|
| Straight Leg Raise: | | |
| FABER: | (+) | (+) |
| Hip Scour: | — | — |
| Seated Flexion: | — | — |
| McKenzie: | Flx — | Ext — |
| Other: | | |
| Piriformis Stretch: | — | — |
| Prone Knee Flexion: | — | — |
| HS Length: | — | — |
| Gillet: | — | — |
| Long Sit: | — | — |

Palpation: diffuse tenderness (R) hip

Body Mechanics: poor supine → sit, log rolling

Other: N/A

**Functional Limitations:** Pt reports limited c work duties: transferring patients in/out WC/tub, bending/squatting, bed mobility - supine → sit transfers; (+) sleep disturbance - wakes pt up @ nights' pain in AM

**Complicating Factors:** long. chronic h/o (R) hip pain

**Assessment:** Pt.'s signs and symptoms consistent with: (R) hip pain 2° s/p fall ~4/22/11
Pt. would benefit from skilled P.T. to: ↑ ROM, flexibility, strength, ↑ functional mobility

**Plan:** Patient to attend physical therapy 8 times a week for 4 weeks for treatment to include ROM/stretching, strengthening with emphasis on trunk stabilization, manual therapy procedures, modalities (ES, US, phono, Ionto, heat, ice) as indicated, and patient education in a home exercise/home care program.

**Functional Goals of Treatment:** return to previous level of fxn

**Today's Treatment:** IE, Dx/prognosis; pt poor historian, only able to complete evaluation @ this time

Therapist Signature

Patient Education:
- X Diagnosis/Treatment Rationale
- X Home Exercise Program
- X Activity Modifications
- X Body Mechanics

For 1 time Visits Only:
Time In: 3:10 Time Out: 4:06

ICD9 Codes 719.45

Charges: EVAL (553)

Care IQ
A CORVEL NETWORK

Care IQ Therapy Program
301 Pennsylvania Parkway, Suite 210
Indianapolis, IN 46280

# Return to Work Questionnaire and Goals

| | | | |
|---|---|---|---|
| Provider Name: | Ellis Physical Therapy Associates, Inc. | | |
| Patient's Name: | Sarah Folston | Claim #: | 032011000936 |
| Body Part: | Hip - Right | Date of Injury: | 03/22/2011 |
| Service: | Physical Therapy | Today's Date: | 11/1/2012 |

To be completed by patient and therapist on first visit (or as soon as possible, if received after 1st visit).

## Completed By Patient: (Subjective Report)

Please circle the number that best represents your current pain level
No Pain 0....(1)...2.....3.....4.....5.....6.....7.....8.....9.....10 Emergency Room Pain

Job Title: HSA - human service assistant

Previous Work Status: [✓] Full Time [ ] Part time Last Day worked (if off duty): _____
Current Work Status: [ ] Full Duty [ ] Off Duty
[✓] Modified Duty; Restrictions:

*In one hour of FULL duty, how long do you typically do the following activities:*

| | | | | |
|---|---|---|---|---|
| Sit: | [ ] 0-15 min | [✓] 15-30 min | [ ] 30-40 minutes | [ ] 45 minutes-1 hour |
| Kneel: | [ ] 0-15 min | [ ] 15-30 min | [✓] 30-40 minutes | [ ] 45 minutes-1 hour |
| Walk/Stand: | [ ] 0-15 min | [ ] 15-30 min | [✓] 30-40 minutes | [ ] 45 minutes-1 hour |
| Run: | [✓] 0-15 min | [ ] 15-30 min | [ ] 30-40 minutes | [ ] 45 minutes-1 hour |

How much weight do you push/pull? 150 lb — How many times? _____
How much weight do you lift? Floor to waist 20 lb — How many times? _____
Waist to Shoulder 10 lb — How many times? _____
Shoulder to Overhead 10 lb — How many times? _____

How many times do you do the following in one hour of full duty?
Squat: 5 Times Climb stairs or ladders 0 Times Reach 5 Times

Do you have concerns about physically performing your job? [✓] Yes [ ] No
Are you anticipating returning to your same job position? [ ] Yes [ ] No

## Completed By Therapist: Please use this form to assist the patient in returning to work by setting goals to address the above demands as given in the patient's subjective report of his/her job duties. Indicate FUNCTIONAL GOALS only.

To be met in 4 weeks
1. Pt able to tolerate bending/squatting ≥ proper body mechanics ≤ pain.
2. Pt able to tolerate standing/walking > 30-45 minutes ≥ pain.
3. Pt able to lift/carry > 50# ≥ proper body mechanics ≤ pain.

My therapist has reviewed my job functions and return to work goals with me.

Sarah Folston — Patient Signature — 11/2/12 Date

[signature] — Therapist Signature — 11/2/12 Date

## Daily Treatment Notes
Ellis Physical Therapy Associates, Inc.

| | | |
|---|---|---|
| Patient: Sarah Folston | Insurance: WC (Cas30) | Therapist: Aileen Cuenca |
| Chart #: 1-151.43 | Dx: (R) Hip Pain | ICD-9: |
| DOB: | MD: Cynthia Enas | Clinic: Sunset |

**Date: 11/8/12** | Visit 2 of 8 | Time In: 4:30 | Time Out: 5:00

Charges: EX3 (40')

Other:

S: Pt c/o min pain (R) hip ~2/10, states felt better today, have "good days" & "bad days", hurts more c movement.

O: Rx per CTD; (R) hip AROM 95°

A: tol ex well, able to perform stretches c min → no Δ in c/c; most pain c sudden movements.

P: Cont per POC.

Aileen Cuenca-PT

**Date: 11/9/12** | Visit 3 of 8 | Time In: 3:05 | Time Out: ~~4:00~~ 4:00

Charges: ICE (10') - N/C EX3 (45')

Other:

S: Pt c/o pain ~5/10 (R) hip today, maybe due to ex & walking c pt today → was "held back" since he didn't wait for enough.

O: Rx per CTD.

A: tol ex well. went to have pain c sudden movements though ↑'d tolerance to stretches today; emphasize core stability c ex

P: Cont per POC for strengthening/stabilization.

Aileen Cuenca-PT

**Date: 11-13-12** | Visit 4 of 8 | Time In: 302 | Time Out: 346

Charges: EX 2 ICE N/C (15')

Other:

S: Pt reports no new c/o other than hip pain.

O: Rx as per CTD. Progressed to pt tol. MMT (R) hip flex 4/5. Pt had slight burning sensation end of treatment in hip

A: Pt tol well c new therex. Burning sensation may be from ice as it was present prior to treatment.

P: Continue progressing towards STGs & LTGs to improve function. Add on strengthening exercises for hip flex's next visit

Aileen Cuenca-PT

# Daily Treatment Notes
Ellis Physical Therapy Associates, Inc.

| | | |
|---|---|---|
| Patient: Sarah Folsom | Insurance: WC (CareTQ | Therapist: Arleen Cuenca |
| Chart #: 1-1514-3 | Dx: (R) Hip Pain | ICD-9: |
| DOB: | MD: Dr. Cynthia Jones | Clinic: Sunset |

**Date: 11/6/12** | Visit 5 of 8 | Time In: 3:05 | Time Out: 4:30

Charges: ICE (NC) (15') PHYS PERF (10') EX 4 (60')

Other:

Please see MD note

Arleen Cuenca PT

**Date: 11-19-12** | Visit 6 of 8 | Time In: 905 | Time Out: 1015

Charges: NHP NC EX 4 ICE NC

S: Pt reports her hip was hurting over the weekend. She has difficulty sleeping on (L) side due (R) hip pain. She reports the pillows between her legs hasn't helped much. Pt's pain is L

O: Rx as per CTD. Progressed to prtol. MMT (R) hip ext = 3+/5. Pain over (R) greater trochanter. MHP to (R) hip x 8 min to decr 2° hip pain over the weekend. Ice x 15 min to (R) hip post PT.

A: Pt tol well. Pts hip ext strength improved since initial eval - close to STG #2.

P: Continue progressing towards goals to return to full duty. Teresa Lucio, DPT

Add ETB stretching + possibly modalities as indicated for possible bursa inflammation (R)

A: Pt may have some bursitis 2° fall on lateral side of hip.

O: Pain + long axis distraction to (R) hip d pain over PSIS (R). Teresa Lucio, DPT

Other:

**Date: 11-20-12** | Visit 7 of 8 | Time In: 905 | Time Out: 1010

Charges: EX 4 ICE NC

S: Pt reports she was hurting p last visit yesterday. Pt reports she sees the doctor p P.T. today.

O: Rx as per CTD. Continued for hip stretching + strengthening. MMT (R) hip add = 4+/5 (R) hip flex = 4+/5 AROM (R) hip flex 95°.

A: Pt tol well & fq in strengthening. Pt close to achieving STG #1.

P: Continue as per new MD orders p next visit to further progress strength to work towards goals see initial eval Teresa Lucio, DPT

Other:

**ELLIS PHYSICAL THERAPY ASSOCIATES, INC.**
CYNTHIA A. ELLIS, P.T.
PRESIDENT

1519 Taylor Street
Columbia, SC 29201
803-779-8327

6041 B Garners Ferry Road
Columbia, SC 29209
803-783-0684

3937A Sunset Blvd.
W. Columbia, SC 29169
803-794-2213

November 15, 2012

Cynthia Jones, M.D.

Re: Sarah Folston/1-15143
DOB:

Sarah Folston has been seen a total of 5 times by physical therapy for treatment of R hip pain. Patient states that she has improved 20% since beginning PT and rates her pain– 8/10 at worst. Patient is still limited with prolonged sitting>15-20 minutes and standing>15 minutes, though has minimal improved walking tolerance to 2 blocks. Patient reports she continues to be on "light duty" and may have difficulty with transferring patients. She is able to lift 5 lbs. with good body mechanics/ lifting techniques, though apprehensive and concerned about patient transfers.

**Objective:**

**Gait:** Mild antalgic gait with decreased WB/weight shifting R LE.

(*denotes pain during)

| **AROM:** L-S | | | | **Hip:** | **Right** | **Left** |
|---|---|---|---|---|---|---|
| Forward Flexion: | WFL* | | | Hip Flexion: | 105° | 100° |
| Extension: | 50%** | | | Hip Extension: | 10° | 10° |
| Side Bending: | Right= WFL* | Left=WFL* | | Hip IR/ER: | WFL* | WFL |
| Rotation: | Right= WFL* | Left=WFL | | Hip Abd./Add.: | WFL | WFL |

| **MMT/Strength:** | **Right** | **Left** | | **Right** | **Left** |
|---|---|---|---|---|---|
| Knee Extension : | 4+/5 | 4+/5 | Hip IR: | 4+/5* | 4+/5 |
| Knee Flexion: | 4+/5 | 4+/5 | Hip ER: | 4+/5 | 4+/5 |
| Hip Flexion: | 4/5* | 4/5 | Ankle Dorsiflexion: | 4+/5 | 4+/5 |
| Hip Extension: | 3-/5 | 3+/5 | Ankle Plantarflexion: | 4+/5 | 4+/5 |
| Hip Abduction: | 4/5* | 4/5 | | | |

**Assessment:**
Patient has made some gains in PT with increased ROM, strength, and functional mobility with decreased pain. Patient demonstrates proper body mechanics/ lifting techniques with 5#, though patient is apprehensive of transferring patients due to LBP.

**Today's Treatment:** Re-evaluation/physical performance test, exercises, and ice.

**Plan:** Will see patient 1 more time per WC approval and will hold for further authorization for additional visits scheduled on 11/19/12 and 11/20/12 which will complete original order. Recommend additional order for 8 more visits.

Thank you for choosing Ellis Physical Therapy as your patient's rehabilitation team. If you have any questions, please call (803)794-2213 or fax (803)791-5284.

Professionally,
Aileen Cuenea, PT, MS

# Daily Treatment Notes
Ellis Physical Therapy Associates, Inc.

| | | |
|---|---|---|
| Patient: Sarah Folston | Insurance: U C Care IDQ | Therapist: Aileen Cuenca |
| Chart #: 1-1543 | Dx: R Hip Pain | ICD-9: |
| DOB: | MD: Dr Cynthia Jones | Clinic: Sunset |

**Date: 11-21-12** Visit 8 of 8 Time In: 9:00 Time Out: 10:10

Charges:
EX4 (60')
ICE (N/C) (10')

S: Pt has min c/o pain ~ 4/10 (R) hip, reports "discomfort"
O: Rx per CTP; MMT (R) hip flex 4/5* c pain
A: Tol Rx well, improving hip strength c min → no Δ in pain
P: Cont per POC per new MD orders.
Aileen Cuenca PT

Other:

**Date: 11 28 12** Visit 9 of 16 Time In: 9:03 Time Out: 10:00

Charges:
ICE (N/C) (10')
MAN (8')
EX3 (29')

S: Pt c/o min pain ~ 3/10 (R) hip since didn't work yesterday; reports was on "light duty" x 6 days per MD, currently @ home until MD visit 12/4/12 - using "comp time".
O: Rx per CTP; AROM L-Spine flex: WFL*, ext 50%*
A: Tol Rx well; min → mod tenderness (R) greater trochanter; mod tenderness proximal to hip; min t/d pain c Rx
P: Cont per POC
Aileen Cuenca PT

Other:

**Date: 12 3 12** Visit 10 of 16 Time In: 9:00 Time Out: 10:05

Charges:
ICE (N/C) (10')
EX4 (57')

S: Pt reports min c/o pain over the weekend, has been better since off work; current pain ~ 3/10, maybe "overdid" it over the weekend c household chores
O: Rx per CTP; MMT: hip ext (R) 3-/5, (L) 2-/5
A: Tol Rx well; able to tol ↑'d strengthening c min → no Δ in pain
P: Cont per POC
Aileen Cuenca PT

Other:

**ELLIS PHYSICAL THERAPY ASSOCIATES, INC.**
CYNTHIA A. ELLIS, P.T.
PRESIDENT
1519 Taylor Street, Columbia, SC 29201, 803-779-8327
6041 B Garners Ferry Road, Columbia, SC 29209, 803-783-0684
3937A Sunset Blvd., W. Columbia, SC 29169, 803-794-2213

December 10, 2012

Cynthia Jones, M.D.

Re: Sarah Folston/1-15143
DOB:

Sarah Folston has been seen a total of 12 times by physical therapy for treatment of R hip pain. Patient reports 50% improvement since beginning PT, but even better since being off work. She rates her pain ~ 8/10 at worst. Patient is still limited with sitting~30 minutes, standing~10-15 minutes and walking ~1 block. She has been on "light duty" at work, then completely off work since 11/26/12.

**Objective:**
(*denotes pain during)

| **AROM:** L-S | | | **Hip:** | **Right** | **Left** |
|---|---|---|---|---|---|
| Extension: | 75% | | Hip Flexion: | 110° | 115° |
| Side Bending: | Right= WFL* | Left=WFL | Hip Extension: | 15° | 15° |
| Rotation: | Right= WFL | Left=WFL* | Hip IR/ER: | WFL* | WFL |

| **MMT/Strength:** | **Right** | **Left** |
|---|---|---|
| Hip Flexion: | 4/5* | 4/5 |
| Hip Extension: | 4-/5 | 4-/5 |
| Hip Abduction: | 4/5 | 4/5 |
| Hip IR: | 4+/5 | 4+/5 |
| Hip ER: | 4+/5* | 4+/5 |

**Assessment:** Patient has made some gains in PT with increased ROM, strength, and functional mobility with decreased pain, though patient has been off work since 11/26/12.

**Today's Treatment:** Re-evaluation/physical performance test, exercises, and ice.

**Plan:** Will continue POC (4 visits remaining on current order).

Thank you for choosing Ellis Physical Therapy as your patient's rehabilitation team. If you have any questions, please call (803)794-2213 or fax (803)791-5284.

Professionally,

Aileen Cuenca, PT, MS

# Daily Treatment Notes
Ellis Physical Therapy Associates, Inc.

| | | | |
|---|---|---|---|
| Patient: Sarah Folston | Insurance: W C (Care IDQ) | Therapist: Aileen Cuenca |
| Chart #: 1-15143 | Dx: R) Hip Pain | ICD-9: |
| DOB: | MD: Dr Cynthia Jones | Clinic: Sunset |

**Date: 12/7/12** Visit 11 of 16 Time In: 9:03 Time Out: 10:03

Charges: Ice (N/C) (10') EX4 (50') man (10')

S: Pt states more "soreness" than pain (R) hip; cont to be off work @ this time.
O: Rx per CTD: (R) hip flex ROM 105°, (L) hip flex 115
A: tol ex well; improving ROM; cont to have min → mod tenderness/tightness (R) ITB, thought cable to thi 4'd strengthening ± min c/o pain ~ 3/10
P: Cont per POC
Aileen Cuenca PT

Other:

**Date: 12/10/12** Visit 12 of 16 Time In: 8:05 Time Out: 10:24

Charges: Ice (N/C) (10') Phys Perf (10') EX5 (69')

Please see MD note

Aileen Cuenca PT

Other:

**Date: 12/13/12** Visit 13 of 16 Time In: 9:36 Time Out: 10:40

Charges: Ice (N/C) (10') EX4 (54')

S: Pt reports cont to have min pain ± sit → stand transfers; 2/10 (R) hip; last ~ 9/10 today; maybe due to weather; have had to take pain meds 2° pain going into (R) foot.
O: ex per CTD; MMT (R) hip abd 4/5
A: tol Rx well; ↓ sx last ± radicular sxs ± ext, main improved hip abd MMT ↓ pain
P: Cont per POC
Aileen Cuenca PT

Other:

# Daily Treatment Notes

Ellis Physical Therapy Associates, Inc.

| | | |
|---|---|---|
| Patient: Sarah Folston | Insurance: W C (Care ISQ) | Therapist: Aileen Cuenca |
| Chart #: 1-15443 | Dx: R) Hip Pain | ICD-9: |
| DOB: | MD: Dr Cynthia Jones | Clinic: Sunset |

**Date: 12/17/12** Visit 14 of 16 Time In: 8:34 Time Out: 10:10

Charges: Ice (NC) (10') Ex 5 (80')

S: Pt reports mod fatigue, more than (R) hip pain ~ 8/10; states had some radicular sx this weekend, but diminish PDE exs, mins c/o radicular sxs today.

O: Rx per CTP; repeated ext in lying; ↑'d Radicular sx in (R) LE from ~ mins c/o.

A: tol Rx well; able to tol ↑'d CKC c mins c/o fatigue; Pt reports ↑'d radicular sxs c ext in lying.

P: Cont per POC

discharge to HEP

Other:

**Date: 12/19/12** Visit 15 of 16 Time In: 8:30 Time Out: 9:45

Charges: Ice (NC) (10') Ex 5 (65')

S: Pt c/o pain ~ 6/10 (R) hip ~~(back + hip)~~ early this morning, woke pt up; maybe due to mattress; took pain meds; currently c/o pain ~ 3/10

O: ~~Tol~~ Rx per CTP;

A: tol Rx well; ~~Tx~~ ppm ROM: (R) ROT 75% (L) ROT 75%

P: Cont per POC

discharge to HEP

Other:

**Date: 12-21-12** Visit 16 of 16 Time In: 831 Time Out: 953

Charges: Phys Perform 1 Ex 4 Ice NC (10')

S: Pt reports she returns to MD Jan 14th for a follow up. She had a mixed weekend pain wise. She had (R) hip pain over the weekend. She felt like she was limping over the weekend. She feels like P.T. is helping in some areas but "when the pain hits, it hits." Pt is not currently working. She has noticed some numbness in lower (R) leg + foot ± exercise & when she sits too long a certain way. Pt has some back pain in (L) shape, across back into (R) hip + leg.

O: Rx as per TD. McKenzie, flexion Test = (+) for radicular pain into thigh but no numbness (R). AROM (R) hip flex = knee ± slight pain, MMT hip flex (R) = 4-/5 hip ext (R) = 4-/5 hip abd (R) = 4+/5 hip add (R) = 4+/5 hip IR (R) = 4+/5 (+) Piriformis str (R). L-5 ext 14° (R)

A: Pt tol well. Pt may have some L-S disc involvement + piriformis involvement. Pt would benefit from continued P.T. to address hip pain + radicular symptoms possibly originating from L-S.

P: Continues per MD new MD orders & new Cert Recertification or hold until follow up c MD if MD feels she needs to see pt first. P.T. suggests 2-3x/wk x 4 more weeks

Other: NOTE TO MD & Sarah

Aileen Cuenca, DPT

**ELLIS PHYSICAL THERAPY ASSOCIATES, INC.**
CYNTHIA A. ELLIS, P.T.
PRESIDENT
1519 Taylor Street, Columbia, SC 29201, 803-779-8327
6041 B Garners Ferry Road, Columbia, SC 29209, 803-783-0684
3937A Sunset Blvd., W. Columbia, SC 29169, 803-794-2213

December 26, 2012

Cynthia Jones, M.D.

Re: Sarah Folston/1-15143
DOB:

Sarah Folston has been seen a total of 16 times by physical therapy for treatment of R hip pain. Patient reports she is to return to MD- 1/14/13 for follow up. She had a rough weekend-pain wise; patient had 8/10 pain over the weekend. She feels like PT is helping in some areas but "when the pain hits, it hits". Patient is not currently working. She has noticed some numbness in lower leg and foot with exercises when she sits too long a certain way. Patient has some back pain in L-spine across back into hip and leg.

**Objective:** Per CTD.

**McKenzie Flexion Test:** + for radicular pain into thigh but no numbness on R.

**AROM of Hip on R:** Hip Flexion: 110° with slight pain

**MMT/Strength:**

| | |
|---|---|
| Hip Flexion: | 4-/5 |
| Hip Extension: | 4-/5 |
| Hip Abduction: | 4+/5 |
| Hip Adduction: | 4+/5 |
| Hip IR: | 4+/5 |

Piriformis Stretch R LS:
Extension: 14°
Flexion: 0" FTT

**Assessment:** Patient tolerated session well. Patient may have some L-S disc involvement and piriformis involvement. Patient would benefit from continued PT to address hip pain and radicular symptoms possibly originating from lumbar spine.

**Today's Treatment:** Re-evaluation/physical performance test, exercises, and ice.

**Plan:** Will continue per MD new orders and new Corvel's authorization or hold until follow up with MD if MD feels she needs to see patient first. P.T. suggests 2-3 x/week for 4 more weeks.

Thank you for choosing Ellis Physical Therapy as your patient's rehabilitation team. If you have any questions, please call (803)794-2213 or fax (803)791-5284.

Professionally,
Teri Grote, DPT

1

# Daily Treatment Notes
Ellis Physical Therapy Associates, Inc.

| | | | |
|---|---|---|---|
| Patient: Sarah Folston | Insurance: WC/Care 1st | Therapist: Cynthia Ellis, PT |
| Chart #: 15143 | Dx: R Hip Pain | ICD-9: |
| DOB: | MD: Dr. Cynthia Tamas | Clinic: Sunset |

| | | | |
|---|---|---|---|
| Date: 1-8-13 | Visit 17 of 19 | Time In: 2:10 | Time Out: 3:40 |

Charges: 97110x4 / pe

S: Feels stable
O: PAIN: on average 4/10
TTP: (R) gr. troch (R) SI jt
STORK - 10sec + 2 tries at → stand, guarded
AROM: (R) hip IR 45° ER 32° discomf
(L) hip IR 40° ER 45° pinch
ER MMT (R) 4+/5 c pain (L) 4+/5 pinch
Rx: CTM
see R/L
A: Charted OTS - 4th session this week on UBE 2° TTP (R) gr. trochanter
P: Cont to plan

Other:

| | | | |
|---|---|---|---|
| Date: 1-9-13 | Visit 18 of 19 | Time In: 8:39 | Time Out: 10:00 |

Charges: 97110 (3) pe

S: A little sore but not bad; achy more than usual
O: Slight antalgic gait c/o (R) gr trochanter through (R) SI TTP (R) gr trochanter (L) SI
Rx: CTM
see 1/6 (R) GT trochanter; SI
A: Progressing c SL mob. & pain (L) hip
P: Cont w/ prog as modified as needed

Other:

| | | | |
|---|---|---|---|
| Date: 1-14-13 | Visit 19 of 19 | Time In: 8:36 | Time Out: 10:18 |

Charges: 97110 (3) pe

S: Achy c 5/10 Sat.
O: AROM (R) hip flex 98° limited by dens abd 24° IR 41° ER 30° TTP (R) gr trochanter PAIN: 8/10
MMT (R) hip flex 4/5 abd 5/5 add 5/5 IR 4/5 ER 4/5
A: Overall pt is stable & progressing (1) It can walk now & has bend over c less pain (2) Can bend over & put shoes on (3) Can walk 2 miles c pain
P: Cont (R) hip strengthening

Other:

**ELLIS PHYSICAL THERAPY ASSOCIATES, INC.**
CYNTHIA A. ELLIS, P.T.
PRESIDENT
1519 Taylor Street, Columbia, SC 29201, 803-779-8327
6041 B Garners Ferry Road, Columbia, SC 29209, 803-783-0684
3937A Sunset Blvd., W. Columbia, SC 29169, 803-794-2213

January 14, 2013

Cynthia Jones, M.D.

Re: Sarah Folston/1-15143
DOB:

Sarah Folston has been seen a total of 19 times by physical therapy for treatment of hip pain. Overall, patient relates 40% decrease in pain. Patient can walk now without pain; bend over with less pain and bend over to put shoes on with less pain. She rates her pain today at 2/10.

**Objective:**

**AROM of Hip on R:**

| | |
|---|---|
| Hip Flexion: | 98° |
| Hip abduction: | 24° |
| Hip IR: | 41° |
| Hip ER: | 30° |

**MMT/Strength on R:**

| | |
|---|---|
| Hip Flexion: | 4/5 |
| Hip Extension: | 4/5 |
| Hip Abduction: | 5/5 |
| Hip Adduction: | 5/5 |
| Hip IR: | 4/5 |
| Hip ER: | 4/5 |

**Assessment:** Patient has improved 40% since initiation of therapy. Patient reports pain with walking>10 minutes.

**Today's Treatment:** Re-evaluation/physical performance test, exercises, and ice.

**Plan:** Await for further instructions from physician.

Thank you for choosing Ellis Physical Therapy as your patient's rehabilitation team. If you have any questions, please call (803)794-2213 or fax (803)791-5284.

Professionally,

Cynthia Ellis, PT
License# 285

# Daily Treatment Notes
Ellis Physical Therapy Associates, Inc.

| | | |
|---|---|---|
| Patient: Sarah Folston | Insurance: WC/Care SO | Therapist: Cynthia Ellis, PT |
| Chart #: 15143 | Dx: R Hip Pain | ICD-9: |
| DOB: | MD: Dr. Cynthia James | Clinic: Sweet |

| | | | |
|---|---|---|---|
| Date: 1-17-13 | Visit 20 of 24 | Time In: 8:30 | Time Out: 9:45 |

Charges: Ex's x5

S: Pt states she is walking & turns & (R) hip aching 4/(R) 10s hours away

O: TTP (R) glut & trochx

ROM: (R) glut med restric c (P).

Rx: CPD

A: ↑ work on stretch glut med & man

P: Cont ↑ more work ↑ prog as to address glut med & rom ↑ stretch.

Other:

| | | | |
|---|---|---|---|
| Date: 1-21-13 | Visit 21 of 24 | Time In: 2:25 | Time Out: 4:12 |

Charges: 97110 x3 / 70 / ice 10 (NC)

S: Doing well c ↑ pain

a: AROM (R) hip ✓ 101 standing 710 stiff & dumpy

IR 32°

ER 39°

ADD - Lifting 20# x 6 reps - pt argues & ↑ tenderness with (R) patellar tendon & pop fossa

Rx: CPD

P: Work on goals add ↑ lifts ex & address work duties

Cont

Other:

| | | | |
|---|---|---|---|
| Date: 1-23-13 | Visit 22 of 24 | Time In: 9:03 | Time Out: 10:40 |

Charges: 97110 x4 / 78 / ice (NC)

S: C/o (R) hip pain

S: ↑ pain & soreness & stiff pt to the job - added lifts today as well as BFR wraps

Rx: CPD

A: No problems c ex

P: Cont to progress

Other:

Daily Treatment Notes
Ellis Physical Therapy Associates, Inc.

| | | |
|---|---|---|
| Patient: Sarah Folston | Insurance: UHC/Care DQ | Therapist: Cynthia Jones PT |
| Chart #: 15143 | Dx: (R) Hip Pain | ICD-9: |
| DOB: | MD: Dr. Cynthia Jones | Clinic: Sunset |

**Date: 1-28-13** Visit 23 of 24 Time In: 2:30 Time Out: 4:20

Charges: 97110 x2, 90, MC

S: DL c/o R/L hip pain today. Very sore
O: AROM (R) hip WNL
TTP: (R) groin
Rx: CTD
A: Modified use to accomplish goal / minimal pain & total Dr.
P: Cont POC

Other:

**Date: 1-30-13** Visit 24 of 24 Time In: 8:35 Time Out: 11:00

Charges: 97110 x3, 90, MC, NC

S: C/o (R) hip & (R) iliac crest pain
O: PAIN continues, lowest it's been 2/10 (worst still an 8/10.
AROM 45 FF, Fl, ½ Horn (with) LBE 45°
EXT 4/5 LBE 4/5
sort (R) WNL sort (L) WNL
MMT: Hip (R) (L)
4+/5 4/5 4/5
knee gud 4+/5 4/5
4+/5 4/5
REFLEXES: PF A 3+ (B)
Rx: CTD
A: Pt concerned about pain & gait - lack strength. Occasional pain is not affecting mobility & function
P: Cont dr order

Other:

**Date:** Visit of Time In: Time Out:

Charges:

Other:

**ELLIS PHYSICAL THERAPY ASSOCIATES, INC.**
CYNTHIA A. ELLIS, P.T.
PRESIDENT
1519 Taylor Street, Columbia, SC 29201, 803-779-8327
6041 B Garners Ferry Road, Columbia, SC 29209, 803-783-0684
3937A Sunset Blvd., W. Columbia, SC 29169, 803-794-2213

January 30, 2013

Cynthia Jones, M.D.

Re: Sarah Folston/1-15143
DOB:

Sarah Folston has been seen a total of 24 times by physical therapy for treatment of hip pain. Patient c/o R hip and iliac crest pain. She states pain continues; however it is less at a 2/10 but t worst continues at an 8/10.

**Objective:**
**AROM of L/s:**

| | | |
|---|---|---|
| Forward Flexion: | Fingertips ½" floor (WNL) | |
| Extension: | 41° | |
| Rotation: | WNL bilaterally | |
| Lateral bending: | R: 45° | L: 41° |

| MMT/Strength : | Right | Left |
|---|---|---|
| Hip Flexion: | 4+/5 | 4/5 |
| Hip Extension: | 4+/5 | 4/5 |
| Knee quad: | 4+/5 | 4+/5 |
| Hamstring: | 4+/5 | 4+/5 |

**Reflexes:** Patellar and Achilles: 2+ bilaterally

**Assessment:** From this patients initial evaluation until this date her strength has improved by ½ to 2 full grades in some areas of her knees and hips. AROM of her L/S is now totally WFL. Patient is concerned about pushing and pulling in her job description. I feel this patient has improved by a good 60% or more; however, she relates that there are days that the pain is just as bad as when she first initiated physical therapy.

**Today's Treatment:** Re-evaluation/physical performance test, exercises, and ice.

**Plan:** At this time I recommend this patient return to her physician for further direction.

Thank you for choosing Ellis Physical Therapy as your patient's rehabilitation team. If you have any questions, please call (803)794-2213 or fax (803)791-5284.

Professionally,

Cynthia Ellis, PT
License# 285

1

ELLIS PHYSICAL THERA 8037915284 03/22/2013 15:21



# Circuit Training Diary

Patient Name: Sarah Folston Dx: (R) Hip Pain Chart #: 1-15143

| Exercise | 11/8/12 | 11/9/12 | 11-13-12 | 11/15/12 | 11-19-12 | 11-20-12 | 11/26/12 | 11/28/12 | 12/3/12 | 12/7/12 | 12/10/12 | 12/13/12 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (R)(L) knee → chest | 30"x5 | 30"x5 | 1x2' (R) | x2'ea | 1x2' (R) | 1x2' (R) | x2' (R) | x2' (R) | x2' (R) | x2' (R) | x2' (R) | x2' (R) |
| (R)(L) lower G hold stretch | 30"x5 | 30"x5 | 1x2' (R) | x2'ea | 1x2' (R) | 1x2' (R) | x2' (R) | x2' (R) | x2' (R) | x2' (R) | x2' (R) | x2' (R) |
| (R)(L) modified Thomas stretch | 30"x5 | 30"x5 | NT | x2'ea | NT | (R) 1x2' | x2' (R) | x2' (R) | x2' (R) | x2' (R) | x2' (R) | x2' (R) |
| Isometric hip add/IR G ball squeeze | 5"x20 | 5"x20 | 5"x20 | 5"x20 | 5"x20 | 5"x20 | 5"x20 | NT | 5"x20 | 5"x20 | 5"x20 | 5"x20 |
| (R)(L) bent knee fall outs | 10x2 | 10x2 | NT | 10x2 | NT | NT | 10x2 | NT | 10x2 | 10x2 | 10x2 | NT |
| Isometric hip add/ER G BTB | | 5"x20 | 3x20 | 5"x30 | 5"x20 | Green 3" x20 | 5"x20 | | 5"x20 | 5"x20 | 5"x20 | NT |
| Piriformis Longsit STR | | | 1x1' (R) | 1x1' (R) | NT | 1x2' (R) | x2' (R) | | NT | NT | NT | x2' |
| Gastroc STR | | | 1x2' | x2' | 1x2' | 1x2' | x2' | x2' | x2' | x2' | x2' | x2' |
| Seated Piriformis STR | | | (R) 1x2' | NT | 1x2' (R) | 1x2' (R) | x2' (R) | NT | NT | NT | NT | NT |
| Standing hip abd (ext) pulse | | | | | 2x20ea | CH 3x10 | 10x3 | 10x3 | 10x3 | 10x3 | 10x3 | 10x3 |
| Prone quad stretch | | | | | 1x2' (R) | 1x2' (R) | x2' (R) | x2' (R) | x2' (R) | x2' (R) | x2' (R) | x2' (R) |
| LTR | | | | | x20ea | x30 (L) | x2' | x2' (R) | NT | x2' (R) | x2' (R) | x2' (R) |
| Bridges | | | | | | 2x10 | 10x3 | NT | x30 | x30 | NT | x30 |
| Standing ITB stretch | | | | | | (R) 1x2' | x2' (R) | x2' (R) | x2' (R) | x2' (R) | x2' (R) | x2' (R) |
| SL ITB Stretch | | | | | | | | 30"x5 | x2' (R) | x2' (R) | x2' (R) | x2' (R) |
| Standing hip/toe raises | | | | | | | | x30 | x30 | x30 | x30 | x30 |
| standing marching | | | | | | | | | 3# 10x3 | 4# 10x3 | 4# 10x3 | 4# 10x3 |
| Knee extension in flexion | | | | | | | | | | | | x10 |
| extension in lying | | | | | | | | | | | | x10 |
| SIM to (R) HIP - manual & c. stick | | | | | | | | x8' | NT | x10' | NT | NT |
| L Recumbent | | | 8' | 15 x10' | 8' | 8' | NT | x8' | x10' | 10x10' | 10 x10' | 15 x10' |
| ICL to (R) hip | | x10' | 15' | x15' | 15' BKK post & lateral | 15' | x10' | x10' | x10' | x10' | x10' | x10' |

Patient Name: Sarah Folston

# Circuit Training Diary

Dx: (R) Hip Pain

Chart #: HS143

| Exercise | 12/17/12 | 12/19/12 | 12-20-12 | 1-8-13 | 1-9-13 | 1-14-13 | 1-17-13 | 1-21-13 | 1-23 | 1-28-13 | 1-30-13 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| (R)(L) knee → chest | NT | ~~NT~~ | NT | | 1×5 (10) | 1×5 (20) | 1×5 (20) | 1×5 (20) | 1×5 (30) | 1×5 (30) | 1×5 (30) |
| (R)(L) trunk ↔ belt stretch | x2' ea | ~~x2' ea~~ | 1x2' ea | opposite | 1×30" | 1×5 (10) | 1×5 (20) | 1×5 (20) | 1×5 (30) | 1×5 (30) | ~~1×5 (30)~~ |
| (R)(L) modified Thomas stretch | x2' ea | x2' ea | NT | | | | | | | | |
| isometric hip ABD/IR ↔ ball squeeze | 5" x20 | NT | NT | | | | | | | | |
| (R)(L) wall knee fall outs | ~~GTB~~ 10x3 | | NT | | 1×30 | | 5# | 1×10 | 1×10 | | |
| isometric hip ABD/ER ↔ RTB | 5" x20 | | NT | | GTO | | | 20" | 20" | | |
| ~~(prone)~~ bridging | x20 | x10 | 3x10 | | | | BOB | BOB | 1×30 | 1×30 (4) | 1×30 4 |
| prone quad stretch ↔ belt | NT | NT | 1x2' (R) | | | | 40#×20 | MOD 1×30 | 40#×3 | 40# | 40# |
| LTR | x2' | | NT | (25) | 30(3) | 30(3) | 1×5 | 1×5 | 1×5 | 1×5 | |
| seated piriformis stretch | NT | | 1x2' (R) | 1×10 | 1×5 | 1×10 | (30) | (30) | (30) | (30) | 1×5 (30) |
| long sit w/ piriformis stretch | | | NT | | | | | | | | |
| standing heel/toe raises | ~~GTB~~ 10x3 | ~~GTB~~ 10x3 | NT | 1×10 supine | | | | | BOSU UD | FACING LAT | 2" 1×10 |
| standing marching | ~~GTB~~ 10x3 | ~~GTB~~ 10x3 | 4#×3 | abd/ADD toggle | supine toggle | supine toggle | 1×20 | 1×20 | 1×30 | 4# 1×4 | 4" 1×10 |
| standing hip ~~(abd)~~ ext/abd/trans curls ↔ GTB | ~~GTB~~ 10x3 | ~~GTB~~ 10x3 | 4#3×10ea | | | | 20# (B) | 20# (B) | 20# (B) | EXT TOE | 1×20 |
| standing ITB stretch | ~~GTB~~ x2' ea | ~~GTB~~ x2' ea | 1x2' ea | supine | supine | | | | | | 20" |
| standing quadrea stretch | ~~GTB~~ x2' ea | ~~GTB~~ x2' ea | seated | 1×10 (10) | | (10) | 1×10 (10) | 1×10 (10) | 1×5 (30) | 1×5 (30) | 1×5 (30) |
| prone extension in lying | x10 | NT | 8# x20 ea | | | | 1×5 | 1×5 | prone | prone | prone |
| extension in lying | x10 | | NT | | | | (3) | straw (2) | 1×10 (3) | | 1×10 (3) |
| sidestepping ↔ RTB | 10 ~~GTB~~ x6 | 10 ~~GTB~~ x6 | 10#×10 | ~~X~~ | 1×30 | | | Lift off | 5# | 5# | 1×20 |
| LE clap ups standing/sat (R)(L) | x30 ea | x20 ea | NT | MARCH | 0# | | | net | 1×3 (B) | 0 | 20" |
| SL ITB stretch | x8' ea | x8' ea | NT | | | | | | | | |
| Gastroc STR | | | 1x2' | | above | (30s) 1×5 | | | | | |
| PPU * 90→90 | | | x20 | | | | 1×20 (3) | 1×20 (3) | 1×20 (3) | 1×30 | 90→90 |
| Ham 90/90 guard | | | x20 ea | | 1×20 GTB | | | | 10# | 10# (3s) | 2×10 1#. |
| PierFoams seated | | | | 1×5 (30) | 1×5 (30) | 1×10 (30) | 1×5 (30) | 1×5 (30) | 1×5 30 | 1×5 (30s) | 1×5 (30) |
| hip ITB STRETCH | | | | 2×10 BAR in lap | 3×10 BAR | 3×10 BAR | | 2×10 BAR | | 2×10 BAR | 3×10 BAR |
| Ham STR | | | | ~~1×5~~ 30 | 1×5 30 | 1×5 (30) | 1×5 30 | 1×5 (30s) | 1×5 (30s) | 1×5 (30s) | 1×5 (30s) |
| Bridge Lyeadd ↔ Ball | | | | supine 1×20 (3) | painful | | above | | | BOB | 1×20 MOD |
| UBE | | | | 5' F 5 B | 5' F 5 B | 5' 5' B | 5' BE 5' B | 5' F 5' B | 5' E 5' B | 5' E 5' B | 5' E 5' B |
| increased pressure on tennis ball | | ~~GTB~~ 5' | NT | | | | | | | | |
| recumbent bike | 12 x 10' | 12 x 10' | 8' 10' | ~~10'~~ | | | ice. | ice. | | | |
| ice to (R) hip | x10' | x10' | | | | | | | | | |

1×5 (30s) | 1×5 (30s) | 1×3 | 1×5 leg pull

i-ES 50 (pull)

ELLIS PHYSICAL THERA PAGE 28
03/22/2013 15:21 8037915284
P164

Ellis Physical Therapy Associates, Inc.
Patient Goal Sheet

Patient: Sarah Falstar Chart #: E-15/45

| | | EVAL | SCT | D/C | |
|---|---|---|---|---|---|
| STG: | | | | | |
| 1 | Pt will rpt ↓ (R) mp flex ROM ≥ 100° c pain for ease c ADL dressing | 11/2/12 | 11/16/12 | 1/24/13 | |
| 2 | Pt will rpt ↑ (R) mp ext MMT ≥ 4+/5 for ease c transfers | 11/2/12 | 11/16/12 | 12 wk re-eval | |
| 3 | Pt reports 50% decreased sleep disturbances | 11/2/12 | 11/16/12 | * | |
| 4 | Pt able to lift/carry 20-40# c proper body mechanics | 11/2/12 | 11/16/12 | * | |
| LTG: | | | | | |
| 1 | Pt will rpt ↑ (R) mp ROM WFL c pain for ease c ADLs/IADLs | 11/2/12 | 11/30/12 | * | |
| 2 | Pt will rpt ↑ (R) mp ext MMT ≥ 4+/5 for ease c transfers | 11/2/12 | 11/30/12 | * | |
| 3 | Pt reports min sleep disturbances | 11/2/12 | 11/30/12 | * | |
| 4 | Pt able to perform more duties c pain | 11/2/12 | 11/30/12 | * | |
| 5 | Pt to (I) c HEP + pain/sx management | 11/2/12 | 11/30/12 | * | |

COMMENTS:
Pt is poor historian, limited to evaluation only
* modified ↓ to achieve these goals
1-24-13 Re-eval Pt, does not have to return

**ELLIS PHYSICAL THERAPY ASSOCIATES, INC.**
CYNTHIA A. ELLIS, P.T.
PRESIDENT

1519 Taylor Street
Columbia, SC 29201
803-779-8327

5041B Garners Ferry Road
Columbia, SC 29209
803-783-0684

3937A Sunset Blvd.
W. Columbia, SC 29169
803-794-2213

# DISCHARGE SUMMARY

NAME: Sarah Folston

Dx Code: 719.45

CHART #: H5143

PRE-DIAGNOSIS: (R) Hip Pain

POST-DIAGNOSIS: (R) hip pain

DATE OF INITIAL EVALUATION: 11/2/12

CC: 1

DATE OF LAST VISIT: 1/30/13

CC: 2

DATE DISCHARGED: 1/30/13

NUMBER OF TREATMENTS: 24

# units:

TREATMENT DESCRIPTION:
Eval, Ex's and Ice

PATIENT STATUS AT DISCHARGE:
see 1-30-13 note

FURTHER FOLLOW UP REQUIRED: none
unless she calls otherwise

PHYSICAL THERAPIST SIGNATURE

1-30-13
DATE

- Scripts are up to date
- Discharge summary dated and signed
- Notes are written and signed for each visit
- Initial evaluation is dictated & signed
- Plan Of Care on file for each month (if Medicare)

# CLAIMANT'S APA #13

## First Care

**First Care**
2406 Decker Blvd Columbia, SC 29206
803-736-2530 Fax: 803-736-4830

*January 23, 2013*
Page 1
Chart Document

**SARAH FOLSTON** Home: Work:
Female DOB: '

**03/31/2011 - External Correspondence: WC Restrictions**
**Provider: Stephen R Izard MD**
**Location of Care: First Care**

## Injury Information

**Name of Employer:** Midlands Center
**Occupation:** HFA
**Date of Injury:** 03/22/2011
**Problem(s) associated with visit** CONTUSION ELBOW^ICD-923.11, CONTUSION HIP^ICD-924.01

## Work Status

May return to work with restrictions on: 04/01/2011
**Summary:** ice to elbow and hip
continue diclofenac and lortab at home
Not to lift more than 10 pounds, no bending, stooping, kneeling or standing more than 30 minutes per hour for one week.
Resume usual duty in one week, 4/7/11
Return to clinic as needed

**Signed by Stephen R Izard MD on 03/31/2011 at 1:17 PM**

**First Care**
2406 Decker Blvd Columbia, SC 29206
803-736-2530 Fax: 803-736-4830

*January 23, 2013*
Page 1
Chart Document

**SARAH FOLSTON** Home: Work:
Female DOB:

**10/03/2011 - External Correspondence: WC Restrictions**
**Provider: Stephen R Izard MD**
**Location of Care: First Care**

## Injury Information

**Name of Employer:** Midlands Center
**Occupation:** HFA
**Date of Injury:** 03/22/2011
**Problem(s) associated with visit** SPRAIN&STRAIN OF UNSPECIFIED SITE OF HIP&THIGH^ICD-843.9

## Work Status

May return to normal duties with no restrictions on: **Summary:** continue Ibuprofen 800mg 3 times rest/apply heat to the area
Schedule MRI of right hip

**Signed by Stephen R Izard MD on 10/03/2011 at 5:21 PM**

**First Care**
2406 Decker Blvd Columbia, SC 29206
803-736-2530 Fax: 803-736-4830

*January 23, 2013*
Page 1
Chart Document

**SARAH FOLSTON** Home: Work:
Female DOB:

**10/18/2011 - External Correspondence: WC Restrictions**
**Provider: Stephen R Izard MD**
**Location of Care: First Care**

## Injury Information

**Name of Employer:** Midlands Center
**Occupation:** HFA
**Date of Injury:** 03/22/2011
**Problem(s) associated with visit** SPRAIN&STRAIN OF UNSPECIFIED SITE OF HIP&THIGH^ICD-843.9

## Work Status

May return to normal duties with no restrictions on: 10/18/2011
**Summary:** patient released - follow up with her family doctor

**Signed by Stephen R Izard MD on 10/18/2011 at 10:38 AM**

# CLAIMANT'S APA #14

## Southeastern Spine Institute

# SOUTHEASTERN SPINE INSTITUTE

**FOLSTON, SARAH** *Independent medical evaluation*
Patient #698990
DOB:
May 7, 2013

Ms. Folston is seen for the purposes of independent medical evaluation.

This lady was injured on March 22, 2011 when a schizophrenic client while working for the South Carolina Department of Disabilities & Special Needs pushed her over. She landed on her right hip and elbow. She had pain into her hip, her elbow. She had X-rays of her hip, pain into her right hip and leg. She was evaluated by Dr. Izard at First Care. She was placed on work restrictions. She has pain radiating down her leg. She had an MRI of her hip, which was ordered. She was put through physical therapy in 2011 and based on the normal MRI of the hip was rated at maximal medical improvement and returned to full duty. She has persisted with pain into her hip and into her leg subsequently seeking care at Doctors Express throughout late 2012. She was placed on restrictions, placed on pain medication Toradol and muscle relaxers to include Flexeril. She was also placed on Neurontin ultimately. She was noted to have right hip pain, iliac crest pain, and pain radiating into the right leg with numbness into her foot. She had a total of 24 visits to physical therapy where she was reported to have some improvement although the patient states that she received no subjective improvement.

She has persistent pain into her hip, persistent pain radiating down her leg. On exam she has positive straight leg raising. She has some subjective dysesthesia in the lateral aspect of her leg and foot. Her hip range of motion is normal. She walks with a slight limp. There are no long tract signs.

She has no diagnostic imaging studies of her low back.

**Diagnosis**: Rule out lumbar radiculopathy.

**Comment**: This lady's symptoms are consistent with lumbar radiculopathy. She has documented pain radiating down her leg. This has been consistent from the time of her injury as documented by her providers. Although she has appropriately gotten an MRI study of her hip, it would be more likely that she would have radiculopathy secondary to a disc protrusion in her lumbar spine. This would be a more common injury.

I do believe she has a diagnosis of lumbar radiculopathy clinically. She cannot yet be assigned an impairment rating until she has a definitive diagnosis, which can only be arrived at through MRI scanning. We could determine her impairment based on the results of this.

I have seen this lady for the purpose of an independent medical evaluation and hold the above opinions true to a reasonable degree of medical certainty most probably. I will see her back after this.

Steven C. Poletti, M.D.

SCP/dmp
T- 5/13/13

CC: Stephen Samuels, Esquire

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

SOUTHEASTERN SPINE INSTITUTE
1106 Chuck Dawley Blvd., Suite 200 ■ Mt. Pleasant, SC 29464

Patient Name: Sarah Folston Encounter Date: 3/7/2016 Date of Birth:
Account Number: 698990

**Chief Complaint:** Ms. Folston is seen for the purposes of an independent medical evaluation.

**History of Present Illness:** I saw Ms. Folston on May 7, 2013. In that evaluation I noted that she was injured on March 22, 2011 and had complaints of pain into her back and right leg. She had an MRI of her hip and was rated at maximal medical improvement and returned to full duty, but when I saw her she had signs and symptoms of radiculopathy. She was provided with physical therapy that did not help, and I recommended that she undergo MRI scanning of her lumbar spine. She was referred after this through her workman's compensation carrier to Dr. Ivan Lamotta at Midlands Orthopaedics. Dr. Lamotta reviewed an MRI scan of the lumbar spine in 2013. He also had her get a CT myelogram in 2014, and Dr. Lamotta diagnosed her as having L5 radiculopathy, referred her to Dr. Justin Hutcheson at Carolina Center for Advanced Pain Management; and Dr. Hutcheson performed an L5 selective nerve root block, which helped her in March and May of 2015.

Dr. Lamotta ordered a second MRI scan of the lumbar spine in September of 2015, and further nonoperative care was recommended. Dr. Lamotta noted that Ms. Folston was a candidate for minimally invasive decompression and fusion at L5-S1.

On November 12, 2015 Dr. Lamotta placed Ms. Folston at maximal medical improvement and stated that future medical care would include repeat orthopedic visits, repeat therapy, and repeat injections. On November of 2015 he did not see a surgical indication and released Ms. Folston to sedentary work activities assigning her a permanent impairment rating of 5 percent to the whole person, which translates to 7 percent of the lumbar spine according to Dr. Lamotta using the AMA Guides for the Evaluation of Permanent Impairment Fifth Edition.

She continues with significant pain in her back, buttocks, hips, and both legs. She still has the radiating right leg pain but has now developed some signs and symptoms of tingling into the left foot. She has been prescribed Lyrica for this.

**Past Medical History:** No known medical conditions.

**Current Medications:** Takes no medications

**Drug Allergies:** No known allergies

**Physical Examination:** She does have positive straight leg raising on the right. She has dysesthesia in the posterolateral aspect of the buttocks, hip, and right leg. Her hip range of motion is normal. She has an antalgic gait. She has difficulty rising from a sitting position. There are no upper or lower extremity long tract signs.

**Diagnosis Codes:**

DIGITALLY SIGNED Steven C. Polettl, MD
3/10/2016

M54.16 Radiculopathy, lumbar region

**Impression:** Right lumbar radiculopathy secondary to disc protrusion at L5-S1 right

**Treatment Plan:** Again, to a reasonable degree of medical certainty most probably, this lady injured the disc at the L5-S1 level with a herniation to the right.

I have reviewed the 2013 MRI, which shows a right paracentral protrusion at the L5-S1 level causing L5 root compromise. I have reviewed the CT myelogram report showing her to have a foraminal protrusion at the L5-S1 level on the right with disc space narrowing. I have directly reviewed the 2015 MRI and compared it to the 2013 MRI. The 2015 MRI shows a progression of bone-on-bone contact at the L5-S1 level with increasing edema changes in the intervertebral end plates consistent with interval development of disc space collapse consistent with her disc injury in 2011 progressing in 2015.

This lady has certainly gotten comprehensive nonoperative medical care since I have seen her.

I'm in review of Dr. Lamotta's notes from 11/13/2015. On this date Dr. Lamotta notes her to have L5 radiculopathy with a diagnosis of lumbosacral radicular symptoms on the right side. Dr. Lamotta gave her a diagnosis of sciatica, and on 10/3/2015 Dr. Lamotta stated: "She may be considered for a minimally invasive decompression and fusion at L5-S1."

Again, Dr. Lamotta also noted on the patient's CT myelogram: "L5-S1 reveals right-sided paracentral and foraminal disc protrusion, which results in moderate right-sided foraminal stenosis."

On the next visit, which is November of 2015, Dr. Lamotta stated: "I do not see any surgical indications for the patient at this time based on the severity of the symptom etiology." He assigned her an impairment rating, which he stated was according to the fifth edition of 5 percent.

This lady has a diagnosis of lumbar radiculopathy secondary to a foraminal disc herniation at the L5-S1 level. She has had a progression of disc space collapse over the five years since her injury as the disc has been injured; and essentially the cushion between the two vertebrae is not normal, and it has resulted in progressive bone-on-bone contact. It does seem somewhat inconsistent that in October she would be potentially recommended for a fusion operation for a diagnosis of radiculopathy and in November be given an impairment rating relative to a lumbar strain and have no surgical recommendation. I do think that this lady has a potential surgical option. She has a diagnosis of lumbar radiculopathy, and I'm in agreement with Dr. Lamotta's assessment that she is a candidate to consider surgical intervention to involve minimally invasive decompression and fusion at L5-S1 on the right. I'm in agreement with Dr. Lamotta that surgery could be unpredictable and that it is certainly not mandatory.

Currently with regards to her radiculopathy, she has significant signs of radiculopathy such as dermatomal distribution sensory loss and loss of relevant reflexes with a herniated disc at the level and on the side that would be expected from the objective clinical findings.

I would specifically refer to the AMA Guides Fifth Edition, page 384, DRE Lumbar Category III, table 15-3 to arrive at a 13-percent impairment rating. I'm in agreement with Dr. Lamotta that this lady had the option to consider minimally invasive decompression and fusion as recommended in October of 2015 potentially. Should she undergo that fusion, her impairment rating would be roughly twice that or 28 percent to the whole person. This lady has two options. One is to

either continue to follow up with Dr. Hutcheson, potentially consider further injection therapy, and potentially consider ongoing treatment directed towards her back and legs. She does have some neuropathy. She does have some dysesthesia into the leg. She does have some weakness specifically into her right leg, and I would describe her as having an impairment specifically to her right lower extremity and lower extremities as a consequence of nerve damage over the five-year period. I would place this additional 2 percent to the whole person. Her current whole-person impairment rating is 15 percent to the whole person based on a diagnosis of radiculopathy, based on a diagnosis of loss of use to the lower extremities secondary to radiculopathy and neuropathy. I'm in agreement that she could consider surgical intervention, and the surgery could potentially lessen her disability.

Alternatively, she could continue with nonoperative care with Dr. Hutcheson, which I would recommend.

As far as her restrictions, I'm in agreement that she has a sedentary status. She should not be doing any kind of bending, twisting, pushing, pulling, heavy repetitive lifting, or lifting greater than 15 to 20 pounds. She has not worked for greater than three years. She has difficulty rising from a sitting position. It would be my opinion that she is potentially a candidate to pursue Social Security disability as she has a sedentary status and at this point is not capable of sitting for extended periods of time longer than 30 minutes.

My recommendations are to a reasonable degree of medical certainty most probably. I would be glad to see her back at any time.

The patient is instructed to call us if pain persists or get worse. The patient is instructed to return if pain or symptoms arise.

Steven C. Poletti, MD

SCP/dmp

CC: Stephen B. Samuels, Esquire

**DIGITALLY SIGNED Steven C. Poletti, MD**
**3/10/2016**

# CLAIMANT'S APA #15

## Columbia Rehabilitation Clinic, Inc.

Columbia Rehabilitation Clinic, Inc.

Bruce D. Filler, M.Ed., P.T.
*Director*

www.crcrehab.com

February 17, 2016

Mr. Stephen Samuels
Samuels Law Firm, LLC
1320 Richland Street
Columbia, S.C. 29201

Re: Sarah Folston

Ms. Folston was seen on February 17, 2016 for an impairment rating of her lumbar spine. Ms. Folston sustained a work injury to her lumbar spine on March 22, 2011. A MRI of the lumbar spine dated September 17, 2013 indicated multilevel spondylotic change and a shallow central disc protrusion at L4-5. A CT of the lumbar spine dated May 12, 2014 indicated degenerative disc changes at L5-S1 with suspected focal disc protrusion or perhaps limited disc herniation to the right of midline abutting the right S1 nerve root toward the lateral recess and with moderate right L5-S1 foraminal stenosis and suspected focal annular tear and localized bulge or focal protrusion just to the right of midline at L4-5 disc without disc herniation, spinal canal, or foraminal stenosis. A Lumbar Myelogram dated May 12, 2014 indicated mild anterior epidural defects at L4-5 and L5-S1without spinal stenosis, without nerve root effacement, and without intrathecal abnormalities. A MR of the lumbar spine dated September 29, 2015 indicated disc bulge and facet arthropathy at L5-S1 and facet arthropathy at L4-5. Medical records dated November 12, 2015 indicated right lumbosacral radicular syndrome and foraminal disc herniation L5-S1 with L5 radiculopathy.

Ms. Folston reports constant lumbar, right lower extremity, and bilateral heel pain. She reports intermittent left calf pain. She reports difficulty with housework, squatting, and lifting. She reports inability to wear high heels.

The American Medical Association's Guides to the Evaluation of Permanent Impairment, fifth edition was utilized to determine her impairment. According to Table 15-3 on page 384, Ms. Folston qualifies for a DRE (Diagnosis Related Estimates) Lumbar Category III. This whole person impairment rating is 13%. In order to convert a whole person impairment into a regional spine impairment, one must divide the whole person impairment by 0.75. Please refer to page 427 of the Guides. Therefore, 13% divided by 0.75 results in a 17% impairment of the lumbar spine.

Thank you for this referral. Please call me if you have any questions at (803) 799-7007.

Sincerely,

Tracy Hill, P.T.

2362 Two Notch Road, Columbia, SC 29204, 799-7007
1 Wellness Blvd., Suite 204, Irmo, SC 29063, 749-0808
1177 Sunset Boulevard, West Columbia, SC 29169, 794-3440
115 Blarney Drive, Suite 202 Columbia, SC 29223, 736-4845

BLYTHEWOOD PHYSICAL THERAPY 428-3 McNulty Road, PO Box 219, Blythewood, SC 29016, 728-0421

Columbia Rehabilitation Clinic, Inc.

Bruce D. Filler, M.Ed., P.T.
*Director*

www.crcrehab.com

February 17, 2016

Mr. Stephen Samuels
Samuels Law Firm, LLC
1320 Richland Street
Columbia, S.C. 29201

Re: Sarah Folston

Ms. Folston was seen on February 17, 2016 for a Functional Capacity Evaluation.

Ms. Folston is a 58 year old female who sustained a work injury to her lumbar spine on March 22, 2011. The patient reported an initial pain level of "3" on a "0-10" pain scale in which "0" represents no pain and "10" represents maximal emergency level pain. The highest reported pain level during today's evaluation was "5" and this occurred with squatting.

The results of the Functional Capacity Evaluation performed on this date indicate she can meet the demands of limited sedentary to limited light work. She tolerates occasional walking, stairclimbing, kneeling, bending, twisting, and reaching. She does not tolerate occasional squatting. She can lift from 7 to 15 pounds at various heights on an occasional basis. The lowest level lift she could complete was 9 inches from floor level. She can carry 14 pounds with 2 hands. She can carry 10 pounds in the right hand and 10 pounds in the left hand. She can push 14.2 foot pounds loaded in a sled and can pull 14.2 foot pounds loaded in a sled. She has a self-reported sitting and standing/walking tolerance of 90 and 120 minutes respectively. She was observed to sit for a maximal time of 55 minutes and stand/walk for a maximal time of 44 minutes.

The patient's lumbar range of motion is limited. Please refer to the enclosed forms for range of motion measurements.

The results of the treadmill test place Ms. Folston in the poor Classification of Aerobic Capacity. Ms. Folston's Functional Aerobic Capacity qualifies her for light work.

Ms. Folston put forth a consistent effort during the evaluation. She qualifies for limited sedentary to limited light work. Please refer to page 2 of the enclosed forms for specific lifting ability. She does not tolerate occasional squatting.

Thank you for this referral. If you have any questions, please call me at (803) 799-7007.

Sincerely,

Tracy Hill, P.T.

2362 Two Notch Road, Columbia, SC 29204, 799-7007
1 Wellness Blvd., Suite 204, Irmo, SC 29063, 749-0808
1177 Sunset Boulevard, West Columbia, SC 29169, 794-3440
115 Blarney Drive, Suite 202 Columbia, SC 29223, 736-4845

BLYTHEWOOD PHYSICAL THERAPY 428-3 McNulty Road, PO Box 219, Blythewood, SC 29016, 728-0421

Columbia Rehabilitation Clinic, Inc.

# FUNCTIONAL ABILITIES EVALUATION

BTE TECHNOLOGIES™


**PREPARED FOR:**
**Mr. Stephen Samuels**
**Samuels Law Firm, LLC**
**1320 Richland Street**
**Columbia, S.C. 29201**

**Tel: (803) 779-4000 Fax: (803) 779-4004**

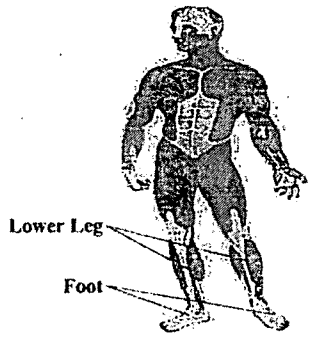

## Client Information

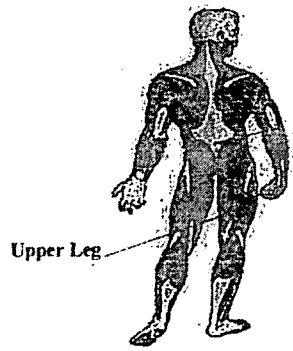
**Client Name:** Ms. Sarah Ann Folston
**Address:** Columbia, S.C. 29210
**Injury Date:** March 22, 2011
**Dominant Hand:** Right Hand
**SSN:**

**Date of Birth:**
**Gender:** Female
**Height:** 63 inches
**Weight:** 253 lbs

**Start & Finish Date:** Feb 17, 2016
**Evaluator:** Tracy Hill. PT

## Areas of Complaint




| General Location | Specific Location | Plane | Side | Pain Type | Pain Scale |
|---|---|---|---|---|---|
| Foot | | | Bilateral L>R | | 3 - High Nominal |
| Lower Back (Lumbosacral) | | | | | 3 - High Nominal |
| Lower Leg | | | Bilateral R>L | | 3 - High Nominal |
| Upper Leg | | | Right | | 3 - High Nominal |

Tracy Hill. PT
Physical Therapist

Name Sarah Fulston

| Lift | Pounds | Job Demand Category |
|---|---|---|
| 9in ~~Floor~~ to Waist | 7 | limited Sedentary |
| 12 Inch to Waist | 12 | limited light |
| Waist to Shoulder | 15 | ↓ |
| Shoulder to Overhead | 9 | limited Sedentary |
| Carry (2 Handed) | 14 | limited light |
| Right Hand Carry | 10 | Sedentary |
| Left Hand Carry | 10 | ↓ |
| Push | 0 (14.2lb.ft) | limited light |
| Pull | 0 (14.2lb.ft) | ↓ |

9.2

**Strength** ► **Lower Extremity Manual Muscle Test** Feb 17, 2016 8:29:03 AM

Manual Muscle Testing of the lower extremities was performed and the results are as follows:

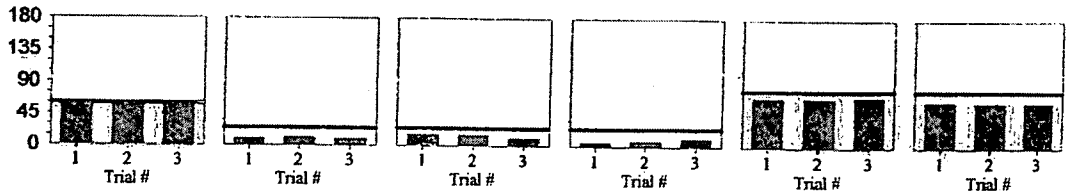
**Hip Flexion:** Bilat 5/5 **Knee Extension:** Bilat 5/5 **Dorsiflexion:** Bilat 5/5

**Extensor Hallicis Long:** Bilat 5/5 **Eversion:** Bilat 5/5

## Range of Motion ➤ Lumbar Range of Motion

Feb 17, 2016 8:32:06 AM

| | True Lumbar Flexion | True Lumbar Extension | Left Lateral Flexion | Right Lateral Flexion | Left Straight Leg Raise | Right Straight Leg Raise |
|---|---|---|---|---|---|---|
| Normals: | 60 | 25 | 25 | 25 | 80 | 80 |
| Trial 1: | 56 | 10 | 16 | 6 | 70 | 66 |
| Trial 2: | 60 | 12 | 16 | 8 | 70 | 65 |
| Trial 3: | 62 | 10 | 12 | 12 | 72 | 65 |
| **Average** | 59.3 | 10.7 | 14.7 | 8.7 | 70.7 | 65.3 |
| **Maximum** | 62.0 | 12.0 | 16.0 | 12.0 | 72.0 | 66.0 |
| **AMA Valid** | YES | YES | YES | YES | YES | YES |
| **% of Normal** | 99% | 43% | 59% | 35% | 88% | 82% |




**Evaluator Comments**

Right lateral flexion increased right buttock/lower extremity pain

**Reference Information**

American Medical Association Guides to the Evaluation of Permanent Impairment, Fifth Edition

The patient was asked to bend forward at the waist 25 repetitions. The results are as follows:

**dynamic bending:** 25 repetitions

PRE HR 80 POST
HR 86

Evaluator Comments

Ms. Folston was able to bend forward at the waist 25 repetitions.

The patient was asked to rotate at the waist 25 repetitions. The results are as follows:

**Dynamic rotation:** 25 repetitions

PRE HR 84 POST
HR 88

**Evaluator Comments**

Ms. Folston was able to rotate at the waist 25 repetitions.

## Work Simulation ➤ Squatting

Feb 17, 2016 8:52:51 AM

The patient was asked to assume a squatting position for 2 minutes. The results of squatting are as follows:

**squatting:** 39 seconds

PRE HR 82 POST HR 99

**Evaluator Comments**

Ms. Folston was able to squat (50% range) for 39 seconds with difficulty noted. Testing was terminated at the request of the patient secondary to complaints of increased left foot, right knee, and lumbar pain.

## Work Simulation ➤ Kneeling

Feb 17, 2016 8:58:10 AM

The patient was asked to assume a kneeling position for 2 minutes. The results are as follows:

**Kneeling:** minutes

| | PRE | HR | 77 | POST | HR | 93 |
|---|---|---|---|---|---|---|

**Evaluator Comments**

Ms. Folston was able to kneel for 2 minutes. She reported increased lumbar pain near the completion of testing.

**Work Simulation ► Dynamic R. .hing** Feb 17, 2016 9:15:35 AM

The patient was asked to transfer 1 lb weights from shoulder level to above head level for 5 minutes. The results are as follows:

**Dynamic reaching:** 5 minutes

PRE HR 78 POST HR 87

Evaluator Comments

Ms. Folston was able to reach for 5 minutes.

## Work Simulation ➤ Stair Climbing

Feb 17, 2016 9:25:00 AM

The patient was asked to ascend/descend a series of 4 stairs for a total of 10 cycles. The results are as follows:

| Time (min,secs) | Initial Heart Rate (bpm) | Final Heart Rate (bpm) | Stairs Ascended | Stairs Descended |
|---|---|---|---|---|
| 4:34 | 92 | 108 | 40 | 40 |

**Evaluator Comments**

Ms. Folston was able to ascend/descend a series of 4 stairs for a total of 10 cycles. She used a step to step and step over step gait pattern and required both handrails.

**Work Simulation** ➤ **12 inch to waist lift** Feb 17, 2016 9:35:29 AM

The patient was asked to lift from 12 inches off of the floor to waist height. The results are as follows:

**12 inch to waist:** 12 pounds **Physical demand level:** limited light

MAX HR 98

**Evaluator Comments**

Ms. Folston was able to lift 12 pounds with difficulty noted. She did not want to attempt additional weight secondary to complaints of increased lumbar pain. The lowest level lift she could complete was 9 inches from floor level and she was able to lift 7 pounds with difficulty noted.

**Work Simulation ► Waist to shoulder lift** Feb 17, 2016 9:47:11 AM

The patient was asked to lift from waist height to shoulder height. The results are as follows:

**Waist to shoulder:** 15 pounds **Physical demand level:** limited light

MAX HR 96

**Evaluator Comments**

Ms. Folston was able to lift 15 pounds with difficulty noted. She attempted additional weight and was unable to complete secondary to complaints of increased lumbar pain.

**Work Simulation ► Shoulder to overhead lift** Feb 17, 2016 9:55:52 AM

The patient was asked to lift from shoulder height to overhead height. The results are as follows:

**Shoulder to overhead:** 9 pounds **Physical demand level:** limited sedentary

MAX HR

**Evaluator Comments**

Ms. Folston was able to lift 9 pounds with difficulty noted. She attempted additional weight but was unable to complete secondary to complaints of increased lumbar pain.

## Work Simulation ➨ Dynamic 2-handed carry

Feb 17, 2016 10:05:32 AM

The patient was asked to carry a box, using both hands, a distance of 30 feet. The results are as follows:

**Dynamic 2-handed carry:** 14 pounds **Physical demand level:** limited light

MAX HR 100

**Evaluator Comments**

Ms. Folston was able to carry 14 pounds. Her speed of gait was noted to decrease and she did not want to attempt additional weight secondary to complaints of increased lumbar pain.

## Work Simulation ➤ Dynamic 1-handed carry

Feb 17, 2016 10:13:18 AM

The patient was asked to carry a bucket, using 1 hand, a distance of 30 feet. The results are as follows:

**Left-handed carry:** 10 pounds **Right-handed carry:** 10 pounds

MAX HR 103

**Evaluator Comments**

Ms. Folston was able to carry 10 pounds in her left hand and 10 pounds in her right hand. Her speed of gait was noted to decrease and she did not want to attempt additional weight secondary to complaints of increased lumbar pain.

## Work Simulation ➤ Dynamic Push/Pull

Feb 17, 2016 10:21:10 AM

The patient was asked to push and pull a sled a distance of 30 feet. The results are as follows:

**Push:** 14.2 lb.ft. **Pull:** 14.2 lb.ft.

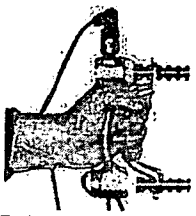
MAX HR 103

**Evaluator Comments**

Ms. Folston was able to push 14.2 foot pounds and pull 14.2 foot pounds loaded in a sled with difficulty noted for both. She did not want to attempt additional weight secondary to complaints of increased lumbar pain.

## Hand Grip Strength ➤

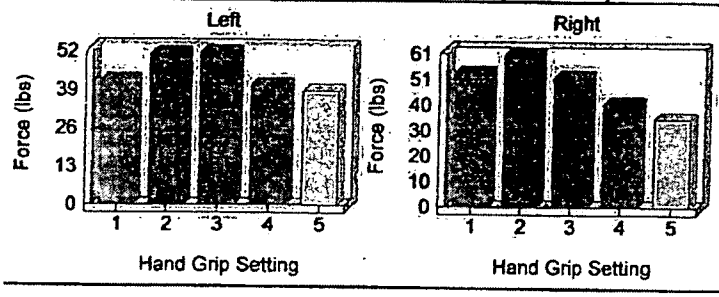
The JAMAR hand dynamometer was used in order to quantify grip strength and determine whether Ms. Sarah Ann Folston exerted consistent effort during grip strength testing. Ms. Sarah Ann Folston was tested using the modified maximum voluntary effort hand grip protocol. Ms. Sarah Ann Folston is right hand dominant. Normative data is based on the assumption that right and left hand dominant subjects, analyzed separately show little functional difference between their mean scores.[1, 2]



The hand dynamometer is set to each of the five available positions which vary the client's grip size. The results for each of the average maximum forces during each position are displayed by the corresponding bar graphs.

### Modified Maximum Voluntary Effort (MMVE)

Feb 17, 2016 8:22:25 AM




| | Left | COV | Right | COV |
|---|---|---|---|---|
| Pos #1 | 42.7 lbs. | | 53.1 lbs. | |
| Pos #2 | 51.9 lbs. | 4.4% | 60.6 lbs. | 8.9% |
| Pos #3 | 52.4 lbs. | | 51.7 lbs. | |
| Pos #4 | 41.3 lbs. | | 41.3 lbs. | |
| Pos #5 | 39.3 lbs. | | 35.1 lbs. | |
| St. Dev. | 5.5 Lbs. | | 9.0 Lbs. | |

Using the Modified Maximum Voluntary Effort (MMVE) protocol over a range of five positions on the hand dynamometer, it is expected that the strength graphs obtained results in a bell-shaped curve[3, 11, 12, 13] even in a disabled population or if the client's hand is injured[3, 13] with the coefficients of variation at position 2 within the acceptable 15% or less limit.

The graph obtained for Ms. Sarah Ann Folston did demonstrate a bell shaped curve which may be an indicator of maximal effort and the coefficients of variation of the underlying data may be an indicator of consistent effort


[3] Stokes H. 1983. The seriously uninjured hand - weakness of grip. J Occup Med 25(9):683-684.
[11] Niebuhr B, Marion R. 1990. Voluntary control of submaximal grip strength. Am J Phys Med Rehabil 69(2): 96-101.
[12] Matheson L, Carlton R, Miemeyer L. 1988. Grip strength in a disabled sample: reliability and normative standards. Ind Rehabil Q 1(3):9,17-23.
[13] Hildreth D, Breidenbach W, Lisiter G, Hodges A. 1989. Detection of submaximal effort by use of the rapid exchange grip. J Hand Surgery 14A(4): 742-745.

# The Waddell Signs

Feb 17, 2016

Please read:

The following tests are recommended to test for non-organic physical signs in the case of lower back injuries. The Waddell's NOS should not be used in case situations where the injury involves multiple spinal segments.
Please check whether the patient's response is positive or negative.

**1. Tenderness - Should be localized to a skeletal or neuromuscular structure.**

**Superficial Tenderness** -provide light pinch to the skin over the lower back region. If there is widespread tenderness, this is considered non-physiological and is an indication of symptom magnification.

- [x] Negative
- [ ] Positive

**Non-Anatomic Tenderness**-Perform deep palpation to the lumbar paraspinals. If there is tenderness which is widespread and not localized to any specific structures, then this is considered magnification of symptoms.

- [x] Negative
- [ ] Positive

**2. Simulation Tests - Give the patient the impression that a particular movement is being perfomed when it actually is not**

**Axial Loading** -To perform this test apply a light downward pressure on the top of the patient's head while they are in the standing position. If increased lower back pain is reported then this is an indication of exaggeration of symptoms.S

- [x] Negative
- [ ] Positive

**Simulated Rotation**-With the patient in the stand position and feet together, rotate the pelvis and shoulders simultaneously by applying pressure at the level of the lower forearm. If the patient reports increased pain then this is considered symptom magnification.

- [x] Negative
- [ ] Positive

**3. Distraction Tests - Retesting of a positive finding in a way that the patient does not recognize or expect**

**Distraction Test** -Perform a straight leg raise with the patient in the supine position. When the SLR shows marked improvement while performed on distraction (i.e. Patient seated) this is considered positive.

- [x] Negative
- [ ] Positive

**4. Regional Disturbances - Divergence from accepted neuroanatomy**

**Regional Disturbances** -These are present as motor weakness or sensory loss involving widespread regions such as the entire leg or a quarter or half of the body.

- [x] Negative
- [ ] Positive

**5. Overreaction - Disproportionate verbalization, facial expression, muscular tension and/or tremor or sweating**

**Overreaction**-A disproportionate response such as verbalizations, facial expressions, collapsing etc. can be indicative of symptom magnification.

- [x] Negative
- [ ] Positive

**If three or more of the categories are positive then the findings are clinically significant for non-organic low back pain.**

**Scoring: Clinically insignificant.**

**Sitting tolerance** Feb 17, 2016

The patient's self-reported sitting tolerance is as follows:

.....

_____

**Evaluator Comments**

Ms. Folston has a self reported sitting tolerance of 90 minutes (limited by complaints of increased lumbar pain).

**Standing tolerance** Feb 17, 2016

The patient's self-reported standing tolerance is as follows:

_____

**Evaluator Comments**

Ms. Folston has a self reported standing/walking tolerance of 120 minutes (limited by complaints of increased lumbar and bilateral lower extremity pain).

## Cardiovascular Intake

Feb 17, 2016

| Resting Rate (Min) | Systolic (mm Hg) | Diastolic (mm Hg) |
|---|---|---|
| 68 | 104 | 78 |

| Result | Normal Heart Rate | Normal Blood Pressure | Normal Blood Pressure |
|---|---|---|---|

# Single Stage Treadmill

**Pre-Testing Heart Disease Questions**

**Test Date:** Feb 2016 9:04:09 AM

1. Have you ever had a heart attack? ☐ Yes ☑ No
2. Have you ever had heart surgery? ☐ Yes ☑ No
3. Have you ever had an abnormal electrocardiogram? ☐ Yes ☑ No
4. Do you have heart disease? ☐ Yes ☑ No
5. Have you been told by a physician you have had angina? ☐ Yes ☑ No
6. Have you been told by a physician you have had palpitations? ☐ Yes ☑ No
7. Have you had a stroke (CVA)? ☐ Yes ☑ No
8. Is your blood pressure (BP) 159/100? ☐ Yes ☑ No
9. Are you pregnant? ☐ Yes ☑ No

| Initial Heart Rate | Initial Blood Pressure |
|---|---|
| 68 BPM | 104 / 78 |

| Stage | Speed | Heart Rate | Blood Pressure | Grade |
|---|---|---|---|---|
| 1. Warm-Up | 0.3mph | 95 BPM | 0/0 | 0% |
| 2. Exercise | 0.3mph | 96 BPM | 0/0 | 5% |
| 3. Recovery | 0mph | 0 BPM | 0/0 | 0% |

| | |
|---|---|
| **Predicted Maximum VO2** | 14 ml/Kg/min |
| | 5 ml/Kg/min |
| **Predicted Max Met Level** | 2 METS |
| **Functional Aerobic Capacity** | Light work |
| **Classification of Aerobic Capacity** | Poor |

# CLAIMANT'S APA #16

## Adams & Wilkinson

**Vocational Assessment**

| | |
|---|---|
| **Date** | May 12, 2016 |
| **Name of referral source**<br>**Address** | Stephen B. Samuels, Attorney at Law<br>Samuels Law Firm, LLC<br>P.O. Box 50349<br>Columbia, SC 29250 |
| **Injured Worker**<br>**Date of Birth**<br>**Age**<br>**SSN** | **Sarah A. Folston**<br><br>58 |
| **Employer**<br>**WCC #** | SC Department of Disabilities and Special Needs (SCDSN)<br>1108515 |
| **Date of Injury**<br>**Date of Assessment** | March 3, 2011<br>February 26, 2016 |

**Background information**
This vocational assessment was requested by the claimant's attorney to determine the vocational impact of Ms. Folston's injuries sustained on March 3, 2011 while working for SC Department of Disabilities and Special Needs (SCDSN). The assessment was conducted at her attorney's office in Columbia. Prior to beginning the assessment, the following disclosures were provided to Ms. Folston: the purpose of the assessment, referral source, the scope of services requested, and limits of confidentiality. Ms. Folston was alert, oriented, and polite throughout the assessment. She was appropriately dressed and groomed. She exhibited an appropriate mood. She sat with no observed difficulty. She stood up from a sitting position with observed difficulty. She walked with an altered gait and she utilized no assistive devices. The assessment was concluded in 2 hours and 50 minutes.

**Medical Information**
**Ms. Folston provided the following information in the vocational interview.**

**History of injury**. Ms. Folston was working for Midlands Center on March 22, 2011 when she sustained her injuries. She was assisting an individual who was in a wheelchair. As she removed his shoes he jumped up and pushed her backwards. Ms. Folston twisted and fell to the floor. She sat on the floor and then she sat on the bed to try to recover. She developed low-back pain. She kept trying to "work through it". She saw Dr. Izard for treatment. She then saw a doctor on Forest Drive. She was referred for physical therapy that did not help her. She saw Dr. LaMotta and she received

three injections with no improvement. After the last injection she developed pain in her left foot. She saw Dr. Poletti in 2013 and again on March 7, 2016.

**Secondary medical issues**. Ms. Folston takes over-the-counter medication for reflux. She underwent a hysterectomy in the past. She denies experiencing any permanently disabling injuries in the past.

**Current medical status**. Ms. Folston currently experiences pain rated at 5/10 in her right hip. She experiences left foot and heel pain. Over the course of the last 30 days her pain ranged from 5/10 to 8/10. She uses a heating pad and Bio-Freeze. She utilizes no adaptive equipment.

**Daily activities**. Ms. Folston drove herself to the vocational assessment appointment. She develops anxiety when she drives. She is independent in the performance of her activities of daily living although she performs these tasks more slowly. She is "ashamed" to ask for help. She has difficulty bending over. She prepares quick meals. She performs housework slowly in a modified manner. Her daughter is currently receiving chemo treatment. Ms. Folston does not want to ask her daughter for help. She goes to the grocery store with her daughter nine times out of ten. Ms. Folston can be on her feet for 15 to 30 minutes before she has to take a break at which time she sits and elevates her leg.

**Education and Training**

Ms. Folston states that she was placed in a special class where she received extra help in the seventh or eighth grade while in Mississippi. She graduated from high school in 1975. In 2001 she went to a technical college in Florida where she took refresher courses and then she completed massage therapy courses. She became licensed in Florida and then she transferred her license to South Carolina. She was licensed in August and she was required to take a written and practical exam. Her massage therapy license is current and she renews the license in June 2016. She worked as a massage therapist for 2 years in Florida. She then worked in South Carolina as a massage therapist although she had trouble making a living in this capacity. She possesses a South Carolina Driver's License.

**Military Experience**

Ms. Folston has no military experience.

**Work History**

1. Midlands Center, 2008, mental assistant. She assisted the individuals with bathing, feeding and transferring from wheelchairs. She also charted activities. She worked for a time in a light-duty capacity organizing papers.
   **355.674-014 RESIDENT AIDE**
   SVP: 4
   GED: 3 2 2
   STRENGTH: Medium

2. Popeye's, 1 years, food prep, making jambalaya. She boxed chicken. She did not work on the front counter.
   **318.687-010 KITCHEN HELPER**
   SVP: 2
   GED: 2 1 1
   STRENGTH: Medium

3. Massage therapy, Loretta Boutique, 6 months. She did not have many patients. She earned approximately $2,000.00 in 6 months. She also worked as a massage therapist in Florida for 2 years beginning in 2004.
   **334.374-010 MASSAGE THERAPIST**
   SVP: 4
   GED: 3 2 3
   STRENGTH: Medium

4. Ms. Folston kept children in her home from 1997 until 2002. She was not required to be licensed in this capacity.

5. School bus driver, 1988 until '95 or '96. She was required to have a commercial driver's license.

6. In the distant past Ms. Folston cleaned motel rooms and worked in a plant nursery.

**Analysis of Worker Traits**
This information results from the analysis of Ms. Folston's work history utilizing information provided in the Dictionary of Occupational Titles.

Ms. Folston's work history indicates an **above average** ($67^{th}$ – $89^{th}$ percentile) **aptitude ability** in the area of:

- **Manual Dexterity**

Ms. Folston's work history indicates an **average** ($34^{th}$ – $66^{th}$ percentile) **aptitude ability** in the areas of:

- **Motor Coordination**
- **Form Perception**
- **Finger Dexterity**
- **General Learning Ability**
- **Spatial Perception**
- **Verbal Ability**
- **Clerical Perception**

Ms. Folston's work history indicates a **below average** ($11^{th}$ – $33^{rd}$ percentile) **aptitude ability** in the areas of:

- **Color Discrimination**
- **Numerical Perception**
- **Eye/Hand/Foot Coordination**

Ms. Folston's work history indicates a **specific vocational preparation** level of **4** (semi skilled): 3 months up to and including 6 months. Specific vocational preparation is the amount of lapsed time required by a typical worker to learn the techniques, acquire the information, and develop the facility needed for average performance in a specific job-worker situation (The Revised Handbook for Analyzing Jobs, U.S. Department of Labor, 1991).

The occupations reported by Ms. Folston indicate the following **GED levels.** GED levels are expressed on a scale of 1 – 6, with 1 representing the lowest level of function and 6 representing the highest.

- **Reasoning Development = 3**
- **Mathematical Development = 2**
- **Language Development = 3**

GED embraces those aspects of education (formal and informal) which contribute to the worker's (a) reasoning development and ability to follow instructions, and (b) acquisition of "tool" knowledge such as language and mathematical skills. Ordinarily, such education is obtained in elementary school, high school, or college. However, it may be obtained from experience and self-study (source: The Revised Handbook for Analyzing Jobs, U.S. Department of Labor, 1991).

**The math and language development levels above overstate Ms. Folston's academic abilities based on the results of vocational testing.**

Ms. Folston's work history is reflective of the following **Job Temperaments**, defined as common situate
ions to which the worker must adapt:

- Performing repetitive or short-cycle work
- Performing a variety of duties
- Performing effectively under stress
- Dealing with people
- Making judgments and decisions

Ms. Folston's work history is reflective of the following **Work Fields**, defined as categories of technologies that reflect how work gets done and what gets done as a result of the work activities of a job:

**Unskilled**

- Cleaning

**Semi skilled**

- Health Caring-Medical
- Accommodating

Ms. Folston's work history is reflective of the following **Materials, Products, Subject Matter, or Services** (MPSMS):

- Medical Assistant, Aide, Attendant Services

- Meals Services, except Domestic
- Domestic, Building and Personal Services, NEC

**Personal Data**
Ms. Folston currently lives at Columbia (29210), Apartment A3, in a condominium that she is purchasing and has lived since approximately 2010. Ms. Folston is right hand dominant. She was married from 1976 until 2009 and was divorced. She has one son who is married. She has one daughter who currently lives with her, is disabled under Social Security rules and is currently working under the Social Security program. She works in an after-school program in an elementary school, working from 4:00 to 6:00 p.m. Ms. Folston was born in Euphora, Mississippi. She has lived in South Carolina for approximately 10 years. She lived in Florida for 31 years. She does not smoke or use alcohol.

**Basic Skills**
Ms. Folston reads the Bible and other daily readings. She uses the Internet and her daughter helps her. She denies any knowledge or experience in the use of Microsoft Word or Excel. She has not used a computer in any of her work activities. She uses one finger to type on a keyboard. She writes checks to pay her bills. She also maintains a checkbook register. She uses her phone to access her bank account and communicate by texting. She does not reconcile her bank account although she keeps an eye on her transactions using her phone.

**Avocational**
Ms. Folston enjoys playing computer games, stating that her daughter helps her or sets it up for her. She also enjoys time with her three grandchildren.

**Financial Data**
Ms. Folston currently receives $253.79 weekly in workers' compensation benefits. She has not applied for Social Security Disability. She is currently receiving state disability retirement in the amount of $312.00 monthly. She last worked on November 26, 2012 and she has not attempted to work since that date.

**Work Restrictions**
**Physician's description.**
11-12-15 – Ivan E. LaMotta, MD: "... I do not see any contraindications for the patient to participate in sedentary duties..."

**Vocational Plans**
Ms. Folston expressed no plans to resume employment.

**Vocational Test Results**
The Wide Range Achievement Test, Revision 4 (WRAT4, blue form) was administered to the claimant. Ms. Folston was able to complete all subtests administered according to standardized test conditions. The results of the test are shown below.

| | Raw score | Standard Score | Qualitative Description | Percentile | Grade Equivalent |
|---|---|---|---|---|---|
| **Word Reading** | 42 | 71 | Low | 3 | 4.4 |
| **Sentence Comprehension** | 36 | 81 | Below Average | 10 | 7.7 |
| **Spelling** | 38 | 91 | Average | 27 | 9.6 |
| **Math Computation** | 33 | 84 | Below Average | 14 | 5.1 |
| **Reading Composite** | 152 | 74 | Low | 4 | |

**Review of Records**

Ellis PT notes reviewed

Progressive PT notes reviewed

| | |
|---|---|
| 03-26-11 | Fatimah O. Ndiaye, MD assessment for right elbow contusion and right hip pain after fall at work |
| 03-31-11 | Stephen R. Izard, MD assessment |
| 04-06-11 | Donald G. Moore, MD follow-up |
| 07-28-11 | Stephen R. Izard, MD follow-up for right hip |
| 08-18-11 | Stephen R. Izard, MD follow-up |
| 10-03-11 | Stephen R. Izard, MD follow-up |
| 10-12-11 | MRI hips and pelvis |
| 10-18-11 | Stephen R. Izard, MD follow-up |
| 09-25-12 | Susan Foster, MD assessment for back and right hip |
| 10-02-12 | Cynthia Jones follow-up |
| 10-09-12 | Cynthia Jones follow-up |
| 10-24-12 | Steven Taylor follow-up |
| 10-31-12 | Cynthia Jones follow-up |
| 11-20-12 | Karen Richardson follow-up |
| 12-04-12 | Cynthia Jones follow-up |
| 12-20-12 | Janice Morrow, DNP follow-up |
| 12-31-12 | Ashley R. Whetsell, MD assessment for burning in chest |

| | |
|---|---|
| 01-14-13 | Janice Morrow, DNP follow-up |
| 02-11-13 | Cynthia Jones follow-up |
| 05-07-13 | Steven C. Poletti, MD IME consult |
| 05-30-13 | CT myelogram lumbar |
| 09-17-13 | MRI lumbar |
| 10-24-13 | Ivan E. LaMotta, MD consult for low back pain |
| 01-23-14 | Ivan E. LaMotta, MD follow-up |
| 03-27-14 | Ivan E. LaMotta, MD follow-up |
| 05-12-14 | CT lumbar |
| 05-29-14 | Ivan E. LaMotta, MD follow-up |
| 12-30-14 | Justin K. Hutcheson, MD assessment for back pain |
| 02-27-15 | Justin K. Hutcheson, MD procedure note |
| 03-11-15 | Justin K. Hutcheson, MD follow-up |
| 04-07-15 | Justin K. Hutcheson, MD procedure note |
| 05-08-15 | Justin K. Hutcheson, MD follow-up |
| 08-27-15 | Ivan E. LaMotta, MD follow-up |
| 09-29-15 | MRI lumbar |
| 09-29-15 | Lumbar MRI |
| 10-01-15 | Ivan E. LaMotta, MD follow-up |
| 11-12-15 | Ivan E. LaMotta, MD follow-up: He recommend MMI and outlined future treatment. "... I do not see any contraindications for the patient to participate in sedentary duties..." He assigned a 7 percent lumbar spine impairment. |

**Adjusted vocational profile**

**Transferable Skills Analysis.** A transferable skills analysis was conducted using OASYS to identify transferable occupations based on Ms. Folston's vocational profile. No relevant transferable occupations were identified through this analysis.

**Vocational Analysis and Conclusions**

Ms. Folston is a 58-year-old former mental retardation assistant who was working at the Midlands Center on March 3, 2011 when an individual pushed her, resulting in her falling backwards to the floor. She developed low back pain and attempted to continue working. Dr. Ndiaye assessed her on March 26, 2011 and Dr. Izard assessed her on March 31st. She continued to follow up with Dr. Izard as she underwent diagnostic testing. Dr. Poletti assessed her on May 7, 2013. She entered into treatment with Dr. LaMotta on

October 24, 2013. Dr. Hutcheson assessed her on December 30, 2014 and she underwent injections with him. At a return visit on November 12, 2015 Dr. LaMotta recommended MMI and a 7 percent lumbar impairment. He outlined future treatment needs and provided the following work statement: "... I do not see any contraindications for the patient to participate in sedentary duties..."

Ms. Folston's entire relevant work history consisted of working as a mental assistant, kitchen helper, massage therapist and babysitter. At Midlands Center she assisted individuals who had physical and mental disabilities with daily needs, including bathing, feeding and transferring. This work is classified as "medium" in physical demands. She worked as a kitchen helper for one year, also classified as "medium". She worked as a massage therapist for approximately two and one-half years. This work is also classified as "medium". She kept children in her home from 1997 until 2002. Overall, her past relevant work ranges from "light" to "medium" in physical demands. Her past work ranges from "unskilled" to "semi-skilled". Ms. Folston is unable to resume any of her past employment based on a "sedentary" work capacity.

No positive factors were identified in Ms. Folston's vocational profile that will benefit her in future employment. Negative factors in her profile include her age of 58, limiting her capacity to adapt to new work situations and environments; her academic test results, consistent with her stated education, indicating grade levels ranging from 4.4 (word reading) to 9.6 (spelling); her past work history consisting of physical work requiring bending, stooping and lifting; and ongoing subjective symptoms, consistent with the medical records, significantly impacting her capacity to perform daily activities.

A transferable skills analysis was conducted using OASYS to identify potential transferable occupations compatible with a "sedentary" work status. No relevant occupations were identified through this analysis. Ms. Folston's residual labor market is defined by any remaining jobs within the "Office & Administrative Support" industry designation. Based on a review of several thousand jobs within the previous 6 months, no suitable occupational goals remain for Ms. Folston given her age, education, work history and other factors outlined in this report. Jobs within this industry require a combination of work experience, education, and computer skills that Ms. Folston does not possess. Many of these jobs require knowledge and experience in the use of Microsoft Word, Excel and other Office programs, as well as other task specific programs such as QuickBooks. Therefore, no stable labor market remains for Ms. Folston working in a "sedentary" work capacity. She has incurred a total loss of access to the competitive labor market. Ms. Folston is classified as **totally vocationally disabled** as a result of injuries sustained on March 3, 2011 while working for the S.C. Department of Disabilities and Special Needs.

Thank you for this referral to Adams & Wilkinson.

Glen K. Adams, MRC, CRC, CEES
Vocational Consultant

# CLAIMANT'S EXHIBIT E

## Subpoena Response from

## The Directions Group

THE DIRECTIONS GROUP
Case Management & Litigation Consulting

July 29, 2016

Angi R. Samuels
Samuels Law Firm, LLC
1320 Richland Street

**RE:** ***Sarah Folston v. SC Dept. of Disabilities and Special Needs***

Dear Ms. Samuels:

This letter serves as a response to your July 20, 2016 subpoena regarding the above referenced matter. Please find enclosed the requested material.

Do not hesitate to contact me if you require further information or have any questions.

Sincerely,

Jacqueline Kennedy-Merritt, M.Ed., CDMS
Rehabilitation Consultant
(800) 242-8856

Enclosure: Response materials/invoice

KRC

SAMUELS

STEPHEN B. SAMUELS
ANDREW J. BROWN
ATTORNEYS AT LAW

July 20, 2016

***Certified Mail, Return Receipt Requested***
Jacqueline Kennedy-Merritt, M.Ed., CDMS
The Directions Group, Inc.
Post Office Box 1108
Mt. Pleasant, South Carolina 29465

Re: Sarah Folston v. SC Dept. of Disabilities and Special Needs
W.C.C. File Number: 1108515
Claim Number: 2011-000936

Dear Ms. Kennedy-Merritt:

Enclosed herewith please find a Subpoena (WCC Form #27) in the above-captioned matter which is hereby served upon you/The Directions Group as indicated by the attached Certificate of Service. Your response to this subpoena must be received by our office no later than 9:00 AM on Monday, August 1, 2016. If additional time is needed to comply with our request for information, please contact our office to discuss an extension.

Thank you very much for your cooperation in this matter. If you have any questions or concerns please feel free to contact us and we will be happy to assist you. Otherwise, we look forward to receiving your responses on or before August 1st.

Sincerely,

Angi B. Samuels
Paralegal to Stephen B. Samuels

/ars
Enclosure(s) as stated

cc: Erin Farthing, Esquire
Ms. Sarah Folston

The Directions Group Inc
JUL 22 2016
RECEIVED

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
803-737-5675

WCC File #: 1108515
Carrier File #: 2011-000936
Carrier Code #: 500-SF
Employer FEIN #: 570000716

Claimant's Name: Sarah Folston SSN: Employer's Name: SC DEPT OF DSN
Address: Address: 8301 Farrow Road
City: Columbia State: SC Zip: 29210 City: Columbia State: SC Zip: 29203
Home Phone: ( ) - Work Phone: ( ) - Insurance Carrier: State Accident Fund
Preparer's Name: Stephen B. Samuels Law Firm: Samuels Law Firm Preparer's Phone #: (803) 779-4000

# SUBPOENA

**To:** **Jacqueline Kennedy-Merritt, M.Ed., CDMS, The Directions Group, Inc., PO Box 1108, Mt. Pleasant SC 29465**

☐ **YOU ARE COMMANDED** to appear before the above-named Commission at the place, date and time specified below to testify in the above case.

**PLACE OF TESTIMONY:** ROOM:

DATE AND TIME:

☐ **YOU ARE COMMANDED** to appear at the place, date and time specified below to testify at the taking of a deposition in the above case.

**PLACE OF DEPOSITION:** DATE AND TIME:

☒ **YOU ARE COMMANDED** to produce and permit inspection and copying of the following documents or objects in your possession, custody or control at the place, date and time specified below.

**LIST OF DOCUMENTS:** **Please see "Attachment to Subpoena, WCC Form #27"**

**PLACE:** **Samuels Law Firm, LLC, 1320 Richland Street, Columbia, South Carolina 29201** DATE AND TIME: **August 1, 2016 By 9:00 A.M.**

☐ **YOU ARE COMMANDED** to permit inspection of the following premises at the date and time specified below.

**PREMISES:** DATE AND TIME:

*THIS SUBPOENA SHALL REMAIN IN EFFECT UNTIL YOU ARE GRANTED PERMISSION TO DEPART BY THE COMMISSIONER OR AN OFFICER ACTING ON BEHALF OF THE COMMISSIONER. QUESTIONS CONCERNING THIS SUBPOENA SHOULD BE ADDRESSED TO THE FOLLOWING ISSUING OFFICER.*

Attorney for Claimant — ISSUING OFFICER'S SIGNATURE AND TITLE
(803) 779-4000 — PHONE NUMBER
July 20, 2016 — DATE

Serve this form according to R.67-211(C). Refer to R.67-211 and R.67-214 for additional information. Procedural questions may be addressed to the Judicial Department at 803-737-5765.

Sarah Folston v. SC Dept. Of DSN

W.C.C. File Number: 1108515

**ATTACHMENT TO SUBPOENA (WCC FORM #27)**

**TO: Jacqueline Kennedy-Merritt, M.Ed., CDMS, The Directions Group:**

LIST OF DOCUMENTS:

Provide the following materials concerning Sarah Folston:

A. Documentation of all communication by Defendants and their agents to and from Jacqueline Kennedy-Merritt and her office, including but not limited to, letters, reports, e-mails (including attachments), bills, billing records, invoices, medical records, reports, checks, purchase orders, timesheets, telephone records, and any and all similar items.

B. A complete copy of your chart, including handwritten notes, drafts of reports, correspondence, medical records from other providers, test results, test scoresheets, e-mails, telephone records, the chart jacket, and any other files or documents of any nature concerning Sarah Folston.

SAMUELS LAW FIRM, LLC
1320 RICHLAND STREET
COLUMBIA, SC 29201
(803) 779-4000 ◊ FAX (803) 779-4004

# CERTIFICATE OF SERVICE

Sarah Folston v. SC DSN and State Accident Fund

W.C.C. File Number: 1108515

This is to certify that I, Angi R. Samuels, paralegal to attorney Stephen B. Samuels, have served a copy of the following described document by mailing a copy of same in the United States mail, with sufficient postage affixed thereto and return address clearly marked on the date indicated below:

Document(s) served: **Subpoena, WCC Form #27**

Person(s) served: Jacqueline Kennedy-Merritt, M.Ed., CDMS
The Directions Group, Inc.
Post Office Box 1108
Mt. Pleasant, South Carolina 29465

Angi R. Samuels, Senior Paralegal

July 20, 2016

THE DIRECTIONS GROUP
*Case Management & Litigation Consulting*

# EMPLOYABILITY ANALYSIS AND LABOR MARKET SURVEY

**DATE:** June 29, 2016

**RE:** **Sarah Folston** **DOB:**
**ADDRESS:** **DOI:** 03/22/2011
Columbia, SC 29210

**REASON FOR REFERRAL:** The file in the matter of Ms. Sarah Folston was referred to complete an employability/transferable skills analysis and labor market survey. This analysis and survey was conducted to determine her current access to employment and anticipated earnings with respect to her physical capabilities, education, work history, geographic location and age. The information documented in this report is based on medical documentation provided by the State Accident Fund in combination with a face-to-face vocational evaluation (interview and testing assessment) of Ms. Folston.

**INJURY:** The subsequent information was gathered from dialog with Ms. Folston during the interview portion of the vocational evaluation. She has been unemployed since September 2013 and is currently receiving Worker's Compensation insurance from the State of South Carolina.

Ms. Folston is a 58-year-old woman, who was injured while working at Midlands Center, a residential facility of the SC Department of Disabilities and Special Needs. She was employed as a patient/care attendant at the time of the injury. She explained that she was preparing to assist a patient with his bath. This patient was in a wheelchair and she had positioned him near the doorway between the bathroom and bedroom for easy access. The patient refused to take a bath, as he normally would. As she was trying to get him up, he pushed her. She stumbled and fell, twisting to the right and landing on her right side between the two beds. She was unable to rise immediately after the fall; therefore, she indicated that she sat on the floor and was assisted by a coworker to her feet. Ms. Folston was sent to the night nurse. She was unable to complete her shift and went home.

She recalled the next day being stiff and feeling pain in her right elbow and on her right side. She called her employer and was told to come in to see the physician at the on-site clinic. When she arrived, no one was available to see her initially. Later, after being seen, she was restricted to light duty, given Ibuprofen and asked to return in seven days. She stated that due to the constant and persistent pain she was experiencing, she saw her regular physician and x-rays were taken. After the successive office visit to the on-site clinic, she was referred to see an orthopedic physician for further treatment. Ms. Folston recollected being sent to engage in physical therapy for 6 weeks. Upon completion there was no change in her symptoms. She noticed that the pain appeared to be worse. She continued treatment with the Orthopedist as well as a Pain Management Specialist. She underwent conservative treatment, describing her involvement with regular treatment visits with physicians, diagnostic testing, physical therapy,

injections and medication. Though she had been consistent with her regimen of care, Ms. Folston reported to have continuing, constant and persistent pain in her back, right hip and leg as well as her left heel on a daily basis. She expressed that the discomfort due to this pain has affected her way of life and hampers her physical ability to do much of what she was once capable of doing.

**PRESENT MEDICAL STATUS/TREATMENT:** Ms. Folston was evaluated by Dr. Lamotta in November 2015. She was given restrictions and care instructions at that time. No additional visits were set for her return. A Functional Capacity Evaluation was conducted in February 2016 that provided details in regards to her physical limitations. The following month she was seen by Dr. Poletti, who suggested various treatment options, including possible surgery for the back pain.

**MEDICATIONS:** Ms. Folston is not currently taking prescribed medication on a scheduled basis. She indicated that Dr. Lamotta prescribed Lyrica to treat nerve pain, but it is not covered by Worker's Compensation and she does not have access to insurance or funds to self-pay. She reports taking over the counter medication for pain, digestive health and sinus issues.

**MEDICAL RECORDS REVIEWED:**

- Carolinas Center for Advanced Management of Pain-Justin Hutcheson, MD
- Midlands Orthopedics, P.A.-Ivan Lamotta, MD
- South Carolina Diagnostic Imaging-Robin Kowalski, MD
- Palmetto Health
- Columbia Rehabilitation Clinic, Inc.
- Grace Medical Group, LLC
- Southeastern Spine Institute-Steven Poletti, MD

**VOCATIONAL RECORD REVIEWED:**

- Adams & Wilkinson Vocational, Ergonomics and Medical Consulting- Glen Adams, MRC, CRC, CEES

**MEDICAL RECORDS SUMMARY:**

- **Carolinas Center for Advanced Management of Pain:** 5/08/15-Assessment: Back pain/right foot. Short term relief from selective nerve root block. Right L4-L5 selective nerve root block. Referral for SNRB. 7/14/15-Assessment L4-L5 Degenerative disc disease with stenosis; temporary relief with 2 ESI's. Referred back to Dr. LaMotta per request. Did not tolerate pain and muscle relaxants meds well. Referral to Dr. LaMotta. Eval for diagnostic options since failed ESI twice. Does not want meds or injections.
- **Midlands Orthopedics, P.A.:** 8/27/15-Assessment/Plan: Lumbosacral radicular syndrome, right side, Foraminal disc herniation L5-S1, L5 radiculopathy and Obesity. Sciatica. Discussion: Has signs and symptoms consistent with nerve impingement. Recommend MRI for Lumbar spine. 10/01/15- Assessment/Plan: Lumbosacral radicular syndrome, right side, Foraminal disc herniation L5-S1, L5 radiculopathy, and Obesity. Sciatica. Discussion: Believe patient would benefit from non-operative treatment. Recommend course of physical therapy for Lumbar spine and Lyrica 75 mg. Therapy may include aquatic therapy and other modalities. See in 6 weeks. May consider for minimally invasive decompression and fusion of L5-S1. 11/12/15-Assessment/Plan: Lumbosacral radicular syndrome, right side, Foraminal disc herniation L5-S1, L5 radiculopathy, and Obesity. Discussion: Patient has reached maximum medical improvement. Future medical care of repeat

orthopedic visits, repeat therapy and repeat injections. No contradictions for the patient to participate in sedentary duties. Do not see surgical indications for the patient. Qualifies for 5% whole person impairment which translates to a regional impairment of the lumbar spine of 7%.

- **South Carolina Diagnostic Imaging:** 9/29/15-Impression: Disc bulge and facet arthropathy L5-S1 and Facet arthropathy L4-5.
- **Palmetto Health:** 10/04/10-MM Bone Densitometry Dexa Scan for joint pain. Impression: Normal in density and well above average for age matched normal controls. Lumbar readings are normal, slightly below average for age matched normal controls. MM Mammogram Digital Screen Bilateral w/CAD. Impression: No malignancy. 4/19/12- MM Mammogram Digital Screen Bilateral w/CAD. Impression: No malignancy.
- **Columbia Rehabilitation Clinic, Inc.:** 10/21/15-LS/Hip Evaluation. Plan: PT 2 times a week for 12 weeks. Treatment to include strengthening exercises for LE and cervical; stretching exercises, manual therapy, modalities as needed, aerobic conditioning, postural education, and balance/proprioceptive, establish progress HEP and PT/Family Education. PT/HEP Eval. 2/17/16-Funcational Capacity Evaluation: Met the demands of limited sedentary to limited light work. Tolerates occasional walking, stairclimbing, kneeling, bending, twisting, and reaching. Does not tolerate squatting. Can lift 7 pounds-15 pounds occasionally. Can carry 14 pounds with 2 hands, 10 pounds with the right and 10 pounds with the left. Can push/pull 14.2l pounds loaded on a sled. Self-reported sitting 90 minutes and stand/walk 120 minutes. Observed to sit for 55 minutes and stand/walk for 44 minutes. Lumbar range of motion is limited. Aerobic capacity is poor and qualifies her for light work.
- **Grace Medical Group, LLC:** Formal Health Record/Consolidated.
- **Southeastern Spine Institute-Steven Poletti, MD:** 3/07/16-Diagnosis: Radiculopathy, Lumbar region. Impression: Right lumbar radiculopathy secondary to disc protrusion at L5-S1 right. Treatment Plan: Progression of disc space collapse over the five years since her injury. Do believe she has a potential surgical option. Agree with minimally invasive decompression and fusion at L5-S1 on the right and that surgery could be unpredictable and that it is certainly not mandatory. She has significant signs of radiculopathy. Agree with Dr. Lamotta that this lady had the option to consider minimally invasive decompression and fusion as recommended in October 2015. Should she undergo that fusion, her impairment rating would be roughly twice that or 28% to the whole person. She has two options- follow up with Dr. Hutchenson for further injection therapy and ongoing treatment directed towards her back and legs. She has some neuropathy and dysesthesia into the leg. Has weakness specifically to her right leg. Impairment to right lower extremity and lower extremities as a consequence of nerve damage over the 5 year period. Would place 2% to the whole person. Her current whole person impairment rating is 15% based on radiculopathy and loss of use to lower extremity secondary to radiculopathy and neuropathy. In agreement with a sedentary status with no bending, twisting, pushing, pulling, heavy repetitive lifting or lifting greater than 5 to 10 pounds. Difficulty rising from a seated position. Opinion that she is potentially a candidate to pursue Social Security Disability as she is at a sedentary status and not capable of sitting for extended periods longer than 30 minutes.

**SECONDARY MEDICAL CONDITIONS:** Ms. Folston did not mention having any additional medical conditions that she is receiving treatment for. She indicated that stress will bring on headaches and neck pain that she takes over-the-counter medication for to alleviate the symptoms.

*Previous and/or Injury-Related Hospitalizations/Surgeries:* Ms. Folston has undergone a hysterectomy, tubal ligation and cystectomy involving her ovary that she explained all took place over 20 years ago.

*Other Medical History:* Ms. Folston is 5 feet 3 inches tall and weighs approximately 260 pounds. She is right-hand dominant.

*SUBJECTIVE PHYSICAL LIMITATIONS:*

| | |
|---|---|
| • Vision | Wears prescribed lenses |
| • Reading/Responding | No reported problems; no observed problems |
| • Hearing | Can hear with both but left side is better |
| • Writing | No reported problems |
| • Speaking | No reported problems; no observed problems |
| • Lifting/Carrying | Able to lift up to 10 pounds |
| • Standing | Only a few minutes (no time specified) |
| • Walking | About 30 feet; Observed to pace for 10 minutes in a small area |
| • Sitting | 15 minutes; Observed to sit 45 minutes during testing |
| • Climbing | Can walk up short steps with railing but no ladders, ropes, steep stairs, etc. |
| • Stooping/Squatting | Unable to perform this activity |
| • Bending/Twisting | Difficulty with bending/twisting - feel pinching to the right and pulling to the left |
| • Kneeling | May have a hard time standing up without something to hold on to |
| • Arms/Hands (reaching) | Problems if extending to reach |
| • Comprehending | No reported problems; no observed problems |
| • Breathing | No reported problems; no observed problems |
| • Balancing | Sometimes difficulty with steadiness upon standing |

*CURRENT COMPLAINTS-SUBJECTIVE:* Near the beginning of the evaluation, Ms. Folston was asked to rate her pain level, given the numeric pain scale of 0-10 that measures pain intensity. She rated the right hip and leg pain at a moderate level of 5. She indicated that this pain is "achy...constant hurt". She went on to explain that the lower right extremity extends discomfort to the front and back of her knee and sometimes tingling in the foot. The left heel pain was rated at a 7. She described this pain as a sharp pain. Ms. Folston stated that "It feels like someone punching me in the heel or like stepping on a rock". She did not provide a specific rating for the back pain, but she reported her back is constantly sore. Irritation is increased when touching her back and prolonged movement. Prior to completion of the evaluation, the hip and right leg pain had risen to an 8. The heel pain remained at a 7.

**MEANS OF TRANSPORTATION:** Ms. Folston drives a 2005 Ford Escape with an automatic transmission, power steering and power brakes. This vehicle is in good condition. She possesses a valid South Carolina driver's license.

**SOCIO-ENVIRONMENTAL:** Ms. Folston is divorced. She and her daughter reside together in a condominium in the Columbia area. Her daughter provides assistance with chores and errands regularly. She has an adult son that will help as needed.

*FINANCIAL:* Ms. Folston receives Worker's Compensation benefits of approximately 1,015.16 monthly and monthly retirement benefits from the State of South Carolina in the amount of $312.00. She is receiving a $194.00 six-month assistance of Supplemental Nutrition Assistance Program (SNAP). She will reapply for continuance next month. She communicated concern about her financial state. She is currently unemployed with limited income. The lack of income as well as her physical ability has impeded her ability to be financially secure as she once was. The difficulty she has experienced with paying for services, such as medical expenses, has affected her access to see physicians as well as obtaining medications. Her children provide some financial assistance when they can.

*ACTIVITIES OF DAILY LIVING:* Regarding activities of daily living, Ms. Folston awakens in the mornings between the hours of 8:00 a.m. - 10:00 a.m. She will shower and dress herself without assistance. She will read her bible for a while. She typically will eat a late breakfast, which requires short preparation, usually something that can be microwaved or quickly made using the stove or oven. She may perform light household chores such as washing a few dishes, dusting, sweeping, vacuuming, laundering her own clothes and making her bed. Sometimes she will clip coupons. If the day requires her to leave the home, she and her daughter will run errands or go shopping. She reported that her daughter usually drives her where they need to go. She will visit with family and talk to her neighbor occasionally. She watches television about an hour a day. She attends church on Wednesday for bible study and Sunday for worship service. There are times that she may take her granddaughters to their dance class and occasionally attend activities that her grandchildren participate in.

In the evening, Ms. Folston will prepare a quick, easy to prepare dinner and retire to bed. She stated that she has trouble lying in bed. This posture increases her pain. She prefers resting in her recliner. This positon gives her more support on her right side.

She has not and does not smoke, use any illegal drugs or substances or alcohol. She stays away from caffeinated beverages and frequently drinks water, juice and sprite. She tries to maintain good eating habits by cooking baked and broiled meals and healthy snacking. She and her daughter will sometimes go out to eat.

**MILITARY HISTORY:** None indicated.

**PREVIOUS CONVICTIONS AND/OR VIOLATIONS:** None indicated.

**EDUCATIONAL BACKGROUND:** Ms. Folston completed high school 1975. She graduated from Uporia High School in Mississippi with a high school diploma. She was a good student, participating in the general education curriculum. She attended Florida Technical College and attained a massage therapy certificate in 2001. This certificate is current.

**EMPLOYMENT HISTORY:** For over the last 15 years, Ms. Folston had been employed with:

| | |
|---|---|
| **Employer:** | SC Department of Disabilities and Special Needs (Midlands Center) |
| **Location:** | Columbia, SC |
| **Length:** | 4 years |
| **Job Title:** | Patient/Care Attendant |

| | |
|---|---|
| **Duties:** | Provide care for individuals with mental and physical disabilities (bathing, assisting to and from daily activities, meal assistance and cleaning). |
| **Reason for leaving:** | Injury |
| **Wages:** | $700.00 bi/weekly |

| | |
|---|---|
| **Employer:** | Popeye's |
| **Location:** | Columbia, SC |
| **Length:** | 2 years |
| **Job Title:** | Prep Cook |
| **Duties:** | Prepared food to be served, cleaned kitchen, washed dishes |
| **Reason for leaving:** | Job with SCDDSN |
| **Wages:** | $7.25 per hour |

| | |
|---|---|
| **Employer:** | Absolutely Beautiful |
| **Location:** | Altamonte Springs, FL |
| **Length:** | 2 years |
| **Job Title:** | Massage Therapist |
| **Duties:** | Evaluate client to locate pain or tense areas, massage muscles and soft tissues of the body, document treatment. |
| **Reason for leaving:** | Moved to Columbia, SC |
| **Wages:** | $1,000.00 biweekly |

| | |
|---|---|
| **Employer:** | Self- Employed Child Caretaker |
| **Location:** | Orlando, FL |
| **Length:** | 3 years |
| **Job Title:** | Child Monitor |
| **Duties:** | Cared for approximately 5 to 6 children in her home. |
| **Reason for leaving:** | New job |
| **Wages:** | $50.00 per child each week |

| | |
|---|---|
| **Employer:** | Orange County School District |
| **Location:** | Orlando, FL |
| **Length:** | 7 years |
| **Job Title:** | School Bus Driver |
| **Duties:** | Picked up and dropped off students (home and school) |
| **Reason for leaving:** | Work-related issue |
| **Wages:** | $8.90 per hour |

**OTHER VOCATIONAL CONSIDERATIONS:** During Ms. Folston's various employments, she acquired a massage therapy certificate in 2001 and a CDL earlier in her career as a school bus driver. She has not gained any additional specialized skills from past work performed. In regards to technical and computer skills, Ms. Folston indicated that she is familiar with basic operations, such as texting on her phone, performing internet searches and looking at Facebook. She often asks her daughter for assistance with computer related matters.

Ms. Folston indicated that she has not actively searched for other employment since leaving Midlands Center. We discussed state agency assistance with finding employment through avenues such as South

Carolina Vocational Rehabilitation and the South Carolina Department of Employment and Workforce. She has not sought out services through these agencies.

**RESULTS OF VOCATIONAL TESTING:** The following tests were administered with results indicated.

*Revised BETA Examination (BETA III):* Ms. Folston was administered the Revised BETA III Examination. The results for this test were as follows:

| | |
|---|---|
| Sum of scale scores | 42 |
| BETA IQ | 88 |
| Percentile | 21.0 |
| **Norm used:* | *Ages55-64 years* |

Results from this test results indicate an IQ representing a low average intelligence. When the scores were calculated to include the Standard Error of Measurement (SEM) at a 95% confidence, the following confidence span of IQ ranges emerged:

- 79 through 97 (Borderline to Average)

There is a 95% chance that Ms. Folston nonverbal intelligence falls within this range.

*Self-Directed Search–Form R, 4th edition:* Ms. Folston completed the Self-Directed Search to determine her pattern of vocational interests and competencies.

Based on the results of this inventory, Ms. Folston's highest-rating was "Social". Social individuals are usually described as convincing, cooperative, friendly, generous, idealistic, and responsible. These individuals generally like occupations in the educational and social services fields.

Her second-ranking category of interest was "Enterprising". Enterprising individuals like to persuade or direct others. They are described as acquisitive, agreeable, energetic, optimistic, self-confident, and sociable. They usually have leadership and public speaking abilities.

Her third-ranking category of interest was "Conventional". These individuals are described as conforming, practical, careful, thrifty, efficient, orderly, persistent, and conscientious. These individuals generally like activities that involve explicit, ordered systematic manipulation of data to meet predictable organizational demands or specific standards.

Individuals scoring highest in the category of SEC tend to be successful in, but not limited to, positions such as Psychiatric Aide, Community Program Aide, and Traffic Dispatcher. Category combinations of CES, CSE, ECS, ESC and SCE indicate interest in positions such as Social Services Aide, Telephone Operator, Telephone Solicitor, Hospital Admitting Clerk, Cashier and Receptionist.

**BEHAVIORAL OBSERVATIONS:** Ms. Folston and this Consultant met for the vocational evaluation at the Samuels Law Firm in Columbia, SC. She drove independently to the office from her home in the Columbia, SC area. Upon my arrival, Ms. Folston was seated in the waiting area of the office. Mr. Samuels' senior paralegal greeted and introduced this Consultant to Ms. Folston. She assisted Ms. Folston

to rise from a couch and we walked across the hall to a conference room. At the onset of the evaluation, Ms. Folston appeared anxious. I explained to her that I was not a vocational counselor who would be assisting her with job searching and placement, but I was only asked to assess and evaluate her vocational potential based on information acquired from the evaluation as well as her residual limitations provided by medical documentation provided. She was encouraged to stand and move about as she needed to. It was explained that if at any time during the evaluation she needed to take a break, it would be fine to do so. Overall, she presented with a positive demeanor and confirmative attitude towards participating in the evaluation. She was dressed and groomed appropriately. She displayed good orientation, stream of thought, and concentration throughout the duration of the evaluation.

The setting was well lit, spacious and comfortable. Ms. Folston and I were seated at a large conference table in cushioned, high backed chairs. She stood and paced two times for about 10 to 15 minutes each time during the interview portion of the evaluation and stood once after completion of testing. We took a 5 minute break prior to vocational testing. Each time she stood, she rose slowly, using the conference table for balance. There was noticeable difficultly with her ability to stand upright from a seated position. As she would pace, she held her lower back and walked back and forth at a slow pace. The evaluation was 3 hours and 30 minutes in duration. After completion of the evaluation, Mr. Samuels' senior paralegal and I discussed additional documentation and records pertaining to Ms. Folston's case.

**EMPLOYABILITY ANALYSIS/TRANSFERABLE SKILLS ANALYSIS (TSA):** An OASYS Transferable Skills Analysis was completed to determine if Ms. Folston developed skills during her work history that could be transferred to other occupations. The pre-injury resulting profile identified the following previous work history: Psychiatric Aide, Kitchen Helper, Masseur/Masseuse, Child Monitor, and Bus Driver. Ms. Folston's work history indicates a specific vocational profile of 4. An SVP of 4 is indicative of semi- skilled work, suggesting that it took at least 3 to 6 months to learn the techniques, acquire the information, and develop the facility for average performance of these occupations. Her work history demonstrates work fields in the areas of health caring-medical, cleaning, accommodating, and transporting. The Material, Product, Subject Matter and Services category for the occupations in her past work are medical assistant, aide, and attendant services; meal services, except domestic: domestic, building, and person services, other; domestic services; local/suburban transit and interurban highway passenger transportation.

Ms. Folston's work history display general educational development (GED) levels of 2 in the area of reasoning, 3 in the area of mathematics, and 3 in the area of language. There was an average level of education within the reasoning and language areas. Typically, these levels encompass the need for formal education.

The physical demand level of occupations in Ms. Folston's work history required medium exertion. She would occasionally be required to finger. Frequently she would stoop, crouch, feel, talk, hear, use near acuity, visual accommodation and color vision. She would reaching, handling, use of far acuity, depth perception and field of vision constantly.

Ms. Folston's prior work required an average aptitude in areas of general learning ability, verbal, spatial aptitude, form perception, motor coordination, finger dexterity and eye-hand-foot coordination. Above average aptitude was needed for manual dexterity.

Her previous work history further required work situations or temperaments of performing routine repetitive work, performing a variety of duties, performing under stress, dealing with people, and making judgements and decisions. Work functions surrounding data required Ms. Folston to compile, compute and compare. These positions required speaking-signaling, serving, and taking instructions-helping people. With regards to things, she would drive-operate, manipulate and handle.

No relevant transferable occupations were identified as a result of the analysis but given Ms. Folston's age, demonstrated work ability, job skills, tested ability, education, and physical limitations, there are possible jobs in the current labor market that she would be successful in. The jobs mentioned below take into consideration all of the aforementioned characteristics. Some positions may require the completion of a brief period of orientation and/or on the job training.

**PHYSICAL LIMITATIONS/RETURN TO WORK GUIDELINES:** Ms. Folston was seen by Dr. Ivan Lamotta on 11/12/15, at which time he documented she had reached maximum medical improvement. He rated her at a 5% whole person impairment with translates to a regional impairment of the lumbar spine of 7%. He did not feel that there were contradictions for Ms. Folston's participation in sedentary duties. He provided additional information relating to her future medical care as well. Three months preceding her release from Dr. Lamotta's care, a Functional Capacity Evaluation was completed. It specified that her physical level met a limited sedentary to limited light work demand. Details surrounding her abilities included a toleration of only occasional walking, stairclimbing, kneeling, bending, twisting, and reaching; no squatting; ability to lift 7 pounds -15 pounds occasionally and carry 14 pounds with 2 hands, specifying 10 pounds with the right and 10 pounds with the left; and a push/pull ability of 14.2 pounds loaded on a sled. Ms. Folston's self-reported sitting capacity was 90 minutes and stand/walk capacity of 120 minutes. She was observed to sit for 55 minutes and stand/walk for 44 minutes. Her lumbar range of motion was limited and aerobic capacity is poor, which qualified her for light work. On 3/07/16, an evaluation was conducted by Dr. Steven Poletti. He diagnosed her with Radiculopathy, Lumbar region. He agreed with Dr. Lamotta's option, in October 2015, to consider minimally decompression and fusion at L5-S1 on the right. He stated that the surgery could be unpredictable and was not mandatory. If she underwent this surgery, it would increase her impairment to the whole person. Dr. Poletti made two suggestions regarding Ms. Folston's care, which were to follow up with Dr. Hutchenson for further injection therapy as well as receive ongoing treatment directed towards her back and legs. The impairment to the right lower extremity and lower extremities would place her at 2% to the whole person. Her current whole person impairment rating is 15% based on Radiculopathy and loss of use to lower extremity secondary to radiculopathy and neuropathy. Dr. Poletti agreed with a sedentary status including no bending, twisting, pushing, pulling, heavy repetitive lifting or lifting greater than 15 to 10 pounds. He mentioned that she is potentially a candidate to pursue Social Security Disability as she is at a sedentary status and not capable of sitting for extended periods longer than 30 minutes.

Given the subjective information provided by Ms. Folston and the objective medical documentation provided by the physicians and results of the Functional Capacity evaluation, it is perceived that she could perform employment in the strength capacity range of the sedentary. Utilizing objective documentation along with her subjective statements, occupations at the sedentary strength level were researched.

As a guideline, *The Dictionary of Occupational Titles, Revised Fourth Edition* describes sedentary as follows:

Sedentary Work–Exerting up to 10 pounds of force occasionally (1/3rd of time) and/or a negligible amount of force frequently (1/3rd to 2/3rd of time) to lift, carry, push or otherwise move objects. Involves sitting most of the time, but may involve walking or standing for brief periods.

**LABOR MARKET SURVEY (LMS) AND REVIEW:** In considering return to work options for Ms. Folston, a labor market survey and review was completed to establish whether jobs currently exist in the Columbia South Carolina area that reflect her demonstrated and tested abilities as well as meets her physical limitations. This information was determined given age, education, skills, worker traits, and the medically stated restriction guidelines. In addition to examining the current job market, occupational statistical data from 2015 were reviewed.

As a result of the labor market survey review, to gain access to occupations indicated, an extensive electronic search of employment was performed. This search yielded positions that fall within the guidelines of her limitations physically and vocationally. Utilizing the US Department of Labor's Bureau of Labor Statistics data for 2015, occupations consistent with occupations identified in the labor market search were listed, along with the number of jobs available and wages. This information has been categorized and arranged in a convenient table.

Positions identified were as follows: Cashier, Appointment Setter, Attendance Monitor, Switchboard Operator, PBX Operator, Mortgage Loan Processor and Telemarketer. The posted wages for the above occupations range from $7.25/hourly or $6,900.00 annually for part time employment and $12.00/hour or $21,600.00 annually for full time employment.

The information contained in the MSA is compiled by the Bureau of Labor Statistics and is made up of one or more counties and consists of a core area containing a substantial population nucleus, together with adjacent communities having a high degree of economic and social integration with that core. Each MSA must have at least one urbanized area of 50,000 or more inhabitants.

| POSITION | COMPANY | BRIEF DESCRIPTION | SALARY |
|---|---|---|---|
| Cashier (PT) | Republic Parking | Take payment for parking, count money and make change, monitor and assist customers. | $7.25/hour |
| Appointment Setter (PT) Flexible hours | Sears | Interact with store customers, discuss home needs and possible services of interest. Solicit scheduling of home improvement estimates; generate leads, may have the opportunity from time to time to attend trade shows. | $10.50/hour + Bonuses |
| Attendance Monitor (PT-schedule based on availability of the employee) | USC-Columbia | Monitor student-athletes' class attendance, completing daily attendance reports to be submitted to Attendance Monitor Program Coordinator. | $8.00/hour |

| | | | |
|---|---|---|---|
| Switchboard Operator | Palmetto Baptist | Answering and forwarding telephone calls. Initiate lifesaving communications in emergency situations. Maintain logs of daily activity, provide afterhours service and maintain on call schedules for multiple hospital departments. | Not Disclosed |
| PBX Operator | The Regional Medical Center | Receives and directs incoming and outgoing calls. Provide routine information to callers. Provide means of contact for physician and other staff outside normal office hours. Responds in a timely manner to alarms and codes and take appropriate action to notify all parties. Informs telephone repair service of any trouble lines. | Not Disclosed |
| Mortgage Loan Processor (Trainee position) | FGP International | Verifies, compiles and documents information for mortgage loans. Review loan application file, gathers information to make loan determination. | $12.00/Hour |
| Telemarketer (PT) | State Farm | Develop leads. Schedule appointments. Identify customer needs, and market appropriate products and services. Work with the agent to establish and meet marketing goals. | Not Disclosed |

General information pertaining to these occupations, including wage estimates and numbers of positions in the areas indicated are as follows:

**May 2015 Metropolitan and Nonmetropolitan Area Occupational Employment and Wage Estimates Columbia SC area, US Department of Labor, Bureau of Labor Statistics**

| | Wage Estimates | | |
|---|---|---|---|
| **Occupation Title** | **Median Hourly** | **Mean Hourly** | **Mean Annually** |
| Cashiers (10,250) | $8.63 | $8.70 | $18,100 |
| Interviewers, Except Eligibility and Loan (610) | $13.80 | $14.27 | $29,670 |
| Receptionists and Information Clerks (2,670) | $12.47 | $13.01 | $27,070 |

| | | | |
|---|---|---|---|
| Switchboard Operators, Including Answering Service (310) | $12.58 | $13.06 | $27,170 |
| Loan Interviewers and Clerks (430) | $17.47 | $17.60 | $36,600 |
| Telemarketers (**Estimates not released) | $12.96 | $12.77 | $26,570 |

**Note: Information inside parenthesis is indicative of number of jobs in the area.*

**CONCLUSIONS:** Ms. Sarah Folston is a 58-year-old woman who was employed with the Department of Disabilities and Special Needs. On 3/22/11, she sustained on the job injuries at her work location (Midlands Center) that have affected her back, right hip and leg and left heel. She has undergone conservative treatment, which involved regular physician treatment, diagnostic testing, physical therapy, injections and medication. She reported that she has not gained much pain relief from the methods of treatment. She is continuing to experience persistent pain and discomfort to the injured areas. Due to her inability to resume her position at Midlands Center, she was subsequently released from employment.

Ms. Folston was deemed to be at maximal medical improvement and given sedentary duty restrictions by Dr. Ivan Lamotta in November 2015. He rated her at a 5% whole person impairment which translates to a regional impairment of the lumbar spine of 7%. A recent Functional Capacity Evaluation performed in February 2016 indicated a physical level of limited sedentary to limited light work demand. Specific restrictions were mentioned. Dr. Steven Poletti evaluated Ms. Folston on 3/07/16 and indicated that the impairment to the right lower extremity and lower extremities would place her at a rating of 2% to the whole person. Her current whole person impairment rating is 15% based on Radiculopathy and loss of use to lower extremity secondary to radiculopathy and neuropathy. He issued a sedentary status with no bending, twisting, pushing, pulling, heavy repetitive lifting or lifting greater than 15 to 10 pounds. Dr. Poletti felt that Ms. Folston would be a potential candidate to pursue Social Security Disability.

After reviewing all medical documentation provided, conducting the face to face vocational evaluation, the employability analysis, the labor market review and published data, it is my professional vocational opinion that there are appropriate positions that exist within the local labor market that Ms. Folston can participate in. Jobs, which were listed, capitalize on her demonstrated work experiences, educational background, as well as vocational interest and the positions that are within the physical limitations provided. Some positions may require completion of a brief period of orientation and/or on the job training. After reviewing medical records and information pertaining to Ms. Folston residual functional capacity, the clinical vocational interview, employability analysis, labor market reviews and published data, it is my professional opinion that there are positions that exist within her local labor market. There should be two caveats mentioned in regards to Ms. Folston's return to the workforce. First, it should be noted that she is categorized as a "person of advanced age", based on Social Security standards. Her age may be a factor in regards to employability items such as learning new tasks, productivity, and longevity. But, it should be mentioned that she does exhibit a strong, stable past relevant work history with marketable skills that can assist her in obtaining and maintaining competitive employment. Secondly, Dr. Poletti did mention that surgery could be a consideration based on her current medical status relating to the significant signs of radiculopathy. If she chooses this route, it could cause her return to competitive employment to be delayed and re-evaluated after post-surgical treatment. This option should be further evaluated.

The labor market research identified occupations with at the sedentary strength level. With appropriate support mechanisms in place, it is anticipated that Ms. Folston would be successful returning to competitive employment. Statistical data from 2015 were researched and indicated.

The positions identified were Cashier, Appointment Setter, Attendance Monitor, Switchboard Operator, PBX Operator, Mortgage Loan Processor, and Telemarketer. These part-time and full-time positions are found reasonably available and open regularly in the open market. The earnings anticipated, based on the information provided, would range from $7.25/hourly or $6,900.00 annually for part time employment to $12.00/hour or $21,600.00 annually for full time employment.

Ms. Folston and this Consultant discussed the possibility of assistance with returning to the workforce utilizing services of the South Carolina Vocational Rehabilitation Department (SCVRD). Ms. Folston's complaints of pain could be evaluated and addressed through the 3-6 week Pain Management Program located at the SCVRD Columbia campus. Individuals participating in this program learn skills to successfully cope with orthopedic pain so they can pursue their vocational goal. Components of this program include psychological services, vocational evaluation, muscular development, aquatic therapy, PT, OT, therapeutic recreation, nutritional counseling, behavior modification and rehabilitation technology. Ms. Folston may benefit from career counseling and direct placement into an employment opportunity that has been deemed most suitable for her with close consideration given to her return-to-work guidelines. The Vocational Rehabilitation Counselor assigned to work with her would provide assistance.

The above opinions are rendered with a reasonable degree of professional vocational certainty and are based upon information obtained from my review of all documentation and information provided with regard to Ms. Folston. Other factors were taken into consideration such as age, education, demonstrated work abilities, the employability analysis, the labor market review, published data and residual functional capacity. It is assumed that the information obtained is factual and correct.

Should additional information regarding Ms. Folston become available, I would be pleased to review it and revise my findings and opinions if indicated. If there are any questions or I may be of any additional assistance, please do not hesitate to contact me.

Respectfully submitted,

*Jacqueline Kennedy-Merritt, M.Ed., CDMS*
*(Signed electronically)*
Vocational Rehabilitation Consultant

10:35-began
12:30-test
1:19-break 3min.
1:22 Test
2:20 End

The Directions Group, Inc.
Medical & Vocational Case Management

# VOCATIONAL REHABILITATION INTERVIEW & HISTORY INTAKE FORM

**Interview Date:** 4/13/2014
**Location:** AHS office
**Accompanied by:** Self

## REFERRAL INFORMATION:

**Name:** Sarah Folston **SSN:** ✓ **Phone:** ✓
**Address:** Columbia, SC 29210 **Age:** 38 **DOB:**

## INJURY: Midlands Cnt. / Mental / Physical Disabilities / Wed night

How Injured? (individual's description): Helping patient in wheelchair pt bashed her down. landed on rt elbow and thigh. Bath to client, Client pushed her, refusing to take a bath he pushed her, she twisted, then fell onto the floor between the two beds, sat for a few minutes. someone helped up.

Initial treatment and medications: Sent to night nurse. Daughter came to pick her up. Next day still hurting (elbow, + right side). Called job. Asked to come to the clinic. No one there. On site clinic, light duty. bandage + see back in seven days. After follow-up in 7 days referral to IMD off site clinic). PT referral. 4 weeks no change.

Worked for a year. Sept 2013 - WC out of work. Lyrica - not paid for by WC

Pt got to get X-rays done on arm

## PRESENT MEDICAL STATUS/TREATMENT:

Treating MD(s): Dr. Lamotta **Specialty Areas:** Ortho
Address: Columbia SC **Phone:**
**Fax:**

Diagnosis: Sciatica / Lumbosacral radicular syndrome
Treatment(s): injections PT, meds, Xrays/Test
Surgical Procedure(s): Type/Date/Hospital:
Date of Last Appointment: 11/2016
Date of Next Appointment: - NO -
Anticipated RTW: ✓ Anticipated MMI Date: @ MMI

**Medication(s)** (Name, dosage, frequency, for what condition, side effects, and who prescribed. Include over-the counter medications): headache, probiotics, sinus problems
lyrica - not paid for by WC

**Orthotics/Self-help Devices/Equipment** (Canes, braces, shoes, etc.): none

**Special Techniques utilized to relieve symptoms** (Hot baths, PT, OT, etc.): none
recliner

**SECONDARY MEDICAL CONDITIONS:** *(Past Medical History)* Have you or your family been treated for any of the following?

| | | | |
|---|---|---|---|
| High Blood Pressure | (No) | Yes | |
| Low Blood Pressure | (No) | Yes | |
| Diabetes | (No) | Yes | |
| Kidney Disease | (No) | Yes | |
| Seizures | (No) | Yes | |
| Fainting Spells | (No) | Yes | |
| Headaches | No | (Yes) | sinus |
| Chest Pain | (No) | Yes | |
| Heart Trouble | (No) | Yes | |
| Heart Palpitations | (No) | Yes | |
| Shortness of Breath | (No) | Yes | |
| Chronic Coughing | (No) | Yes | |
| Asthma | (No) | Yes | |
| Bronchitis | (No) | Yes | |
| Cancer | (No) | Yes | |
| Broken Bones | (No) | Yes | |
| Back Pain | No | (Yes) | injury |
| Neck Pain | No | (Yes) | tension stress |
| Auto Accident | (No) | Yes | |

***Previous Hospitalizations (Illness, Injury, Surgery):***

| *Date* | *Reason* | *Physician* | *Hospital* |
|---|---|---|---|
| 20 years | hysterectomy | - | FL |
| over | Tubal ligation | - | |
| over | cyst on ovary | | |

***Other Medical History:***

5 Height: 3 in Weight: Dominant Hand: rt

## SUBJECTIVE PHYSICAL LIMITATIONS:

| *Activity* | *None* | *Yes* | *Describe Limitations Noted* |
|---|---|---|---|
| Vision | | ✓ | prescribed |
| Reading/Responding | ✓ | | |
| Hearing | | ✓ | hear better w/ left |
| Writing | ✓ | | |
| Speaking | ✓ | | |
| Lifting/Carrying | | ✓ | a few lbs |
| Standing | | ✓ | couple of minutes |
| Walking/Running | | ✓ | ≈ 20 feet (mailbox + back) ? |
| Sitting | | ✓ | 15 minutes |
| Climbing | | ✓ | couple of steps w/ rails |
| Stooping/Squatting | | ✓ | need assistance |
| Bending/Twisting | | ✓ | diff w/ bending / pinchy to rt / pull to left |
| Kneeling | | ✓ | getting down but getting up is diff |
| Arms/Hands (reaching) | ✓ | | |
| Comprehending | | | |
| Breathing | ✓ | | |
| Balancing | | ✓ | sometimes diff. |

**CURRENT SUBJECTIVE COMPLAINTS:** (Include body area, description, frequency, conditions which increase problem, intensity, and method of relief)

rt hip / rt leg / knee front + back - constant hurt - 5/8.. achey pain
left heel - U - sticking (punchy in heel) "like stepping on a rock" - 7/7
back - sore, constant - sore to touch; more w/ movement
rt foot (sometimes tingles) toes) - - -

## MEANS OF TRANSPORTATION:

Truck/Car Bus Carpool Other: SUV

Make: Escape Year: 05 Model: Ford

Transmission: Manual (Automatic)

(Power Steering)

Power Brakes)

Condition: Poor Not running (Good) Fair Excellent

**Licenses/Certificates/Registrations:** SCDL

## SOCIO-ENVIRONMENTAL:

**Marital Status:** Married ____ Single ____ Widowed ____ Divorced ✓

Family Members and Others Living in Household:

| *Name* | *Relation* | *Age* | *Occupation* |
|---|---|---|---|
| Misty | daughter | 30 | After-school prog. |
| | | | |
| | | | |
| | | | |

What type of support do you receive from your family? Misty - helps w/ getting her places.

## *Financial:*

| Present Income | | | Present Expenses | | |
|---|---|---|---|---|---|
| Workers' Compensation | -- | Per month weekly-253.79 | Automobile | -- | Per month |
| Social Security | -- | Per month | Insurances | -- | Per month |
| Pension | -- | Per month 312.00 | Utilities | -- | Per month |
| Welfare | -- | Per month | Telephone | -- | Per month |
| Food Stamps | -- | Per month 194.00 six months | Rent | -- | Per month |
| VA Benefits | -- | Per month | Food | -- | Per month |
| Child Support | -- | Per month | Transportation | -- | Per month |
| Alimony | -- | Per month | Child Support | -- | Per month |
| Unemployment Comp. | -- | Per month | Alimony | -- | Per month |
| Disability Insurance | -- | Per month | Installments | -- | Per month |
| Income Prod. Property | -- | Per month | Other | -- | Per month |
| Other | -- | Per month | TOTAL: | -- | Per month |
| TOTAL: | -- | Per month | | | |

no medical insurance - over 1 year

**Current Financial Concerns:** (Y) N Not working + receiving as much money due to injury. Has affected he ability to do certain things.

## *(ADL'S) Activities of Daily Living:*

Arise (time): 8 - 10 am Retire (time): ____

Quality of Sleep (Avg. hours/24 hours): More comfortable in recliner. Hard time laying in the bed.

### Personal Activities

| | | | | | | |
|---|---|---|---|---|---|---|
| Dress Self | ----- | (Y) N | Cook sometimes / microwave / quick meals (oven/stove) | ----- | (Y) N |
| Personal/Sanitary showers primarily (Y) | ----- | (Y) N | Laundry self | ----- | (Y) N |
| Sweep/Dust little | ----- | (Y) N | Yard Work condo | ----- | Y (N) |
| Vacuum little | ----- | (Y) N | Farm/Garden Work | ----- | Y (N) |
| Make Beds | ----- | (Y) N | Drive church, grocery | ----- | (Y) N |
| Wash Dishes | ----- | (Y) N | Others: ____ | | |
| Scrub Floors No | ----- | Y (N) | | | |

**Social Activities**

| | | |
|---|---|---|
| Watch TV- | ----- | (Y) N |
| Read- bible / paper (coupons | ----- | (Y) N |
| Church - wed + Sunday | ----- | (Y) N |
| Visit her son, neighbor | ----- | (Y) N |
| Clubs | ----- | Y (N) |
| Babysit | ----- | Y (N) |
| Sew/Knit | ----- | Y (N) |
| Paint | ----- | Y (N) |
| Fish/Hunt | ----- | Y (N) |
| Woodwork | ----- | Y (N) |
| Sports | ----- | Y (N) |
| Light Repair | ----- | Y (N) |
| Volunteer | ----- | Y (N) |
| Hobbies | ----- | Y N |

**Personal Habits**

| | | |
|---|---|---|
| Require Naps? 1 / 1hr per day | ----- | (Y) N |
| Smoking | ----- | Y (N) |
| Alcohol | ----- | Y (N) |
| History of Abuse | ----- | Y (N) |
| Tobacco Products | ----- | Y (N) |
| Drugs | ----- | Y (N) |
| Caffeine Products water | ----- | Y (N) |
| Tea w/ lemonade unsweet, spiced | ----- | (Y) N |
| Coffee | ----- | Y (N) |

Others: snacks, more baked-broiled, eating out

Others: 2 Granddaughter - 1 grandson - attend activities occasionally -

Occ- shopping w/ daughter - will have to sit / out to eat /

wash dishes, read the bible, eat late, if adjusting runs/errand mg go to pay bills / mail

**MILITARY HISTORY:** clean a little, watch TV (READ), talk to neighbor,

Branch:_____ Date(s) of Active Duty:_____

Date and Type of Discharge:_____ Rank/Duties:_____

Training:_____

Service Disability Pension: Y N Describe:_____

**PREVIOUS CONVICTIONS:**

Offense:_____

When:_____ Where:_____

Outcome:_____

**EDUCATIONAL BACKGROUND:**

Highest Grade Attended/Completed: 12th Year: 1975

School Name & Address: Liberia High School / Mississippi

Age & Reason for Discontinuation: 17

Quality of Student:_____ Type of Classes:_____

Technical/Business/Training Programs: 2001 - Hinds Tech College / English / Math Completion

Apprenticeship/OJT: massage therapy Certif.

Other(s):_____

Read/Write: Yes. Licenses/Certifications:_____

**PRESENT EMPLOYMENT:**

Current Employer:_____
From:_____ To:_____
Address (City, State):_____
Wages:_____ Start_____ Last_____ Phone_____ Job
Title:_____
Supervisor:_____
Describe Duties:_____

Shift:_____ Reason for Leaving:_____
Employee's Opinion of Employer:_____

**EMPLOYMENT HISTORY:**

Last Employer: Midlands Cnt.
From: 2008 To: 2012 4yrs.
Address (City, State): Columbia, SC
Wages:_____ Start_____ Last 700= biweekly Phone_____ Job
Title: Human Services Spec.
Supervisor:_____
Describe Duties: Asst individuals w/ dressing, bathing, activities, meals

Shift:_____ Reason for Leaving: OTJ injury
Employee's Opinion of Employer:_____

Former Employer: Popeyes.
From: 2006 To: 2008 2yrs.
Address (City, State): Columbia
Wages:_____ Start_____ Last 7.25 (T) Phone 9-2sn Job
Title: Prep Cook | biscuits
Supervisor:_____
Describe Duties: Cooked biscuits, cleaning, washing dishes, prep

Shift:_____ Reason for Leaving: job w/ state
Employee's Opinion of Employer:_____

Former Employer: Absolutely Beautiful
From: 2004 To: 2006 2yrs.
Address (City, State): Altamonte Springs, Fla
Wages:_____ Start_____ Last 1,000 biweekly Phone_____ Job
Title: Massage Therapist
Supervisor:_____
Describe Duties: Check areas, massage muscles, doc.

Shift:_____ Reason for Leaving:_____
Employee's Opinion of Employer: moved to SC

Former Employer: Self - Child Care
From: 1997 To: 2000 3yrs
Address (City, State): Orlando, Fla
Wages: _____ Start _____ Last $50 per child per week Phone _____ Job Title: Baby Sitter
Supervisor: _____
Describe Duties: Took Care of children in her home
_____
Shift: _____ Reason for Leaving: took 1 year off to go as a massage therap
Employee's Opinion of Employer: _____

---

Former Employer: Orange Co. School Dist.
From: 1988 To: 1995
Address (City, State): Orlando, Fla
Wages: _____ Start _____ Last $8.90/hourly Phone _____ Job Title: Bus Driver
Supervisor: _____
Describe Duties: Pick up and drop off children to Transport
_____
Shift: _____ Reason for Leaving: Work issues
Employee's Opinion of Employer: _____

**EMPLOYER CONTACT:**
Want client back: Y (N) Is job available: Y (N)
Restricted duty work available: Y (N)
Job analysis needed: Y (N)
Modifications needed: Can only perform Sed work per her physician (Dr. Lamotta)
Quality of work and general work required: _____
_____

**OTHER VOCATIONAL CONSIDERATIONS:** Business Practices with which you are familiar:

Bookkeeping: / Inventory Control: /
Scheduling: / Shipping/Receiving: /
Supervising: / Instructing: /
Possession of Special Tools or Equipment: Massage Certificate

**VOCATIONAL GOALS:** not sure what she can do or if she can work
_____
When can you begin work: _____
Will you consider minimum wages: _____ Salary required: _____
Have you checked with your previous employer about your job: _____
Any job: _____
Are you willing to train: _____
Have you made use of State employment services: Y (N)
Vocational Rehabilitation: Y (N)
Private Employment Services: Y (N)

**BEHAVIORAL OBSERVATIONS:**

Orientation: good Approach toward eval. + / -
Stream of thought: good / flow focused Concentration: good
Attitudes/Insight: good
Memory: Remote: fair Recent: good

**COMMENTS:** no computer skills - -
Phone - texting, look @ FB,
has laptop V - w/ assistance
10:30
Stood - paced. 2x's - 15 mins during interview 12:30
stood slowly, a little diff standing upright upon initially standing - paced holding lower back, walk slowly.

Cont. room to the right. French Doors opened, large conf table w/ 10 chairs cushioned / high back / no arm rest. Good lighting 3 windows.

The Directions Group, Inc.

Jacqueline Kennedy-Merritt <jkmerritt@thedirectionsgroup.com>

## Sarah Folston-Vocational Evaluation Confirmed

3 messages

**Jacqueline Kennedy-Merritt** <jkmerritt@thedirectionsgroup.com> Thu, Jun 9, 2016 at 2:57 PM
To: amanda@samuelslawfirm.net
Cc: jfwilliams@saf.sc.gov

Good Afternoon,

Attached is a letter confirming the appointment that has been set for Ms. Folston's evaluation. Thank you for your assistance.

Have a great day.

--
Jacqueline Kennedy-Merritt, M.Ed.,CDMS
Certified Disability Management Specialist
Vocational Rehabilitation Consultant
Qualified Rehabilitation Professional
The Directions Group
Corporate Office : 843-849-0400 / 800-242-8856
Direct Office: 803-283-2935 Fax: 803-792-4555
jkmerritt@thedirectionsgroup.com

This communication is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged and/or confidential. If the reader of this message is not the intended recipient, you are hereby notified that any disclosure, copying, distribution or taking any action in reliance on the content of this email information is strictly prohibited. If you have received this email in error, please immediately notify me via telephone or email.

**atty appt letter Folston_Sarah.pdf**
45K

**Amanda Carter** <amanda@samuelslawfirm.net> Thu, Jun 9, 2016 at 4:17 PM
To: Jacqueline Kennedy-Merritt <jkmerritt@thedirectionsgroup.com>

Thank you, Jacqueline. I just want to confirm the evaluation will be held here in our office.

Thank you,

*Amanda L. Carter*

Administrative Assistant

Samuels Law Firm, LLC

1320 Richland Street

Columbia, SC 29201

(803) 779-4000 Telephone

(803) 779-4004 Facsimile

*Like us on Facebook!*

*https://www.facebook.com/samuelslawfirmsc*

**From:** Jacqueline Kennedy-Merritt [mailto:jkmerritt@thedirectionsgroup.com]
**Sent:** Thursday, June 09, 2016 2:58 PM
**To:** amanda@samuelslawfirm.net
**Cc:** jfwilliams@saf.sc.gov
**Subject:** Sarah Folston-Vocational Evaluation Confirmed

[Quoted text hidden]

---

**Total Control Panel** Login

To: jkmerritt@thedirectionsgroup.com Remove this sender from my allow list

From: amanda@samuelslawfirm.net

*You received this message because the sender is on your allow list.*

---

**Jacque M.** <jkmerritt@thedirectionsgroup.com> Thu, Jun 9, 2016 at 4:28 PM
To: Amanda Carter <amanda@samuelslawfirm.net>

Yes. At your office in Columbia.

Jacqueline Kennedy-Merritt, M.Ed., CDMS
Vocational Rehabilitation Consultant
The Directions Group, Inc.
PO Box 1108, Mt. Pleasant, SC 29465
800-242-8856 Toll Free
803-792-4555 Fax

Visit us at www.thedirectionsgroup.com

*This communication is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged and/or confidential. If the reader of this message is not the intended recipient, you are hereby notified that any disclosure, copying, distribution or taking any action in reliance*

*on the content of this email information is strictly prohibited. If you have received this email in error, please immediately notify me via telephone or email.*

[Quoted text hidden]

The Directions Group, Inc.

**Jacqueline Kennedy-Merritt <jkmerritt@thedirectionsgroup.com>**

## Sarah A. Folston

2 messages

**Angi Samuels** <angi@samuelslawfirm.net> Mon, Jun 13, 2016 at 4:47 PM
To: jkmerritt@thedirectionsgroup.com

Jacqueline:

Per our conversation of today, I have attached the Vocational Evaluation prepared by Adams & Wilkinson. I have also attached Dr. Poletti's IME report of March 7, 2016 in which he specifically addresses Ms. Folston's work status. The third attachment is an FCE from Columbia Rehab Clinic dated February 17, 2016.

Please let me know if you have any questions. If your file appears to be missing any specific records, please contact me and I will see if I can provide them to you. Thank you!

Angi Samuels

Senior Paralegal/Office Manager

Samuels Law Firm

1320 Richland Street

Columbia, South Carolina 29201

(803) 779-4000 Telephone

(803) 779-4004 Facsimile

*Like us on Facebook!*

*https://www.facebook.com/samuelslawfirmsc*

**Total Control Panel** Login

To: jkmerritt@thedirectionsgroup.com
From: angi@samuelslawfirm.net

Message Score: 1
My Spam Blocking Level: Low

High (60): Pass
Medium (75): Pass
Low (90): Pass

Block this sender
Block samuelslawfirm.net

*This message was delivered because the content filter score did not exceed your filter level.*

**3 attachments**

**Glen Adams Voc Eval 2.26.16.pdf**
235K

**Poletti IME Report 3.7.16.pdf**
181K

**Columbia Rehab FCE Report 2.17.16.pdf**
587K

---

**Jacque M.** <jkmerritt@thedirectionsgroup.com> Tue, Jun 14, 2016 at 12:01 PM
To: Angi Samuels <angi@samuelslawfirm.net>

Thank you for these additional records. I appreciate your assistance.

Jacqueline Kennedy-Merritt, M.Ed., CDMS
Vocational Rehabilitation Consultant
The Directions Group, Inc.
PO Box 1108, Mt. Pleasant, SC 29465
800-242-8856 Toll Free
803-792-4555 Fax

Visit us at www.thedirectionsgroup.com

*This communication is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged and/or confidential. If the reader of this message is not the intended recipient, you are hereby notified that any disclosure, copying, distribution or taking any action in reliance on the content of this email information is strictly prohibited. If you have received this email in error, please immediately notify me via telephone or email.*

[Quoted text hidden]

<Glen Adams Voc Eval 2.26.16.pdf>

<Poletti IME Report 3.7.16.pdf>

<Columbia Rehab FCE Report 2.17.16.pdf>

# CLAIMANT'S EXHIBIT F

## Deposition Transcript of

## Jacqueline Kennedy-Merritt

State of South Carolina
Before the
South Carolina Workers' Compensation Commission
WCC File No.: 1108515

Sarah Folston, Employee, Claimant,
vs.
SC Department of Disabilities and Special Needs, Employer,
and
State Accident Fund, Carrier, Defendants.

Deposition of JACQUELINE KENNEDY-MERRITT
August 11, 2016

Deposition on oral examination of JACQUELINE KENNEDY-MERRITT, reported by Cheryl A. Wiszowaty, Court Reporter and Notary Public in and for the State of South Carolina; said deposition taken pursuant to notice of deposition and in accordance with the South Carolina Rules of Civil Procedure, at the Samuels Law Firm, 1320 Richland Street, Columbia, South Carolina, commencing on Thursday, August 11, 2016, at the hour of 3:08 p.m.



APPEARANCES:

Representing the Employee/Claimant:
STEPHEN SAMUELS, ESQUIRE
Samuels Law Firm
1320 Richland Street
Columbia, South Carolina 29201

Representing the Employer/Carrier:
ERIN FARTHING, ESQUIRE
State Accident Fund
800 Dutch Square Boulevard, Suite 160
Post Office Box 210039 (29221)
Columbia, South Carolina 29210

ALSO PRESENT:
Sarah Folston



CONTENTS

(Deposition of Jacqueline Kennedy-Merritt)


| | Page |
|---|---|
| Stipulations | 4 |
| Examination by Mr. Samuels | 4 |
| Examination by Ms. Farthing | 86 |
| Reexamination by Mr. Samuels | 102 |
| Reexamination by Ms. Farthing | 107 |
| Further Reexamination by Mr. Samuels | 109 |
| Signature of Deponent | 113 |
| Certificate of Reporter | 114 |


*****

EXHIBIT INDEX

CLAIMANT'S


| | | Page |
|---|---|---|
| 1 | Packet of Documents | 18 |
| 2 | Exertional Levels (DOT) | 27 |
| 3 | Columbia Rehabilitation Clinic FCE | 30 |
| 4 | Cashier Description/DOT | 50 |
| 5 | Vocational Assessment Dated May 12, 2016 | 74 |




This deposition is taken in accordance with the South Carolina Rules of Civil Procedure.

It is agreed and stipulated by the deponent and respective counsel that the reading and signing of the deposition transcript by the deponent is expressly not waived.

WHEREUPON:

JACQUELINE KENNEDY-MERRITT, being duly sworn and cautioned to speak the truth, the whole truth and nothing but the truth, testified as follows:

EXAMINATION

BY MR. SAMUELS:

Q. Good afternoon, Ms. Kennedy-Merritt.

A. Good afternoon.

Q. It's a pleasure to see you.

A. You as well.

Q. Thank you for coming. My name is Stephen Samuels. I represent Sarah Folston in a workers' compensation case. I'm here to take your deposition. Have you ever had your deposition taken before?

A. Once before.

Q. And when was that?

Page 5

A. That was 2010, 2011. Around that time.
Q. Was that deposition taken in your capacity as a vocational expert?
A. Yes, sir.
Q. And do you remember the name of the case?
A. I do not remember the name of the case.
Q. Do you remember the name of any of the lawyers?
A. Attorney Parr.
Q. Was it a workers' compensation case?
A. Yes, it was.
Q. Was Attorney Parr the attorney who retained you or the attorney who was deposing you?
A. The attorney deposing me.
Q. Who were you retained by in that particular case?
A. I don't recall.
Q. Let me just sort of run by the general rules of a deposition. I know you've had one before --
A. Yes, sir.
Q. -- but it's something we're supposed

Page 6

to do, so.
A. Yes, sir.
Q. The basic rules are this. The first thing is, you're under oath, the same oath you'd take in a court of law. You understand that, correct?
A. Yes, sir.
Q. To help out Cheryl, our court reporter, please make sure that you give verbal answers to my questions, like a yes or a no or an explanation. If you by chance say uh-huh or huh-un, I may say is that a yes or is that a no. I'm not trying to be rude. I'm just trying to make sure that we have a clear record of what your testimony is.
A. Yes, sir.
Q. If you do not understand a question, please let me know and I'll try to rephrase it in a way that makes more sense to you. Otherwise, I'll assume you understand it. Is that okay?
A. Yes.
Q. Are you under the influence of any alcohol, drugs or medication that would prevent you from understanding the questions you're being asked today?

Page 7

A. No, sir.
Q. A standard question. That may seem a little strange, but it's a standard question.
A. Okay.
Q. Do you go by Kennedy-Merritt or Merritt?
A. Kennedy-Merritt --
Q. Kennedy-Merritt.
A. -- is fine, yes, sir.
Q. Ms. Kennedy-Merritt, where are you employed?
A. The Directions Group.
Q. How long have you been with the Directions Group?
A. Six years.
Q. What is your position at Directions Group?
A. Vocational rehabilitation consultant.
Q. What is the Directions Group?
A. The Directions Group is a vocational and medical case management company.
Q. Where are you based?
A. Mount Pleasant, South Carolina.
Q. How many people are employed by the Directions Group?

Page 8

A. Approximately 30.
Q. Of those people, how many are vocational rehabilitation consultants?
A. Currently three.
Q. What are the names of the three people?
A. Jan Westmoreland and -- they just hired someone new. Her name escapes me. I cannot remember her name.
Q. Fair enough. And you would be the third --
A. Yes.
Q. -- person.
A. Yes, sir.
Q. Do you know who the Directions Group's primary clients are?
A. Explain that.
Q. Who pays your bills?
A. Are you asking like State Accident Fund, insurance carriers?
Q. Yes.
A. That's --
Q. Yes. Are you primarily retained by the State Accident Fund? And I'm specifically referring to workers' comp.

Page 9

A. Okay. Okay.
Q. I'm not really interested in --
A. Okay. Okay.
Q. And I should say, I understand you also do Social Security work. Is that correct?
A. Yes, sir.
Q. Do you do anything other than Social Security and workers' comp?
A. Long-term disability.
Q. Long-term disability.
A. Yes, sir.
Q. So in terms of -- just to be clear --
A. Yes, sir.
Q. -- I'm only really interested in workers' comp.
A. Okay.
Q. So in the workers' comp arena, are you primarily retained by insurance companies, TPAs, self-insured and the State Accident Fund?
A. Because I don't deal with referrals, I cannot be specific as to the various entities that we work with. Referrals come into the office and they are disseminated to our vocational or medical case management professionals, so I definitely know that we do work with State

Page 10

Accident Fund, of course.
We work with other defense attorneys as well as insurance companies. The company also does some plaintiff work as well, life care planning.
Q. You don't get involved with life care planning; is that correct?
A. No, sir.
Q. Your field is limited to vocational.
A. Yes, sir.
Q. Okay. So in terms of in South Carolina when you're involved in a workers' compensation case, do you have any role other than evaluating an injured worker and rendering a vocational opinion as to employability, loss of earning capacity and disability for that particular individual?
A. I do provide services where I work with individuals who are trying to find suitable employment, so I do assist with that as well.
Q. Okay. Is that something you did in this case?
A. No, sir.
Q. No. You were not --
A. No, sir.

Page 11

Q. -- retained to help Ms. Folston find a job.
A. No, sir.
Q. You did not provide her any advice or recommendations on where to go or how to find a job given her limitations, did you?
A. We did talk about vocational rehabilitation. I do remember talking about voc rehab with her.
Q. But as far as specifics, you had no specific guidance couching and you weren't retained to help her find a job. You were retained to give an opinion. Correct?
A. Yes, sir.
Q. Now, you mentioned plaintiffs' work. That was as to life care plans; is that correct?
A. Pardon me?
Q. You said the Directions Group does some plaintiffs' work as well --
A. Yes, sir.
Q. -- and you were referencing life care plans; is that correct?
A. No, sir. The plaintiffs' work would be in regards to workers' comp --
Q. Okay.

Page 12

A. -- as well.
Q. How many vocational evaluations on average do you do in a year for workers' comp?
A. You would have to contact the Directions Group to find that out. I am not certain of the number that we do.
Q. Well, I'm talking about you personally.
A. Oh, okay.
Q. I'm not talking about Directions Group.
A. Okay. Okay.
Q. Just you personally.
A. Okay. Within the course of a year, typically 10 to 20.
Q. How many would you estimate you've done this year?
A. I can't give you a definite number.
Q. Of the vocational evaluations you've done this year --
A. Yes, sir.
Q. -- how many would you estimate, and you can give me a number or a proportion, were done on behalf of claimants where you were retained by claimants' attorneys, such as

Page 13

myself --
A. Yes, sir.
Q. -- and how many were done by workers' comp defendants, by their lawyers or employers, carriers, self-insureds?
A. This year, only defense work as far as vocational opinions I provided.
Q. So this year a hundred percent defense.
A. Yes, sir.
Q. Why is that do you suppose?
A. Currently I do a lot of Social Security expert testimony. That's primarily what I do, so I just get the referrals that I'm sent, so I don't have the ability to pick or choose. I just receive whatever they send me from the office.
Q. And "they" is the management --
A. The Directions --
Q. -- at Directions Group.
A. -- Group, yes, sir.
Q. Okay. How about 2015? Of the vocational evaluations you did for workers' comp, same question, how many were for claimant, how many were for defense?

Page 14

A. 2015. That year I did consult on a plaintiff's case, but as far as providing vocational evaluation services, it was defense.
Q. So 2015 was a hundred percent defense.
A. Yes, sir.
Q. How about 2014, what was the breakdown claimant versus defense in 2014?
A. I'm not sure.
Q. Can I resume that in the six years that you have been employed as a vocational consultant for the Directions Group, that 100 percent of your workers' comp vocational reports have been on behalf of defendants?
A. All of the work has not been just defense, as I indicated. There have been times that I've provided assistance with plaintiff cases, but all of it has not just been defense.
Q. Have you ever prepared a vocational evaluation report such as you did in Ms. Folston's case on behalf of a claimant?
A. No, sir.
Q. So your work in the field that you've been retained for this time, in the entire six years you've been with the Directions Group has

Page 15

been 100 percent on behalf of defendants; is that correct?
MS. FARTHING: Object to the form. But you can answer.
THE WITNESS: Huh?
MS. FARTHING: You can go ahead and answer.
THE WITNESS: Okay. I'm trying to understand your question because I have provided consulting on plaintiff cases. As far as writing a report for plaintiff cases, I have not, but I have provided consultation on plaintiff cases.
BY MR. SAMUELS:
Q. In a South Carolina workers' compensation case?
A. In cases that we receive in in general.
Q. But I'm specifically asking you, have you ever been retained as an expert by an attorney representing a workers' compensation claimant to prepare a vocational report?
A. In the State of South Carolina.
Q. Yes.
A. No, sir.
Q. Okay. So I'll ask it again. In

Page 16

South Carolina, in the six years that you've been providing vocational evaluations and making these reports, would you agree that 100 percent of those have been times that you've been represented -- you've been retained by the defense?
A. Yes, sir.
Q. Can you explain why you've been retained 100 percent of the time by defendants and never once have been retained by a claimant's attorney to prepare a vocational evaluation?
A. You would have to talk with my supervisors at the Directions Group to answer that question.
Q. Of those vocational evaluations you have prepared for the defense in workers' compensation cases, how many of those did you write a report rendering an opinion that the workers' compensation claimant was permanently and totally disabled?
A. There has been one report that I've written in regards to the individual not being able to maintain or sustain competitive employment. In other cases, I have reviewed records and provided a verbal opinion as to the particular individual not being able to maintain

Page 17

or sustain competitive employment.
Q. And so in the 10 to 20 times per year that you actually write a report for the defense in a workers' compensation case, so that would take us through 60 to 90 cases, if you agree with my math, 60 to 90 cases over six years.
A. Give or take.
Q. That's a range.
A. Okay.
Q. But out of the 60 or 90 cases, you've only had one case where you've rendered an opinion in writing that the injured worker was permanently and totally disabled; is that correct?
A. Yes, sir.
Q. Does that strike you as statistically reasonable for a neutral unbiased vocational expert --
MS. FARTHING: Object to the form.
Q. -- to have such a skewed ratio of non-disabled versus disabled individuals?
MS. FARTHING: Object to the form.
But you can answer. Go ahead.
THE WITNESS: Okay. As I indicated prior to saying that I wrote that one document, I have provided verbal opinions to several other

Page 18

cases that indicated that that person would not be able to maintain or sustain competitive employment, so whether it's verbally or in writing, it did happen.
BY MR. SAMUELS:
Q. How many of these verbal opinions have you given in the six years?
A. I cannot give you a definitive number.
Q. Okay. Let me move on to specifics about Ms. Folston.
A. Yes, sir.
Q. I'm going to show you and we'll make as an exhibit to your deposition the subpoena and response to subpoena that I received from the Directions Group regarding your evaluation of Ms. Folston, and I'll be referring to it.
(PLF. EXH. 1, Subpoena and Responses to Subpoena, was marked for identification.)
Q. And, Ms. Kennedy-Merritt, if you take a look at Exhibit 1, this is a package that I received, actually it looks like directly from you. Is this the complete package that you sent me in response to the subpoena that you received?
A. I believe that there was one

Page 19

additional page that is not included in this information.
Q. What's the page?
A. It was the final page, which was a billing page I believe. That is not included in here. I don't see it.
MS. FARTHING: It looks like it's the billing --
THE WITNESS: Yeah. That --
MS. FARTHING: -- for copies?
THE WITNESS: Yeah. That was sent in the packet as well.
BY MR. SAMUELS:
Q. All right. So the only other page is a bill for $29.99 that you sent to us, copying charges, administrative fee, for responding to the subpoena.
A. Yes, sir.
Q. Okay. Other than that, would you agree that the 31 pages in Exhibit 1 is a complete set of what you sent us?
A. Yes, sir.
Q. Are there any other documents that you possess in your file that are responsive to this subpoena?

Page 20

A. The medical records, and that would be it.
Q. Do you have any other handwritten notes, time sheets or correspondence?
A. No, sir.
Q. Okay. Did you take any notes when you were preparing your report?
A. I utilize my interview form --
Q. Okay.
A. -- when preparing the report.
Q. Other than the medical records -- and you were provided medical records actually from both parties; is that right?
A. Yes, sir.
Q. I think we gave you --
A. Yes.
Q. -- some as well.
A. Yes, sir, you did.
Q. So other than the medical records, and I think you also had Mr. Glen Adams' report also --
A. Yes.. Yes, sir.
Q. -- to review, other than the medical records, is there any other data that you found or created to document some of the conclusions you

Page 21

reach in your report?
A. No, sir. There were no other handwritten notes of any sort, but I did testing with Ms. Folston, and I did fail to mention that. Now, the tests are in the file as well.
Q. Okay. Any particular reason the test results were not included in the response to the subpoena?
A. The information in the test, that is copyrighted. I cannot copy and distribute that information. I did indicate the test results in my report.
Q. Okay. So it's your position that because it's copyrighted, you cannot provide those materials in response to a subpoena.
A. Correct.
Q. And is that based on advice of counsel or is that your own interpretation of what you think the law is?
A. That is based on the copyrighting laws. It would not be wise to make copies of tests that I provide to evaluees. You could very well show your next client what would be on the test if I make copies of that information. That information is to be utilized appropriately, and

Page 22

therefore it should not be copied and just given or faxed to someone.
Q. Well, let's accept a couple of premises. First off, you understand the duties an attorney has of confidentiality, that I can't share materials from one client's file with another client. You know I wouldn't be able to do that. My question is, is first you said it was copyright law and now you're saying it was you don't want me to share the test with another client of mine. Is --
A. Well --
Q. Which is it?
A. Well, that could happen. I mean, both are reasons for me not copying test materials and sending those to you. Now, if you have further questions, you can contact my office.
They've been to a hearing regarding sending out or distributing testing information, so for a better explanation, you can make contact with Steven Yuhas, who is the President of the Directions Group, or Mr. Stephen Ratliff, who is Vice President of Operations in regards to that matter if you have any further questions.
Q. Okay. Fair enough.

Page 23

A. Okay.
Q. Tell me, if you would, the methodology that you use in preparing an employability analysis or labor market survey.
A. Just the basic steps?
Q. Yes. Yes.
A. As far as writing the report or coming to an vocational opinion regarding the individual?
Q. Well, probably more how you reach your conclusion. What are the steps you take and what is the methodology that you follow?
A. When I receive a referral, I gather medical documentation that I'm provided. Prior to seeing the claimant, or evaluee, I review the medical records to determine what the physician or physical therapist -- but what the medical records have indicated are the individual's functional capacity.
I do make contact with the evaluee's attorney to try setting up a time to meet with the individual if the medical documentation provides sufficient information in regards to that individual's functional capacity or residual functional capacity.

Page 24

I meet with the evaluee and do a vocational assessment of that individual's previous work history. I discuss with them how the injury happened, go through what doctors they have seen in trying to gain an idea of what happened based on the evaluee's.
I also provide testing to determine cognitively, and in some instances academically, where this person is as well as a career assessment to see what their vocational interests are.
After I've seen the evaluee, I assess all of the information at that time, so that would be the medical information, the interview, testing. Once that is done, I being writing the report. I utilize SkillTRAN as well as OASYS to help with determining whether or not there are transferable skills from the work or that the individual has provided me with, and all of the information I gather is amalgamated into my final report.
And I did leave out the labor market survey. I do conduct a labor market survey. In this case I made an Internet search of jobs in Ms. Folston's local labor market to determine

Page 25

whether there were any jobs that she could perform based on what her limitations are.

And after doing all of that, that's how I came to form a opinion in regards to this case and any case that I assist with.

Q. Okay. Let me go through -- and thank you for that. That was very helpful.

A. You're welcome.

Q. What were you able to determine in terms of the medical records review what Ms. Folston capacity -- residual functional capacity was?

A. From the initial medical information I received there was indication that she could perform sedentary work and it -- and the information also provided other stipulation as to I believe it was the posture she could perform as well.

Now we have to refer back to my medical record summary. Yes. The tolerating occasional walking, stair climbing, kneeling, bending, twisting and reaching; does not tolerate squatting.

Q. What's --

A. Well, that -- well, that was the

Page 26

FCE. Limitations from her doctor -- let me go back and read here. The information I received initially was from -- was medical records noted by Dr. LaMotta, and he indicated the sedentary duties, and a functional capacity evaluation was performed, and I'm looking at Page 89 of my report because that just condenses the -- the medical information.

Q. What are the physical demand levels for sedentary work?

A. Lifting up to 10 pounds.

Q. 10 pounds frequently, constantly, occasionally, which?

A. Occasionally.

Q. What else is characteristic of sedentary work?

A. An individual is primarily sitting to perform sedentary work.

Q. Is there an accepted definition for sedentary work?

A. Yes, sir, there is.

Q. Where does the definition come from and where is it found?

A. The Dictionary of Occupational Titles provide information regarding sedentary, light, medium.

Page 27

Q. I'm going to show you a document we're going to mark as Exhibit 2 to your deposition.

(PLF. EXH. 2, Exertional Levels as Outlined in the DOT, was marked for identification.)

If you take a moment to look at Exhibit 2, is this the sedentary definition you were referring to?

A. Yes, sir.

Q. And is it accurate to say that sedentary work by definition requires at least the ability to exert up to 10 pounds of force occasionally?

A. Based on the DOT?

Q. Yes.

A. Yes, sir.

Q. But if you can't lift 10 pounds occasionally, then you're disqualified for sedentary work; is that correct?

MS. FARTHING: Object to the form.

But you can answer.

BY MR. SAMUELS:

Q. Can you answer the question?

Page 28

A. Based on the DOT, yes, sedentary is defined as what I stated as well as what is indicated on this exhibit that you just provided me with, but that is not necessarily true in the real world of work.

Q. Do you want to explain that to me? Well, let me stop just for a second. First off, you would agree that sedentary, at least by the DOT definition, is the lowest exertional level. Is that correct?

A. Based on the DOT, yes.

Q. And jobs as a general proposition are classified as sedentary, light, medium, heavy and very heavy; is that correct?

A. Based on the DOT, yes.

Q. There are no jobs that are less than sedentary by the DOT definition, are there?

A. I would not agree with that.

Q. Are there any jobs listed in the Dictionary of Occupational Titles that are listed as less than sedentary?

A. No, sir. There are no jobs indicated in the DOT less than sedentary, but in the real world of work there are jobs that are less than sedentary.

Page 29

Q. And in those jobs you would need detailed information from that employer about how and why they might be able to accommodate somebody with sub-sedentary restrictions; isn't that true?
A. No, sir, that is not true.
Q. So is it your testimony then that there are jobs recognized by the Federal Government and the DOT that are sub-sedentary?
A. I did not say that.
Q. Okay. What are you saying?
A. It's documented on the record what I said. I did indicate that per the DOT this publication only defines jobs at the sedentary, light, medium, heavy, very heavy work capacities. It does not go beyond that. It does not go to less than sedentary, more than very heavy. It does not.
But there are jobs that exist that go beyond what the DOT defines as far as work capacity and the strength that an individual would need in order to perform a particular job.
(A short break transpired.)
BY MR. SAMUELS:
Q. Now, Ms. Kennedy-Merritt, for a job to be sub-sedentary, then it wouldn't be based on

Page 30

a DOT job description; it would be based on the particular job description for that job. Is that fair to say?
A. Yes, sir.
Q. And to know whether there was such a job, you would have to have the job description; isn't that true?
A. In some instances.
Q. Well, you would either have to have the job description or close detailed familiarity with that job; would you not?
A. Yes, sir.
Q. That would be obtained by observing the job, for example?
A. Yes, sir.
Q. Let me show you, and we'll mark this as well, Exhibit 3.
(PLF. EXH. 3, Functional Capacity Evaluation, was marked for identification.)
Do you recognize the document that's Exhibit 3?
A. Yes, sir.
Q. And was this one of the documents that you relied on to reach your conclusions?
A. Yes, sir.

Page 31

Q. Is a functional capacity evaluation something you typically rely on in preparing a vocational report?
A. Not in all instances.
Q. In this instance?
A. This was one of the documents out of several.
Q. This along with the medical records with restrictions from Dr. LaMotta and Dr. Poletti as well; is that correct?
A. As well as the other medical records that are indicated in the medical records reviewed.
Q. I'm specifically referring to Page 9 where you list Physical Limitations, return to light work guidelines.
A. Yes, sir.
Q. Let's talk specifically, though, about the functional capacity evaluation.
A. Yes, sir.
Q. First off, would you agree that the evaluator indicated that Ms. Folston put forth a consistent effort during the evaluation?
A. That's what's indicated here on paper.

Page 32

Q. And did you review the functional capacity evaluation in detail?
A. Yes, sir.
Q. Would you agree that it appeared to be accurate and valid as an indicator of Ms. Folston's residual functional capacity?
MS. FARTHING: Object to the form.
But you can answer.
THE WITNESS: Well, I'm not a medical doctor or a medical professional, but based on the information that is provided in the document, I take it as truth.
BY MR. SAMUELS:
Q. And specifically flip to Page 4, and if you look in the top right corner of Exhibit 3 there are page numbers. This would be Page 4 of 21. Are you looking at it?
A. Yes, sir. I was thinking did you ask a question. I wasn't sure.
Q. Yeah. I'm fixing to.
MS. FARTHING: I think you all are on different pages, just to give you heads up.
THE WITNESS: This is Page 4.
MS. FARTHING: Look at the top.
THE WITNESS: Oh, okay.

Page 33

MS. FARTHING: Sorry.
THE WITNESS: Okay. I follow. Different pages.
MS. FARTHING: This one here.
THE WITNESS: Okay.
MS. FARTHING: Sorry.
THE WITNESS: Okay.
BY MR. SAMUELS:
Q. Okay. So we're looking at a handwritten page that summarizes Ms. Folston's lifting abilities. Would you agree with that?
A. Yes, sir.
Q. And would you also agree that in two of those categories she was not even able to meet sedentary requirements?
A. As far as the zero pounds for the push, pull?
Q. No. Actually, I was referring to the 7 pounds for --
A. The 7?
Q. The 9 inch lifting to the waist, she could only lift 7 pounds, 9 inches, and shoulder overhead she was only able to lift 9 pounds.
A. Yes, sir.
Q. Okay. Would you agree that does not

Page 34

meet even sedentary levels of exertion?
A. Based on the DOT, yes, sir.
Q. And even where she was, she's really barely -- sometimes she can't do sedentary, sometimes she can meet the minimum and get slightly above, but she never reaches the ability to do light work. Would you agree with that?
A. Yes, sir.
Q. So at most, her ability would be to do some sedentary work; is that fair to say?
A. Yes, sir, but also some limited light work as well.
Q. Well, doesn't light work require lifting exerting up to 20 pounds of force occasionally?
A. Yes, sir. And limited light work. Not necessarily light work at 20 pounds, but limited light work.
Q. Ms. Kennedy-Merritt, isn't that the point of the definition, though, that to work light work, you've got to be able to lift at least 20 pounds --
A. No, sir.
Q. -- at every level?
A. No, sir.

Page 35

Q. Isn't that what the definition says?
A. The DOT says that, yes, sir. The DOT does say that, but there are light jobs where an individual does not have to lift 20 pounds.
Q. And if there are such light jobs, by the DOT definition then, in fact, those would be sedentary jobs, wouldn't they?
A. Based on the DOT, yes. In the real world of work, no, sir.
Q. Well, we have to have some consistency with our methodology; do we not?
A. I understand what you're saying, but when it comes to work, everything is not always black and white.
Q. While to some extent I might agree with you, when we are classifying jobs with DOT definitions, any light-duty job must -- a person, to qualify for any job defined as light duty, by definition must be able to exert force up to 20 pounds, and if they cannot or the job requires -- if the job requires less than that, if the job says, you know, you can do this job lifting 15 pounds, then by definition that would be a sedentary job.
A. No, sir.

Page 36

Q. Let me just move on then. Has Ms. Folston ever worked a sedentary or light job?
A. I know that she has not worked a sedentary job.
Q. Let me ask you a different question then. Is she physically able to return to any job that she has held in the past?
A. No, sir.
Q. So any prospect for future employment would be in an entirely different field; is that correct?
A. Yes, sir.
Q. Would you agree she does have significant physical limitations in terms of her ability to return to the workforce?
A. I believe that she does have limitations that would affect her ability to return to the workforce. I do believe that. Based on the medical records, there is indication that she can return to sedentary activities and she can lift up to 10 pounds, so that does not eliminate work altogether, but as far as returning to jobs she did before, no, sir.
And, also, having a large range of jobs to choose from within sedentary and light,

Page 37

no, sir, but there are jobs in the local labor market that she could perform.
Q. You would agree she has a very limited range then, by your opinion, of sedentary jobs that are available to her.
A. Yes, sir.
Q. She has effectively no transferable skills, does she?
A. No, sir.
Q. She would be considered an older worker; would she not?
A. Absolutely. I indicated that in my report, if you look at the conclusion, so I did -- I did allude to that.
Q. And her age would make it not economically feasible for her to be reeducated and retrained for a different field; is that correct?
A. Repeat that.
Q. Her age would make it economically not feasible for her to be retrained or reeducated for a different career.
A. Economically not feasible?
Q. All right. How old is Ms. Folston?
A. She's 59.
Q. Would it make any sense for her to go

Page 38

to college and get a college degree?
A. Would it make any sense?
Q. Yes. In terms of getting back into the workforce.
A. Well, I'm not going to say it wouldn't make any sense because there are people, older individuals, who go to college all the time, so, no, I'm not going to say just no to that because it does happen.
Q. Does she have any computer skills?
A. No significant computer skills. I believe that we talked about just basic use of a computer.
Q. Like maybe sending an e-mail or something like that?
A. Texting, checking Facebook I believe.
Q. Okay.
A. Those sorts of things.
Q. That you could do on a cell phone.
A. That -- yeah.
Q. She doesn't have any skills or ability to type, do word processing, do spreadsheets?
A. No, sir. She did not indicate that she had those types of abilities.

Page 39

Q. No experience with -- really no experience with computers at all.
A. In the way you spoke of as far as the very technical things, no, sir.
Q. Well, the things that you would use a computer for in the workplace, she doesn't have those skills, does she?
A. Well, that depends on the job. Every job would not require her to or just an individual in general to be able to come in and know how to create a spreadsheet, how to go to Word and type a letter. Not every job is going to ask that of a person or require that.
Q. She also has significant difficulty sitting; isn't that true?
A. Yes, sir. That's what she did indicate to me.
Q. And you observed that she had quite a bit of difficulty sitting during your evaluation of her?
A. Yes, sir.
Q. And that evaluation took place in this same conference room we're doing your deposition; is that right?
A. Yes, we did.

Page 40

Q. Would you agree these are nice comfy chairs?
A. Yes. Very. This is a nice room.
Q. Thank you very much. But even with it being a nice room and nice comfy chairs, I think in your report you noted that she had to stand --
A. Stand and pace.
Q. -- and "paced two times for about 10 to 15 minutes during the interview" --
A. She did.
Q. -- "once after completion of the testing." You took a five-minute break, and every time Ms. Folston stood, "she rose slowly, using conference table for balance."
A. She did.
Q. And "noticeable difficulty with her ability to stand upright from a seated position."
A. Uh-huh.
Q. "As she would pace, she held her lower back and walked back and forth at a slow pace."
A. Yes, sir.
Q. And that was consistent.
A. Yes. That's what I saw, yes, sir.

Page 41

Q. And her sitting limitation would be an important consideration in any kind of sedentary job because most of those jobs do involve sitting; is that correct?
A. Yes, sir, they do involve sitting.
Q. You had mentioned that you did a labor market survey. What were your conclusions after doing a labor market survey?
A. There are not many jobs -- there are not a vast number of jobs that Ms. Folston would be able to do. The jobs that I indicated were skilled -- strike that.
The jobs I indicated were unskilled to semiskilled. And, also, the morning clerk, I believe that job may have been like a SVP4 or 5, which would be semiskilled to skilled, but that particular job was a trainee job so the employer would be willing to provide training for that particular position.
Q. Who was that employer?
A. FGP International. That is a -- I believe that particular job, if I am recalling correctly, is a job assistance agency.
Q. I'm sorry. What is a job assistance agency?

Page 42

A. An agency that assists people with finding employment. Like a temporary service. That would be the easier way to think about it.
Q. So FGP International is not the actual employer?
A. No, sir, I did not think that that was the actual employer.
Q. Who is the employer?
A. But I can't recall. I believe that -- I can't recall.
Q. Did you take any notes or record who you spoke to at FGP International?
A. I did not directly contact the employers. I did a Internet search for jobs locally.
Q. Do you have any record of the Internet search that you did?
A. No, sir.
Q. Do you know what search terms you used?
A. I did use indeed.com.
Q. Indeed.com?
A. Uh-huh. Yes, sir, I did.
Q. Did you contact any employers directly to see if they had work for somebody of

Page 43

Ms. Folston's profile?
A. No, sir.
Q. Did you obtain any detailed job descriptions of any of these jobs you list to see whether they would be within Ms. Folston's transferable skills and physical limitations?
A. First, she does not have any transferable skills.
Q. Fair enough. Did you find any job descriptions that would indicate whether she would be able to do the physical requirements of the job?
A. Based on the job descriptions that were provided, that is how I determined what the job duties would require for that particular job.
Q. Job descriptions. Were these detailed job descriptions published by the employer?
A. These were job descriptions that were in the job announcements.
Q. On indeed.com.
A. Yes, sir. Have you ever used indeed.com?
Q. Yes. Actually --
A. They --

Page 44

Q. -- since you ask, yeah, I've gone on indeed.com to try to find the jobs you're referring to --
A. Okay.
Q. -- and I can't find any kind of detail about these jobs. It appears to me you have to sign up with indeed.com to get the information.
A. No, sir.
Q. And I'm wondering, as a vocational expert who is making a legal opinion in a very significant case that is significant to people's lives, I'm trying to figure out why, if you're going render this opinion authoritatively, that you never contacted any actual employers. I don't understand why you didn't do that, so I'm asking: Why didn't you do that?
A. Upon completing the vocational evaluation with Ms. Folston, a few days after that, the vocational report was needed; therefore, I was able to perform a labor market survey but I -- but because it needed to be submitted at a certain time, I was not able to contact each employer individually.
Q. How much time did you spend doing a

Page 45

labor market survey?
A. I would have to refer back to my time card.
Q. When did you complete your report?
A. On the date indicated here on the report.
Q. So you interviewed Ms. Folston June 13, 2014, wrote the report on June 29, 2016?
A. It was completed on June 29th.
Q. And when did you do the actual labor market survey?
A. I would have to refer to my time card. I am not certain.
Q. Did you keep any kind of printout, even a screen print, of what you found on indeed.com?
A. No, sir.
Q. You also had a chance to review the report done by Glen Adams?
A. Yes, sir.
Q. You saw that he was not able to find any actual jobs that would be available to Ms. Folston; would you agree with that?
A. Yes, sir. That was indicated.
Q. And he used OASYS, O-A-S-Y-S –

Page 46

A. Yes, sir.
Q. -- as did you.
A. Yes.
Q. And you found no relevant transferable occupations through using OASYS, correct?
A. Yes, sir.
Q. And you also used SkillTRAN to see if there were any jobs available for her; did you not?
A. Now, for clarification, I don't utilize OASYS and SkillTRAN to job search. I know that there are job search engines on those programs, but I don't use those programs to job search.
Q. So those job -- those programs that you did indicate you use do have this function and it's a specialized --
A. Yes, sir.
Q. It's specialized --
A. You can --
Q. -- for vocational experts to use, correct?
A. Yes, sir. You can use those -- those programs for many different things, like trying to

Page 47

determine transferable ability, gathering information to compare jobs, looking at DOT numbers in specifics of jobs, looking at SOC codes, those types of things as well, but you don't have to use it primarily just to search for jobs.
Q. But did you use it for that purpose?
A. No, sir.
Q. Okay. So you could have availed yourself with that method, but you did not; is that correct? Instead you searched --
A. I typically --
Q. -- with indeed.com.
A. I typically don't use those programs to search for jobs. I search the actual Internet. I go to Websites and search for jobs, so I don't just limit myself to those programs because they don't always indicate jobs that are out there.
Q. All right. Let's look at the specific jobs that you found on your Internet search. What is the first job you found on the Internet search?
A. The first job documented on the report is cashier, part time.

Page 48

Q. Are there any jobs that you found that you did not document?
A. Jobs I found that I did not document?
Q. Yes, ma'am. If you did an Internet search to find jobs that Ms. Folston could do, how did you select the jobs that you put in here if you didn't put all down the jobs you thought she could do, or is this all the --
A. Based --
Q. -- jobs you found that were available to her?
A. Based on the job descriptions.
Q. Okay. Did you record, print, save, the actual job descriptions that you found on the Internet?
A. No, sir. I typed it into the report.
Q. Verbatim?
A. No, sir, not all of them were verbatim.
Q. And because --
A. Only a brief -- only -- and as indicated here, only a brief description was provided.
Q. So if a commissioner is reviewing your report and trying to figure out whether these

Page 49

jobs are actually feasible for Ms. Folston to be hired at and perform, you've not even provided the complete job description, have you, not even what you found on --

A. Not in all --

Q. -- the Internet?

A. Not in all instances, no, sir.

Q. Okay. Well, let's look at the first job, okay, cashier. And to begin with, PT, that means part time?

A. Yes, sir.

Q. Do you whether Republic Parking is hiring?

A. At this particular time, yes, sir.

Q. Would it surprise you to learn that Ms. Folston contacted Republic Parking and was told that they were not hiring?

A. From back in June? When did she make that contact?

Q. When she received -- when we got the copy of your report.

A. Okay. And you received the report when I sent it to you?

Q. Yes, ma'am.

A. Okay. So that was -- you received

Page 50

that copy of the report in?

Q. Within the last 10 days.

A. This report was completed before the last 10 days.

Q. Did you have any direct communication whatsoever with Republic Parking?

A. I have in the past.

Q. In this instance, have you?

A. No, sir.

Q. All right. And this is not even a full-time job. This is a part-time job.

A. Correct. Yes, sir.

Q. Are you familiar with the DOT job description for a parking lot attendant?

A. This is not a parking lot attendant position.

Q. Would this be a cashier position?

A. Customers, yes, sir. Cashier and customer service, yes, sir.

MR. SAMUELS: This will be No. 4.

(PLF. EXH. 4, DOT Description for Cashier II, was marked for identification.)

BY MR. SAMUELS:

Q. I'm showing you the cashier position. Would you agree that this is the

Page 51

cashier position listed in the DOT?

A. Yes, sir.

Q. And is this job description something that Ms. Folston would be able to do given her limitations and based on the DOT job category?

A. She would not have to do all of those duties but, yes, sir.

Q. Well, this is a light-duty job, not a sedentary job, cashier?

A. This particular job that is in the report is not the typical cashier job at Bi-Lo where an individual is standing, scanning groceries, they are going to have to pick up something that may be more than 20 pounds. This is a booth cashier position where an individual would have the availability to sit and stand as needed, would not have to lift 20 pounds, so this job is defined in the DOT as light, but based on the kind of cashiering position this is, it would not require all of the duties of a light cashier.

Q. Are you assuming that the job is entirely sitting in the booth, taking money and doing nothing else?

A. Talking to customers, doing

Page 52

cashiering duties, but as far as the extent of picking up things, putting things down, scanning things, putting them in a buggy, going outside, pushing the buggies in, those sorts of things, no, sir.

Q. Well, maintenance, picking up trash, policing the area of the parking garage --

A. No, sir.

Q. -- you --

A. That is --

Q. You're assuming --

A. That is a --

Q. -- that's not one of the responsibilities?

A. That is a parking lot attendant. Now, there is a difference between a booth cashier and a parking lot attendant. A parking lot attendant for the most part do not perform cashiering duties.

Q. Did you speak, in Ms. Folston's case, to anybody at Republic Parking to find out what the complete range of duties are for the person doing this job?

A. Not in her case, but I have spoken to Republic Parking regarding this type of position.

Page 53

Q. Do you have any record of that conversation and when it took place?
A. I do not.
Q. Let's move on to the job of appointment setter at Sears. Did you speak to anybody at Sears?
A. No, sir.
Q. Did you have any direct communication with Sears?
A. No, sir.
Q. Is the job description you found -- did you have any written job description from Sears?
A. No, sir.
Q. Was this job even listed directly with Sears?
A. Yes, sir. Sears Holding, yes.
Q. Okay. Were you able to determine whether this job required computer skills?
A. There was no indication that it required computer skills.
Q. Did you have a full description available to you?
A. Based on the description online, yes, sir.

Page 54

Q. Where did you find this job description online?
A. Sears Holding.
Q. All right. I just pulled out my phone and I searched Sears Holding and done a job search in Columbia, South Carolina. I'm happy to show you, but I see HVA service tech, sales representatives, service desk associate, cashier, health and wellness ambassador, merchandise claims associate, customer service.
Part-time appointment setter at Fort Jackson. Is that the job you found?
A. These jobs were not at Fort Jackson, but it could be the same type of job. I'm not -- I'm not sure.
Q. Is this the job, actual job description? Feel free to take my phone and look at it.
A. (Witness complied.)
I don't see a job description.
Q. (Showing witness phone.)
A. No, sir, this is not the same job description. No, sir, this is not the same job description as indicated here.
Q. Well, you indicated it's 10.50 an

Page 55

hour plus bonuses. That one says 10.50 an hour plus bonuses; does it not?
A. It does.
Q. And this says, "Interact with store customers, discuss home needs and possible services of interest." I'm reading from your --
A. Yes.
Q. -- brief description.
A. Yes, sir.
Q. "Solicit scheduling of home improvement estimates; generate leads, may have the opportunity from time to time to attend trade shows."
A. Uh-huh.
Q. And isn't the Sears job that we're looking at that I found on my phone on the Internet involving approaching customers and soliciting scheduling of home improvement estimates?
A. Yes, sir.
Q. It's the same job, isn't it?
A. Yes, sir, it could be the same job, but from what I recall, this particular job was working at Sears in the mall and over on Two Notch Road. I believe it was Columbia Mall and Two

Page 56

Notch Road. It was not Fort Jackson.
Q. Different location, same job description?
A. Yes, sir. Very similar job description. I'm not going to say exactly the same job description, but similar, similar job description.
Q. And we can't know that because you didn't save or record or print out what you found on the Internet when you did the search.
A. Correct.
Q. Did you also notice that this job has a requirement of must be able to stand and walk for extended periods of time?
A. No, sir.
Q. You left that out of your report, didn't you?
MS. FARTHING: Object to the form.
You can answer. Go ahead.
BY MR. SAMUELS:
Q. Did you leave that out of your report?
A. No, sir, I did not leave it out of my report.
Q. You did not mention any of the

Page 57

physical requirements of that job in your report, did you?
A. I didn't mention any physical requirements for any of the jobs I provided.
Q. Even though had you -- well, because had you listed the requirement or the ability that you must be able to stand and walk for extended periods of time, had you listed that, that would have shown that this job is actually not available to Ms. Folston; isn't that true?
A. Yes, sir, that would be true.
Q. All right. Let's move on to the next one. So attendance monitor, the third job you found, that's at USC Columbia, and that job would require someone to monitor student athletes' class attendance; is that correct?
A. Yes, sir.
Q. Is this job primarily made for college students?
A. It did not state that.
Q. Well, isn't monitoring class attendance of student athletes going to require people to walk around the USC campus and go into the classrooms to determine if the athletes are present?

Page 58

A. It may require some of that, but it also may require looking on a computer to determine whether or not a professor marked that person present --
Q. Okay.
A. -- or absent.
Q. And we can agree that Ms. Folston would not have the ability to walk around the USC campus to the various classrooms, nor does she have the skills to operate a computer at that level of function, does she?
A. So are you saying that she would have to walk around the entire campus --
Q. Yeah.
A. -- of USC?
Q. She's going to have to follow a student athlete around to see if that athlete is going to class. That's what these people do.
A. But there was indication in the description that the part-time schedule for this person was based on that person's availability, so that would not mean that the individual would have to walk around behind this person all day because it's based on the availability of the employee, not the availability of the student.

Page 59

Q. When the employee is working, in order to monitor the attendance of the student athlete, they have to see the student athlete in the class, and that requires them physically going to the class, and the way to get around the classes at USC from building to building, whether it's part time or a flexible schedule, they're still going to have to walk about the campus.
A. So do you know the proximity of where these students will be going to class and the parking lot? Do you know that?
Q. I'm familiar with the size of the campus.
A. Oh, I am as well.
Q. And --
A. Yes, sir.
Q. -- would you agree it covers hundreds of acres and multiple city blocks?
A. It's a large campus, yes, sir.
Q. It requires a great deal of walking.
A. It requires shuttling as well, correct?
Q. It is possible to take buses from one end of the campus to the other and from some of the far-flung parts such as the Dodie Athletic

Page 60

Center where student athletes go for tutoring.
So we can agree that a student going to class at USC is going to do a lot of walking every day with class; can we agree on that?
A. Yes, sir, a student would.
Q. So if you are -- if your job is to monitor the student's attendance and be sure they're in class, you're going to have to walk a lot, aren't you?
A. Well, that would depend, because based on what the description states, the schedule is based on that individual's availability. And, also, the campus does not have to be walked from one side to the other. There is transportation to get from one side of campus to the other. And this particular job would not require a person to walk constantly all day.
Q. How far can Ms. Folston walk?
A. I believe we discussed that. It was about 30 -- she indicated about 30 feet. About 30 feet.
Q. Okay.
A. That was her subjective.
Q. That's not going to allow her to walk around the campus, is it?

Page 61

A. Not around the campus, no, sir. To the extent that you're speaking of walking around the campus, no, sir.
Q. Okay. And we don't have the full job description. This wasn't provided in your report or in your subpoena materials, so to some extent we're using a little bit of common sense here, but if it's a monitor of people's class attendance, you've got to physically be there and go to class, right?
A. Not in all instances.
Q. Do you know that or are you speculating?
A. I know that the employee would not have to be there in every instance because the description does speak of the schedule would be based on the individual's availability, so they wouldn't have to be there in every single instance, based on what this indicates.
Q. Ma'am, doesn't that indicate that if you're not available for some other reason, because you're a student and you're in your own class or you've got another job somewhere else, that you don't have to work those hours? All that's referring to is -- it says, what you wrote

Page 62

in parentheses, "Part-time - schedule based on the availability of the employee."
So you work part time based on your own availability. That doesn't give a job description and the activities required, does it?
A. I believe it does.
Q. Okay. Let's move on to the next one. All right. You've indicated the next job that you found was a switchboard at Palmetto Baptist. Did you actually contact Palmetto Baptist?
A. No, sir.
Q. Did you obtain a full job description of this particular job?
A. No, sir.
Q. Do you know what the -- without a job description, then you do not know what the physical requirements and the qualifications for this job are, do you?
A. Yes, sir, I do.
Q. You do?
A. Yes, sir.
Q. What are the physical requirements of this job?
A. It is a sedentary job where an

Page 63

individual would sit most of the time. With a switchboard operator, there is flexibility to stand if needed. There would be no carrying, no lifting. That sort of thing.
Q. And what are the qualifications that Palmetto Baptist expects this person to have?
A. There are preferred qualifications, that the person has customer service experience and preferred that the individual has some experience with the switchboard, but it is not a requirement.
Q. Does Ms. Folston have any of those experiences?
A. Customer service, yes, she does.
Q. From working at Popeyes?
A. She worked as a psychiatric aide. You've got to -- you've got to have some kind of customer service abilities working with clients. You have to. You can't work with clients if you don't have that ability.
Q. Fair enough. Now, you indicated these are preferred by Palmetto Baptist. That is not something that you've indicated in your report, is it?
A. No, sir.

Page 64

Q. Do you know where this particular job is located?
A. This particular job is in Easley, which she cannot do this, so this is not an available job, but there is indication in the report that these -- all of these jobs may not be readily available, but they -- but they are jobs that do exist.
Q. Ms. Kennedy-Merritt, what good does it do for Ms. Folston to have a job available to her in Easley, South Carolina?
A. Mr. Samuels, what you are not understanding as far as what my function is as a vocational expert or a vocational consultant, I am to search for jobs based on what an individual's limitations, functional capacities are. I am not trying to find her a job. I am trying to determine what jobs are out there that this individual could possibly perform based on what the doctor is indicating the individual's limitations are.
The switchboard operator, this is a job that I have called Palmetto Health regarding before. It's not readily available here, but these jobs are open more times than not in the

Page 65

local area.
So when I do job searches, these jobs are not necessarily open jobs that are -- that the individual can just walk right into, but these are jobs that the individual can perform based on what the employer has stated they are looking for, so the job may not be a open job right now, but it is a job that is open regularly in the local labor market that the individual can perform.
Q. Were you not concerned that listing a job as available to Ms. Folston that is, in fact, unavailable because it's in Easley, South Carolina, is misleading?
A. No, sir, it's not misleading. It is a job that Palmetto Baptist offers, and Palmetto Baptist is a local entity.
Q. I'm not disputing that. What I'm trying to understand is why you would claim in your labor market survey that a job is available to Ms. Folston and not disclose in your report the job was in Easley, South Carolina.
A. I disclosed it here.
Q. I understand.
A. Okay.
Q. But I'm taking your deposition --

Page 66

A. And I am -- and I am being honest. I disclosed it here.
Q. Was it relevant to your report?
A. Yes, sir, it's relevant. It is relevant.
Q. Did you accidentally omit that it was in Easley or was that deliberate?
A. I didn't indicate it because Palmetto Baptist is an entity that is local. Palmetto Baptist is a local entity, correct?
Q. Palmetto Baptist is a local entity, but this job that you've listed is not a local job. Why are we --
A. But the --
Q. -- misleading the commission this way?
MS. FARTHING: Object to the form. But you can answer.
THE WITNESS: I'm not misleading anyone. This is a job that Palmetto Baptist offers from time to time in this area, and Palmetto Baptist is a local entity. The switchboard operator is a job that could be performed, based on what the doctor's residual functional capacity of Ms. Folston states, so this

Page 67

was not misleading.
It is true that Palmetto Baptist is local. It is true that switchboard operator jobs are present at the location here in Columbia, South Carolina. That is truth, so this is not misleading as to this particular job does not exist in the local economy. All of these jobs exist in the local economy.
Now, this particular job may not be open currently, but it is a job that exists locally.
BY MR. SAMUELS:
Q. You were not able to find any local openings for PBX operators at this point in time, were you?
A. Is the Regional Medical Center not local?
Q. Regional Medical Center is in Orangeburg.
A. That's within a 50-mile radius of Columbia.
Q. Okay. So you want Ms. Folston to drive 50 miles to Orangeburg?
A. Whenever doing job searches --
Q. Okay.

Page 68

A. -- I always search -- our agency always searches within a 50-mile radius of where that person lives.
Q. And can we assume that the PBX operator at the Regional Medical Center -- well, to be clear, you do not have the job description from the Regional Medical Center for this job, do you?
A. No, sir.
Q. You don't know what --
A. The job --
Q. -- this job or the job in Easley pay, do you?
A. The job description is indicated here in the report.
Q. Is that a complete job description?
A. That would more than likely be an abbreviated job description.
Q. Did you leave out any physical requirements or skill requirements?
A. No, sir.
Q. You didn't list any skill requirements.
A. I indicated job requirements.
Q. Well, you indicated sort of what

Page 69

somebody would do, but you didn't indicate whether it requires previous telephone experience, previous PBX experience, previous high volume --
A. It just --
Q. -- experience, previous medical experience, a high school diploma, an associate's degree, a college degree. You didn't list any of those things.
A. It does not require that.
Q. Do you know that or --
A. No --
Q. -- are you speculating?
A. If you'd like to search it, search it on your phone as you did prior.
Q. Well, ma'am, I'm trusting that you did that and --
A. I'm -- yes, sir.
Q. -- my problem is --
A. Yes, sir. Well --
Q. -- I don't have any -- there is nothing in the subpoena response to indicate that you wrote that down and there is nothing here in your report that indicates you wrote that down, and we already have the issue of you leaving out one job in Easley and there being another job that

Page 70

you said was available to her that requires frequent walking and standing, which would have disqualified her.
A. Well, your statements were not true but...
Q. Which statement was not true?
A. About the job with the extended walking and standing that I left out. That was not the same exact job description that you showed me on your phone. The Palmetto Baptist job, the switchboard operator, that is a job that exists in the local economy.
Q. That's not available at the present time.
A. Correct.
Q. Okay.
A. But it is a job that exists in the local economy.
Q. Let's move on to the -- we talked about the mortgage loan processor. You don't list what the qualifications for that job are, although you indicate it's a training position. What are the qualifications for that job; do you know?
A. The description is there.
Q. I'll show you my phone again, and I

Page 71

found on indeed.com a job for mortgage processor listed with FGP International. And first off, FGP International is not an employer. It's an agency. Is that correct?
A. That's -- I believe I said that before.
Q. Yeah. And FGP stands for --
A. I did.
Q. -- Find Great People?
A. Okay.
Q. Okay?
A. I did indicate that before.
Q. And I understand this may not be the same job because this does not appear to be a trainee position and it pays $16 an hour rather than 12, but let me ask you to take a look at that and tell me what the requirements for that job are.
A. Well, if that is not a trainee position and it pays more than this particular job, then the job descriptions would not be the same.
Q. Okay. Would you at least agree that that job, the job of mortgage loan processor, requires computer skills?

Page 72

A. Yes, sir, I would say it would require computer skills, but it is a trainee position where an individual would be trained on all of the aspects of the job, so it's not a job that an individual would need to know everything when they go in.
Q. You would -- even though they may not know anything about mortgage processing, you would agree that they would have to come into that job with computer skills even to be hired as a trainee.
A. Well, with trainee positions, you don't have to -- you don't have to have a lot of skill to qualify for a trainee position because this employer is willing to train you; hence, trainee.
Q. Wouldn't you agree, though, that hiring somebody as a trainee to work at a cash register at McDonald's is going to require less background, less skills, less ability than hiring somebody at $12 an hour to be a mortgage loan processor?
A. I don't agree with that.
Q. Okay. Would you be concerned that Ms. Folston does not have the reading or writing

Page 73

skills to obtain a job like that?
A. Based on the information in the report, she received a certificate from a technical school.
Q. A certificate in?
A. Massage therapy.
Q. Does massage therapy require reading and writing skills?
A. Yes, sir. I would -- I would believe so. To a degree, yes.
Q. Do you have to use reading and writing to give someone a massage?
A. No, sir, but you have to document. You have to document. You don't just give someone a massage and not -- and not provide documentation of the areas that you massaged and why you would massage those areas.
Q. Did you test Ms. Folston's reading and writing skills?
A. I did not. She was tested before by your vocational professional, so I did not test her again on that.
Q. And how were her reading and writing skills as tested by Mr. Adams?
A. I don't believe there was a writing.

Page 74

Or was there? I remember there was a reading.
Q. And how is her reading?
A. I would need to look at the -- that document.
Q. Okay. I'd like to have the vocational report an exhibit to your deposition.
(PLF. EXH. 5, Vocational Assessment Dated May 12, 2016, was marked for identification.)
I'm going to show you Exhibit 5, and specifically I will turn to Page 6. And before I ask you that, I know in this particular instance you didn't perform these academic tests on Ms. Folston because they were already done, but that is normally what you would do.
A. Yes, sir.
Q. This wasn't necessary, to repeat them; is that correct?
A. Yes, sir.
Q. All right. I'm showing you Page 6 of Exhibit 5. How are Ms. Folston's reading skills?
A. Low. Her reading skills are low.
Q. How low?
A. 4.4, the grade equivalent of 4th grade.

Page 75

Q. Okay. She reads at a 4th grade level. How does that work out in terms of how that puts her in the general population?
A. What do you mean by that, because individuals with a 4th grade reading level, they sustain. They can sustain themselves in the world of work.
Q. Well, certainly she has done that when she had the physical ability to do that, but now we're talking about transferring to the kind of job that is more mental than physical. Wouldn't you agree?
A. Well, she does not have any transferable skills, so she is not transferring skills from previous employment to other employment. And as I indicated, the jobs I provided are unskilled and semi-skilled jobs that would require lower academic preparation than other jobs would.
Q. Okay. So in terms of her word reading, it said she's at the 4th grade level. What percentile did she appear at?
A. The 3rd.
Q. And what does it mean when somebody is in the 3rd percentile?

Page 76

A. It's low. It means it's low.
Q. Bottom 3 percent of the population?
A. Yes, sir.
Q. 97 percent of the population has better reading skills.
A. Yes, sir.
Q. Would you agree that --
A. But her sentence comprehension is 7th grade and her spelling is 9th grade, so she has a high school spelling and her reading comprehension is middle school.
Q. Well, her sentence comprehension, she's in the 10th percentile. That means 90 percent of the population has better sentence comprehension, correct?
A. Yes, sir.
Q. Okay. Spelling is pretty good. She's at 27 percent. Math computation, she's at the 14th percentile, so 86 percent of the population is better at math than she is.
A. Uh-huh.
Q. Reading composite, she's in the 4th percentile, so 96 percent of the population.
A. Yes, sir.
Q. Would you agree that those low

Page 77

academic levels are a significant barrier to her obtaining employment, particularly given her age and complete lack of transferable skills?

A. It would definitely decrease the number of jobs that she would qualify for.

Q. And isn't it also going to be a situation that an employer is going to find other candidates who are much more attractive to hire than her and that there will be other people who are younger, have better skills, better academics and some relevant work experience, none of which she has? I mean, isn't it a fact that it's going to be really, really difficult, if not impossible, for her to find a job?

MS. FARTHING: Object to the form.

But you can answer.

Sorry.

THE WITNESS: If you refer to my report, I did mention that. That is stated in the report. My report does not just say Ms. Folston can go back to work and she can do a lot of different things. My report does not allude to that in any way. I was very mindful of that, as far as her physical ability, as far as her age, as far as her education, so I am not saying that

Page 78

Ms. Folston can walk out of that door and go over to Palmetto Baptist and get a switchboard operator job just because I said she can just go over there and get this job.

My report indicated jobs that Ms. Folston would be able to do that are readily available in some instances but also exist in the local labor market based on what her physical abilities are.

But, also, in saying that, I did take into consideration her age. If we were in a Social Security setting, testimony may be different based on what her limitations are and based on the law in that setting, and I did indicate that as well.

But I'm saying all of that to say, my vocational opinion says that with the limitations that are provided, these are possible jobs that she can do which encompasses the age and the education and those sorts of things because these jobs are unskilled and these jobs are semi-skilled jobs where it would not take that much time to learn those skills.

But on the other hand, she would need help going to these types of jobs. That's why I'm

Page 79

saying she can't just walk out the door and go get them. I believe, based on my vocational knowledge, education, experience, that with some help these jobs, she could possibly do these jobs.

But, also, I took into consideration the information that Dr. Poletti provided, which states that she may have some difficulties and she may have to have more things done to help her condition, and if that happens, then, no, she cannot return to any of those jobs until the doctor has given her the ability to do so or has said she can -- she has the physical capacity to do this, that and the other, and I don't have a crystal ball to know what the doctor would say after doing another surgery on her and I'm not a medical professional to know anything regarding that.

So my conclusions in regards to Ms. Folston was twofold, and that is definitively evident in the report I have written. It was not just, yeah, she can go back to work or, no, she cannot go back to work.

Based on what the doctor is saying right now, yes, there are jobs in the local

Page 80

economy, but I do understand she is an older individual. She does have some more medical things that she may have to take care of.

So I put all of that into this report to give a defense side, as well as you, my vocational opinion as to what my objective opinion is in regards to Ms. Folston.

BY MR. SAMUELS:

Q. So if I understand you, if this were a Social Security setting, your opinion would be that she would be deemed disabled.

MS. FARTHING: Object to the form.

But you can answer it.

BY MR. SAMUELS:

Q. Is that correct?

A. Well, that --

MR. SAMUELS: And I have to object to these objections because they are not meaningful objections.

MS. FARTHING: They are meaningful objections.

MR. SAMUELS: It's an objection without a ground and it seems to be couching the witness.

MS. FARTHING: Because your questions

Page 81

are often testifying for her, so that's why I'm objecting to form. We can go back through and I can explain to you every reason I objected to them.

MR. SAMUELS: It's cross-examination.

MS. FARTHING: Okay.

BY MR. SAMUELS:

Q. Putting aside the lawyers here, Ms. Kennedy-Merritt, do you need me to repeat the question?

A. No, sir. I did not -- I don't believe I said that she would just get Social Security, but I did say that my testimony may be different.

Q. And different in a way that looking at it from a Social Security standpoint, your opinion would be that --

A. Because --

Q. -- she be deemed disabled?

A. -- the law. I'm not saying that. I'm saying that my testimony would probably be different based on still the medical evidence that is shown here, but with Social Security, it bases things off of age and a person's transferability, those sorts of things as well, so there is

Page 82

different things that you take into consideration when you're doing that compared to this.

And I do believe that Dr. Poletti even mentioned Social Security in his documentation. He stated that in his medical record.

Q. And you noted that in your report I think. You wrote --

A. Yes, I did.

Q. -- she's potentially --

A. He.

Q. He mentioned that she's potentially a candidate to pursue Social Security disability.

A. Uh-huh.

Q. So, then, when you take into account her age, lack of transferable skills and the factors that Social Security would consider, then your recommendation would be that she should receive Social Security disability; is that correct?

A. No, sir. Because I'm not -- I wouldn't be the administrative law judge that would make that decision, so I can't answer that as a yes because I don't make that decision.

Q. But you indicated your opinion would

Page 83

be different if it were a Social Security setting versus a workers' comp setting. I'm just trying to understand how it would be different.

A. Well, the laws are different in regards to Social Security and workers' comp. I'm not an attorney either, but just based on the information that Dr. Poletti stated in his -- in his own words. He said it. I didn't say it. He wrote it in his report.

So as I indicated before, I look at the entire record. I don't pick and choose what to look at. I look at everything, and based on the record, these jobs can be performed by someone with the limitations that Ms. Folston has.

Q. So you think --

A. Okay.

Q. -- she could physically do the jobs but in the real world of with her age, background, lack of transferable skills, she is not the person who is going go get hired for these jobs. Is that --

A. No, sir, I'm not going to affirm that as -- either. An employer cannot deny her because of her age. Not supposed to. She does have a strong work background. You know, the jobs that

Page 84

she had, you know, she -- she worked. You know, it's not like she has a -- her work record is just kind of spotty. She -- she worked. So employers, they look at that as well, you know.

And, also, with older workers, you do get -- the -- an employer would have the knowledge of I know this person is going to come in. I know that when they are here, they're going to do what they are supposed to do because they are older and they know the importance of work. They have a better work ethic.

So, no, I would not affirm that an employer just would not hire her at all just because of age, but that does play a factor with older workers, but I just couldn't just say, no, they would not hire her because of her age.

Q. It's a factor but it's not dispositive. Is that fair to say?

A. Repeat that.

Q. It's a factor but it's not going to be necessarily the deciding factor. Is that fair to say?

A. Age?

Q. Yes, sir.

A. It's not going to be the deciding

Page 85

factor, correct.
Q. What is the standard for disability that you used in your report, or in your opinion?
A. The standard for disability?
Q. Right. You'd mentioned that there is a Social Security standard. What is the workers' comp standard that you're applying here?
A. That based on the credible record that I have access to, whether or not there are jobs in the local labor market that this person can perform based on what the limitations are.
Q. And you're not rendering an opinion of the likelihood of her being hired or being able to perform these jobs; is that correct?
A. Well, right now I'm not working in a capacity of a vocational consultant that's trying to get work for Ms. Folston. I'm not charged to go out and find her a job. That's not what I was asked to do. My job was to assess her vocational potential to determine whether there are jobs in the local labor mark that she can perform based on her abilities.
Q. And I promise you I'm almost done.
A. That's fine.
Q. And with your extensive experience as

Page 86

a vocational consultant, you were able to identify only seven potential jobs that you've listed in your report, and of these jobs, four of them are part time, one of them is a training position that likely requires computer skills, one is in Easley and one is in Orangeburg; is that correct?
A. Yes, sir.
MR. SAMUELS: Thank you. I have no further questions.
EXAMINATION
BY MS. FARTHING:
Q. I have a few questions for you.
A. Yes, ma'am.
Q. And I guess before I get into some of the details, but then the main thing that we've been focused on, at least for the last little bit of this deposition, has been the labor market survey.
A. Yes, ma'am.
Q. What is the purpose of a labor market survey?
A. That is to determine whether or not there are jobs in the local labor market that an individual with specified limitations can perform.
Q. So it's not -- and I know that you

Page 87

testified a number of times that you were not actually trying to find Ms. Folston a job. Is that correct?
A. Correct.
Q. So are these just examples of jobs that are available currently?
MR. SAMUELS: Object to leading.
MS. FARTHING: This is cross-examination.
MR. SAMUELS: It's your witness.
MS. FARTHING: It's your witness.
MR. SAMUELS: No. She's a --
MS. FARTHING: You noticed the deposition.
MR. SAMUELS: -- hostile witness. She's your expert.
MS. FARTHING: You never moved to have her noticed as a hostile witness. You named her as your witness here.
MR. SAMUELS: She's your retained expert.
MS. FARTHING: Okay. I mean, I'm assuming you're going to try and submit this deposition into testimony or --
MR. SAMUELS: Yes.

Page 88

MS. FARTHING: -- to -- then I object to that as the fact that you called her as a witness, not me, but that's fine.
BY MS. FARTHING:
Q. So you're not trying to find -- you testified earlier that you are not trying to find Ms. Folston jobs.
A. Correct.
Q. So the seven job that you've listed, you've testified also that those are jobs that you found doing a job search.
A. Yes, ma'am.
Q. You also listed in your -- in your report under the labor market survey some general occupation categories: "Cashier, Interviewers, Except Eligibility and Loan, Receptionists and Information Clerks, Switchboard Operators, Including Answering Service, Loan Interviewers and Clerks and Telemarketers." Is that right?
A. Yes, ma'am.
Q. Okay. And you let -- gave estimated wages for those positions.
A. Yes, ma'am.
Q. What do those categories represent?
A. The median hourly wage, the mean

Page 89

hourly wage, as well as annually what the mean hourly wage would be for the occupations I listed.

Q. So are these jobs that are generally available in the area?

A. Yes, ma'am.

Q. And the seven jobs that you've identified, you said that they were jobs that you found doing a job search.

A. Yes, ma'am.

Q. So I know that you were asked whether you were -- identified certain limitations to some of the jobs, one of them being in Easley, one of them being in Orangeburg, one of them potentially not still being available. If other jobs were to become available within those occupation groups, do you think that she would be able to perform those jobs?

A. Yes, ma'am. And, also, I do want to mention that in that table, the numbers in parentheses, they are indicative of the numbers in the job area, and the area that I searched was the Columbia, South Carolina, area, so those numbers in parentheses indicate how many jobs are in the Columbia area for those particular jobs, so even if, you know, the switchboard operator job is not

Page 90

a job that is readily available here with Palmetto Baptist, it is a job that is in the local labor market locally.

Q. In doing a labor market survey, are you only looking for jobs that are available currently?

A. No, ma'am. I look for -- typically when just doing a search that I performed -- because I did not make direct contact with the employers, so typically when doing a search, the jobs are normally available.

If the jobs are not available, there are times that I will list those jobs because based on the nature of the job and also the employer, those jobs are open from time to time, so even though -- you know, if we want to refer back to this Palmetto Baptist, this particular job is not open in the Columbia area, but this job is open from time to time within this entity, Palmetto Baptist, or Palmetto Health.

But also the labor -- Department of Labor numbers does indicate that there are other switchboard operator jobs in the Columbia area.

Q. Okay. So are you also looking for jobs that could be available to her in the future?

Page 91

A. Yes, ma'am.

Q. Okay. And I know that there were a couple of questions -- specific jobs you were asked questions about. One was the cashier position, and you were provided the DOT description for a cashier. Does every job that's out there fit neatly into one of the DOT job descriptions?

A. No, ma'am. The DOT is a publication that was last updated in 1992.

Q. All right. And as far as the appointment setter, I know that we were able to locate the -- a job, at least a similar job, on the Website, but I believe you testified that it was a different physical location.

A. Yes, ma'am.

Q. Is it possible that the physical requirements could be changed -- changed depending on location?

A. Yes, ma'am, that's possible.

Q. And I do want to clarify one thing. When you were talking about that switchboard operator position at Palmetto Baptist, at one point I believe you were asked with regard to the location being in Easley, whether something was

Page 92

relevant to your report. When you said that something -- that the matter was relevant, were you referring to the fact that the job was in Easley or the job itself?

A. The job itself.

Q. Okay. You feel that that was relevant to your report.

A. Yes, ma'am.

Q. Okay. And you were -- also talked about -- were asked about Ms. Folston's academic abilities, her reading and writing abilities. Are there jobs available within her restrictions with two individuals with her academic and intellectual abilities?

A. Yes, ma'am.

Q. And you were also, I know, asked a number of questions about how you -- how your evaluation would change should you be evaluating Ms. Folston for Social Security eligibility. Were you asked to evaluate her for Social Security ability -- or eligibility?

A. No, ma'am.

Q. And just because an -- if an individual is eligible for Social Security, does that mean that they're not able to work at all?

Page 93

A. No, ma'am. No, ma'am. And I do want to mention, when I worked as a vocational counselor with the State of South Carolina for Voc Rehab, I had a caseload primarily of individuals who were receiving Social Security, so I was not implying in any way that a person who is getting Social Security, they cannot work absolutely at all never, because I would find these people jobs and they would work hard and they were getting Social Security, so that does not -- a Social Security award does not mean that a person cannot work at all.

But there are different laws in Social Security that would, you know, look at sedentary for someone her age and, you know, may think differently, so I'm definitely not saying that people who receive Social Security don't work.

Q. And you mentioned that you worked for Vocational Rehabilitation. What was your job at Vocational Rehabilitation?

A. I worked as a vocational counselor, I worked as a office coordinator, and I also worked there as a program evaluation specialist, so I did a few jobs.

Page 94

Q. As a vocational consultant, what did your job entail?

A. I would work directly with clients. I would determine their eligibility, whether or not they had a physical or mental disability. I would make them eligible, write a rehabilitation plan for that individual based on what their disability was and what types of services they needed, and in most instances I would assist that person with finding competitive employment.

Q. Okay. And in -- I believe in your report and earlier in your deposition you mentioned that you discussed with Ms. Folston utilizing the services provided by Voc Rehab. What did you think that she'd be able to get out of that?

A. Well, within VR there are several different services that they have. She talked about the pain that she has. There is a pain management program with that agency. They do a three-, four-week evaluation to determine whether or not that person's pain or whether or not that person's disabilities as it is related to the pain and other -- other things, whether they would benefit from VR services.

Page 95

So in me talking to her about that, it primarily was to assist with determining her return to work capabilities.

Q. Do they also provide assistance in getting an individual back to work or helping them find work?

A. Yes.

Q. Do you still believe -- is it still your opinion that Ms. Folston would benefit from those services?

A. Yes, ma'am.

Q. Now, going back to kind of your history at the -- at the Directions Group, and specifically your -- how you came to evaluate this claim, who requested that you evaluate Ms. Folston's employability and earning capacity?

A. With this particular case, the adjustor that was on the case originally, I spoke to her briefly once. That particular day that I called, when I got the notification for the referral, she was retiring that day, so she was the original person, and I cannot recall her name, but Jackie Williams, the case was transferred to her and then from there Ms. Bidell, so --

Q. And I guess more so than the

Page 96

individual who requested it, what company or agency or what --

A. Okay. State Accident Fund. Okay. Okay.

Q. Now, they -- when you were asked by the State Accident Fund to evaluate Ms. Folston's employability or earning capacity, were you asked to find a particular way, find a -- or find either that she was -- find that she was employable or that she wasn't employable? Did they direct --

A. No.

Q. What --

A. No, ma'am. No, ma'am.

Q. And your report references a discussion with Mr. Samuels' senior paralegal regarding additional documentations and records. Who was that that you spoke with?

A. Ms. Angi.

Q. And what did you all discuss?

A. We discussed the need for additional medical records. I did have some that were provided, but Ms. Folston talked about her possibly needing another surgery, and that's what kind of prompted me to ask Ms. Angi, because I saw where I believe it was Dr. LaMotta who talked

Page 97

about surgery but then he said that she would not need additional surgery, and she talked to -- Ms. Folston talked about the surgery, so I talked to Ms. Angi to find out were there additional medical informations, based on what Ms. Folston was telling me as far as her needing maybe additional surgery or needing additional treatment.

So that is how that subject came up, and she provided me with additional medical records as well as the FCE and the vocational report.

Q. Okay. And I believe the e-mail for sending that -- those to you is on Page 30 and 31 of the packet that Mr. Samuels sent. Or --

A. Yes.

Q. -- Mr. Samuels admitted into evidence.

A. Yes.

Q. And it looks like that includes the Glen Adams vocational evaluation, the Dr. Poletti IME report and the Columbia Rehab FCE report?

A. Yes, ma'am.

Q. Now, the materials he said that you had -- you reviewed some materials prior to going

Page 98

Ms. Folston -- to Ms. Folston -- to meet with Ms. Folston. Were those materials provided to you from the State Accident Fund?

A. Yes, ma'am, they were.

Q. The documents that you received from Mr. Samuels, were those included with the documents that you received from the State Accident Fund?

A. Yes, ma'am.

Q. So they were included -- and they were --

A. No.

Q. -- included when you received the records from...

A. No. They were separate records, so I received records from State Accident Fund, but those records that she sent me were not included in the original records I received, so those were separate.

Q. Were you aware of whether or not the State Accident Fund had these documents?

A. No, ma'am.

Q. Does this happen often during voc assessments, that you're provided additional materials at the -- after the actual evaluation?

Page 99

A. It happens sometimes. Not -- not -- I wouldn't say often, but it does happen sometimes.

Q. And looking at the e-mail on Page 30 and 31, does it indicate whether the State Accident Fund was copied on those e-mails sending you those documentations -- that document -- those documents to you?

A. No, ma'am, they were not.

Q. The documents that were sent, you did -- did you consider those in rendering your opinion, as reflected in the report?

A. Yes, ma'am, I did.

Q. And I know that there was some discussion concerning the amount of defense work you do versus the amount of claimant or plaintiff work that you do. Are you opposed to doing plaintiff work or claimant work?

A. No, ma'am.

Q. If you were requested to do an evaluation for the employability or the earning capacity of a claimant by an attorney for a claimant or by an attorney for a plaintiff, would you approach your evaluation the same way as you did in this case?

Page 100

A. Yes, ma'am.

Q. Would you conduct the evaluation the same way?

A. Yes, ma'am.

Q. And I know that you -- have you been consulted on cases before -- I know you mentioned earlier that you'd been consulted on cases before where you didn't do a report.

A. Yes, ma'am.

Q. Why did -- why is it that you didn't do a report?

A. Because the report would not have been favorable in some instances based on the medical records that -- well, the medical documentation and other documentation that I received, so I did consult on some of that nature.

Also, I have just reviewed medical records and provided medical summaries for other vocational professionals in our -- that work with our agency. Just completed a summary and sent that to them for the plaintiff's work that they were conducting.

Q. Okay. And I know that you testified earlier that to your recollection there is only

Page 101

one report that you've completed that rendered the opinion that the claimant was permanently and totally disabled. I know you also mentioned that you've done verbal opinions.

Have there been situations where you've conducted a records review or done an evaluation where your opinion has been that the individual was permanently and totally disabled or unable to find -- to find gainful employment?

A. Yes, ma'am.

Q. And looking to the conclusion part of your report, reading that last -- that last little paragraph, the beginning of it, it says, "After reviewing all medical documentation provided, conducting the face to face vocational evaluation, the employability analysis, the labor market review and published data, it is my professional vocational opinion that there are appropriate positions that exist within the local labor market that Ms. Folston can participate in."

Is that still your opinion to a reasonable degree of professional and vocational certainty?

A. Yes, ma'am.

MS. FARTHING: I believe that's all

Page 102

that I have.

REEXAMINATION

BY MR. SAMUELS:

Q. Ms. Kennedy-Merritt, of the 10,250 cashier positions you indicate are available within a 50-mile radius of Columbia, South Carolina, how many of those positions did you find and list in your report?

A. Only one.

Q. And that would be the part-time position with Republic Parking.

A. Yes, sir.

Q. And of the 610 Interviewers, Except Eligibility and Loan jobs you found within a 50-mile radius of Columbia, South Carolina, how many of those jobs did you list on your report as being feasible for Ms. Folston?

A. In the report, only one job was listed.

Q. Which one was that?

A. The appointment setter.

Q. The part-time appointment setter?

A. Yes. Yes, sir.

Q. That required excessive substantial walking and standing, that job?

Page 103

A. (No verbal response.)

Q. I'll move on.

A. Now, that -- that was based on the information you showed me on your phone. That was not --

Q. Fort Jackson --

A. That was not the same job description.

Q. The PX at Fort Jackson as opposed to the Columbia Mall.

A. Yes, sir.

Q. Okay. Of the 2,670 receptionist and information clerks jobs you found existing within a 50-mile radius of Columbia, South Carolina, how many of those did you list in your report as available to Ms. Folston?

A. One.

Q. Which one was that?

A. That was the attendance monitor position.

Q. Okay. That was also part time, correct?

A. Yes, sir.

Q. Okay. And of the 310 switchboard operator jobs you found within a 50-mile radius of

Page 104

Columbia, South Carolina, how many did you list on your report as available to Ms. Folston?

A. I indicated two.

Q. One in Easley and one in Orangeburg?

A. One with Palmetto Baptist and the other with the Regional Medical Center.

Q. So Easley and Orangeburg?

A. Palmetto Baptist and the Regional Medical Center.

Q. So Easley and Orangeburg, correct?

A. Palmetto Baptist and the Regional Medical Center.

Q. Ma'am, I know you've already testified about this, and I regret to sort of ask a asked and answered question, but would you agree that the specific jobs you identified for switchboard operator, the Palmetto Baptist job was in Easley and the Regional Medical Center was in Orangeburg? Isn't that true?

A. That is true.

Q. Okay. In terms of loan interviewers and clerks, there were 430 jobs you identified within a 50-mile radius of Columbia, South Carolina. How many of those did you list on your report that you identified as being available to

Page 105

Ms. Folston?
A. One.
Q. Is that the trainee position?
A. Yes.
Q. And you were not able to identify how many telemarketer jobs that were available in the Columbia, South Carolina, area, but you apparently listed one part-time --
A. Telemarketer.
Q. -- position in your report; is that correct?
A. The U.S. Department of Labor did not provide statistics for that.
Q. You didn't find a full-time position. You found one part-time position. Correct?
A. There is one part-time position indicated on the report, yes, sir.
Q. Okay. As I understood your testimony when you were questioned by Ms. Farthing, so you only write a report when it's favorable to the party that retains you. Is that correct?
A. No, sir. I didn't say that.
Q. I'm willing to be corrected if I've misapprehended your earlier testimony, but did you

Page 106

not testify that you would respond with a phone call if your opinion would not be helpful or favorable to the party that retained you? You only wrote a report when it was favorable to the party that retained you?
A. The party that retained me. I thought you said favorable to me.
Q. Oh, no. No. No.
A. That's what I thought you -- that's what I thought you said. Okay. Yes, sir, that has been the case.
Q. Okay. And so in the six years of preparing written vocational opinions, and they range about 60 to 90 opinions, you've never written a single report opining that a workers' compensation claim was permanently and totally disabled, have you?
A. There was a report that I wrote that was not favorable for the defense. There was one report that I did write, and I did talk about that at the beginning of the deposition as well as when counsel asked questions of me as well, so there was a report that was written that was not favorable to the defense.
Q. Just the one?

Page 107

A. There was one report written, yes, sir, but verbally there were more.
Q. So of the 60 to 90 reports you've actually written, only one was not favorable to the defense.
A. Yes, sir, if it has been 60 to 90, and that was an approximate number that I provided originally, and I did say approximately.
MR. SAMUELS: Okay. Thank you. I appreciate it.
MS. FARTHING: Are you done?
MR. SAMUELS: I'm done.
MS. FARTHING: Okay. I just have two questions and then I think I'm done too.
REEXAMINATION
BY MS. FARTHING:
Q. The seven jobs that you listed in your vocational report, is that an exhaustive list of all the jobs that are available in the Columbia area that fit within those categories and that fit within Ms. Folston's restrictions?
A. No, ma'am.
Q. Okay.
A. No, ma'am.
Q. And I know earlier you mentioned that

Page 108

you were not asked to find Ms. Folston a job. If you were asked to serve as a vocational counselor who was actually finding her a job or helping her to find a job, would your search and would your approach to this evaluation be different?
A. Yes, ma'am, it would be different.
Q. How so?
A. Instead of just doing an evaluation where I talk to her and leave and never see her again, I would meet with her on a regular basis to talk and discuss medical issues and those sorts of things as well as work directly with employers to try to place her on the job.
Also, do a job analysis. Like if there is a job that an employer may be willing to hire her, I would go out to the job site and look at the job to see if that would be a suitable job for her. So it would be a lot more interactive with Ms. Folston as well as the employers instead of just writing a report and that being done.
Q. And I know that you also mentioned or you -- you indicated that you've only written vocational reports when they've been -- with the exception -- I know that you mentioned that one -- that one where you did find the person unable to

Page 109

return to work. You only write reports when they're favorable to the individual who requested the report.

Do you only write reports when requested by the individual who has retained you to do the vocational evaluation?

A. Explain that.

Q. So somebody -- if somebody retains you to do a vocational evaluation but asks you not to do -- draft up a report at that time, would you draft up a report for them?

A. No.

Q. So they would have to -- would they have to request a report to get a report?

A. Yes, ma'am.

MS. FARTHING: I think that's all that I have. And I apologize. That was three questions.

FURTHER REEXAMINATION

BY MR. SAMUELS:

Q. So the State Accident Fund could have retained you to help Ms. Folston find a job, and so forth, but they didn't do that, did they?

A. I don't know. I don't know if they could have. I don't know.

Page 110

Q. Is it a service that you offer? I mean, if they had said we'll pay you to help Ms. Folston find a job, would you have --

A. Yes, sir.

Q. You would have done that?

A. Absolutely.

Q. Okay. But you didn't do that in this case.

A. No, sir.

Q. And in your report you listed all the jobs, all the specific jobs you found, and you found seven that were potential jobs for Ms. Folston and that's all you found. Isn't that true?

A. I'm not going to affirm that. There are seven jobs in the report that I completed. This is not an exhaustive list of jobs in the Columbia area that Ms. Folston would be able to perform. I just don't have the time to spend hours and hours. I could have spent hours and hours just listing jobs, listing jobs, but I don't have the time to just job search and just find as many as I can.

The jobs I found are -- were jobs -- are jobs that I feel or that based on what my

Page 111

vocational opinion is of the medical record as well as other factors that I reviewed, these jobs could be performed by an individual who has limitations and medical issues that Ms. Folston has, you know.

And, also, when I met with Ms. Folston, because of -- when an individual gives me subjective information in regards to how they're feeling, what they feel their limitations are, I do list part-time jobs, because with certain limitations, that person may be only able to work part time.

This list does not just say that this particular job is just a part-time job. It can be a full-time job. But I take into consideration what she said as far as what my limitations are and what I can and can't do, so I do list part-time jobs in with the full-time jobs to get a dichotomy of all of the jobs based on all of the information I have, not just the medical record but also what she has told me as well.

MR. SAMUELS: Okay. Thank you.

THE WITNESS: You're welcome.

MS. FARTHING: I'm done.

(The deposition concluded at

Page 112

approximately 6:02 p.m.)

SIGNATURE OF DEPONENT

I, the undersigned, JACQUELINE KENNEDY-MERRITT, do hereby certify that I have read the foregoing deposition and find it to be a true and accurate transcription of my testimony, with the following corrections, if any:

| PAGE | LINE | CHANGE | REASON |
|---|---|---|---|

JACQUELINE KENNEDY-MERRITT, Date



CERTIFICATE OF REPORTER

I, Cheryl A. Wiszowaty, Court Reporter and Notary Public for the State of South Carolina at Large, do hereby certify:

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

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

Witness my hand, I have hereunto affixed my official seal this 26th day of August, 2016, Lexington County, South Carolina.

Cheryl A. Wiszowaty, Court Reporter,
Notary Public
State of South Carolina at Large.
My Commission expires:
May 16, 2017